September 2022

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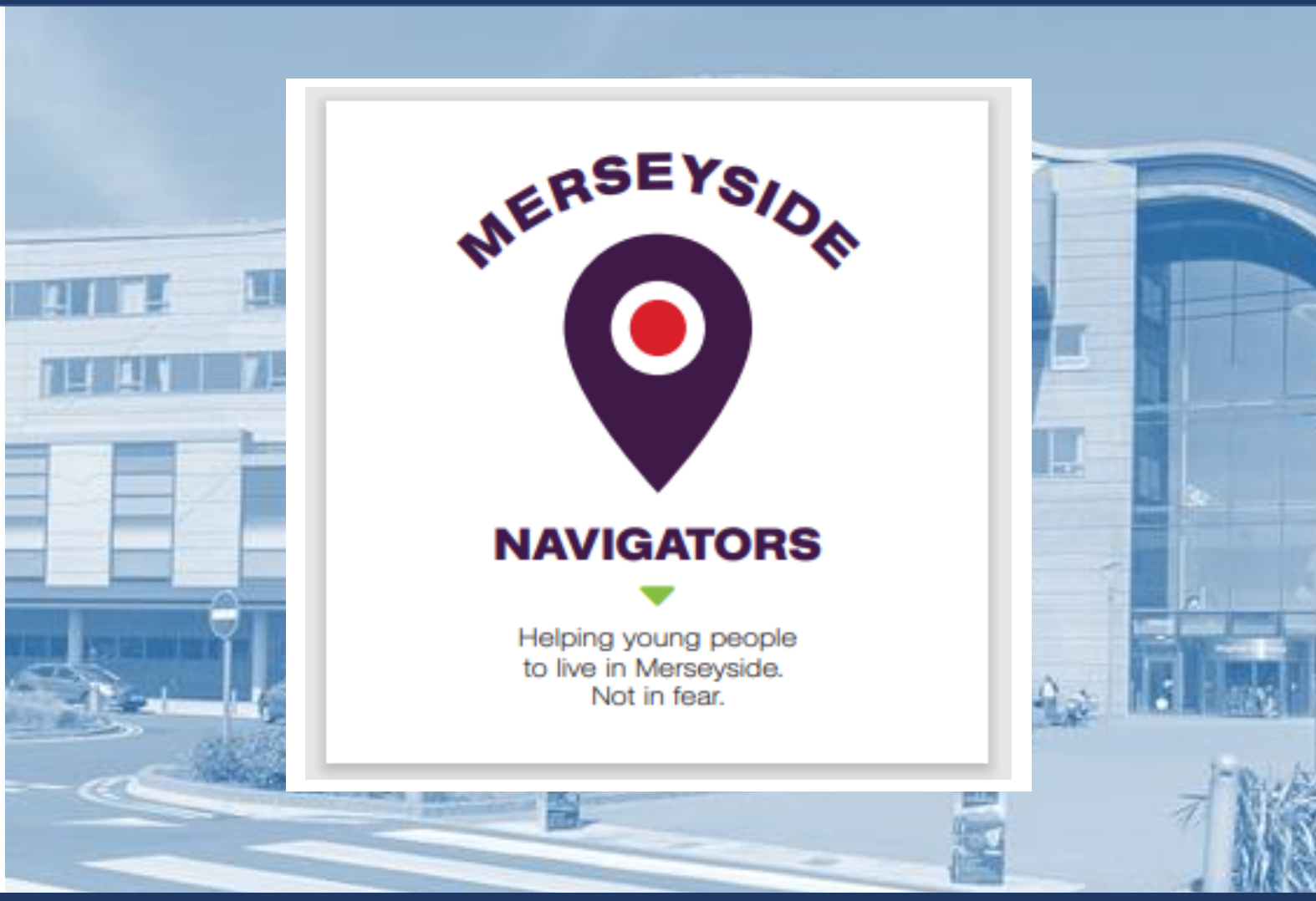

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

MERSEYSIDE Violence Reduction Partnership

Service evaluation of the initial development and implementation of the Merseyside Navigator Programme

(June 2021-June 2022)

Zara Quigg, Nadia Butler, Ellie McCoy, Jen Germain

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About this report

Merseyside was one of 18 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), in November 2019 (Quigg et al, 2020), July 2020 (Ashton and Quigg, 2021; Butler et al, 2021; Hough and Quigg, 2021; Quigg et al, 2021) and June 2021 the Merseyside Academics' Violence Prevention Partnership (MAVPP)[1] were commissioned to evaluate MVRP as a whole, and 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. Additional evaluation reports for 2021/22 explore:

- The overall development and implementation of the MVRP (whole system evaluation; Quigg et al, 2022).
- The Beacon Project (Bell and Quigg, 2022).
- The Mentors in Violence Prevention Programme (Butler et al, 2022a).
- Operation Empower (Bates et al, 2022).
- The Red Umbrella Project (McCoy et al, 2022).
- The whole system approach to reducing reoffending (Harrison et al, 2022).

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

Acknowledgements

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- The evaluation funders, MVRP.
- Members of the MVRP team and programme implementers who supported evaluation implementation including Lisa Cooper, Kerrie McLennan, Alex Jones, Jess Robinson and Lucy Cooper (Alder Hey Children's NHS Foundation Trust); Deborah Ward (Liverpool University NHS Trust); and Katy Cline, Dale Blackburn, Amy Bulmer, Andrew Miles, Damian Hurst and Gill Bainbridge (Merseyside Youth Association).
- All study participants and particularly practitioners and young people/parents who took part in surveys/interviews and provided their invaluable views on the early stages of this intervention.

[1] MAVPP includes academic representatives from Merseyside universities, who represent a range of disciplines covering public health, criminology, policing and psychology, and other expertise as required.

Executive summary

Across the United Kingdom, hospital-based violence prevention programmes (also referred to as Navigator Programmes) have started to emerge across various locations as part of a broader suite of interventions, and a national focus to prevent and respond to youth violence (following a public health approach). Since 2019, Merseyside Violence Reduction Partnership (MVRP) have funded the piloting of a Navigator Service at Alder Hey Children's NHS Foundation Trust (AHFT). Following review and learning from the pilot, a new Merseyside Navigator Programme was funded in 2021/2022, covering AHFT and Liverpool University Hospital Foundation Trust (LUHFT, including Aintree and Royal Liverpool Hospitals). Whilst evidence on the development, implementation and impacts of such programmes is starting to emerge, further evaluation is needed. Thus, MVRP commissioned a service evaluation of the early development and implementation of the new Merseyside Navigator Programme. This report presents findings from the service evaluation with evidence captured from programme documentation and monitoring data, interviews with commissioners, delivery partners and hospital staff (at AHFT), and views from children, young people and their parents (captured by the Navigator Team via case study development and through an evaluation interview).

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 specialisms in youth work) being embedded within the acute hospital settings to offer support to children and young people aged 10-24 years (and their parents/guardians) who have been affected by violence or are identified as at-risk of violence. The programme is based on the premise that healthcare settings offer a 'reachable 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, a personalised approach to engaging and supporting children and young people is offered/provided. Critically, the role of the Navigator is to identify eligible children and young people, assess their needs and where relevant refer them for wider support in the community, and to follow up children and young people 3-months post-initial assessment to assess progression and identify any wider support needs.

Referrals to the Merseyside Navigator Programme and support provision

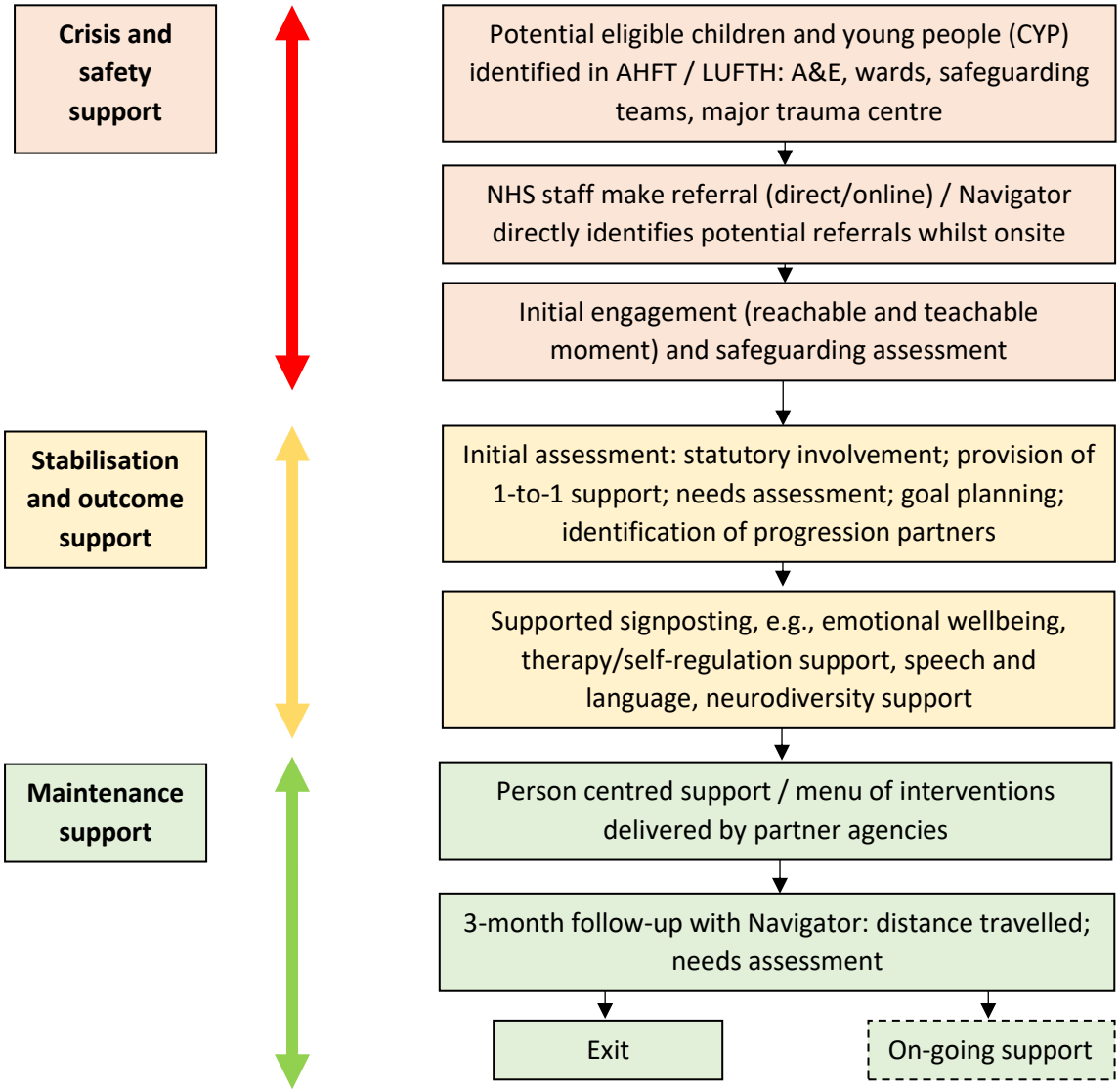
Between 01 September 2021 and 30 June 2022, the total number of referrals received across all acute hospital sites was 108 (Alder Hey n=58; Aintree n=10; Royal Liverpool, n=40).

- The primary source of referrals were Safeguarding Teams (47.2%) and Accident and Emergency Department (A&E) staff (30.6%).
- 75.9% of referrals were male; 81.5% were aged 13-17 years.
- The most common reasons for attendance triggering a referral to the programme was actual physical injury (perpetrated by another person) (48.2%), serious youth violence (22.2%) and bullying (14.8%).

- By the end of the June 2022, 69 of the 108 total referred cases were closed, 20 were ongoing and 19 were new referrals.
- During 01 September 2021 to 31 May 2022, an estimated 17% of eligible children and young people (i.e., children and young people aged 10-24 years recorded as an assault attendance across the three hospital A&Es) were referred to the Navigator Programme. Referral rates varied by trust from 44.9% at Alder Hey to 17.3% and 15.3% at Aintree and Royal Liverpool respectively.
    - Estimated referral rates increased slightly to 30% during February to May 2022, when the Navigator Programme was closer to being at full operation (Alder Hey 55.6%; Aintree 8.0%; Royal Liverpool 31.4%).

Programme monitoring data suggests that 39 children and young people had at least one meeting in person either at the hospital or elsewhere during which they were offered support from the Navigator and/or signposted to another service as appropriate. Examples of support provided include provision of immediate crisis and safety support; referral to support services relating to mental health and well-being; and providing parents/guardians with support (e.g., facilitating engagement with education providers to ensure a positive outcome for the children and young people).

Figure i: Overview of children and young people's journey through the Merseyside Navigator Programme



Programme outcomes and impacts

The Navigator Programme has the following aimed outcomes and impacts:

- Child or young person recognises vulnerability / seriousness of situation.
- Children and young people's (and where relevant parent/guardians') needs are identified and supported.
- Children and young people are 'navigated' towards more positive life choices/experiences.
- Reduced re-victimisation / re-injury.
- Reduced violent homicide.
- Reduced reattendance at a hospital setting.

It was acknowledged that whilst it is too early in the development and implementation of the programme to evidence short and long-term impacts for children and young people, examples of positive outcomes were starting to emerge, particularly children and young people (and parent/guardians') needs being identified and supported. Wider outcomes included the support Navigators could provide in de-escalating tensions or aggressive behaviours within hospital settings and improving understanding of community issues and safeguarding concerns. The service evaluation includes three case studies, which aim to illustrate the nature and journey of children and young people engaging in the programme, and outcomes and impacts. These case studies demonstrate positive feedback from parents and children and young people, and outcomes such as children and young people engaging in family and community activities, and improved concentration enabling improved engagement in education.

"I was feeling unsafe after the incident, I didn't feel like I could work properly or focus on actually learning, it was a distraction I didn't need. Now I've got extra support, 100% I can concentrate more, I am staying in my lessons instead of having to go out and have a break." (Child)

"I would just like to say this year has been very difficult and challenging, but the support me and my [child] have received from [Navigators] has been fantastic. [Child] is finding the noise group really helps [them] detach from [their] worries and knowing [they] have someone other than me to share things with is a big help." (Parent)

"Absolutely over the moon with [Navigator] and the Navigator Team. We would never have been able to get such a great outcome for [child], had it not been for their support. We would not have even known where to start. Thanks to [Navigator] and the Navigator Service, we have our [child] back.'' (Parent)

"The relief when I spoke to the Navigator, it was huge and that then fed down to the kids. It made a big difference." (Parent)

Key learning from the service evaluation

Across all interviewees, focus group participants, and feedback from parents and one young person, there was overwhelming support for the implementation and continued development of the Navigator Programme. The service evaluation has identified several supporting factors to the development and implementation of the programme, including:

- MVRP funding, the adoption of a public health approach and support from a multi-agency steering group.
- Strong NHS leadership.

- Programme delivery via a specialist third sector organisation.
- A flexible approach to development and implementation.
- Provision of safeguarding arrangements for Navigators.
- Regular engagement between Navigators and NHS staff.

However, the programme has faced several challenges in implementing the programme within and across the hospital sites. These challenges relate to difficulties maintaining Navigators roles, and the complexity and time required to establish honorary NHS contracts for Navigators, to support and enable them to embed within each hospital. Mixed understanding and awareness of the referral criteria and processes for referring patients into the programme has also meant that some eligible patients may have been missed (as suggested by the estimated referral rate). Furthermore, not all children and young people (or parents/guardians) engage in the programme, with some not accepting the referral and refusing engagement immediately, and others dropping out of the programme at various stages.

Several other key considerations for programme implementation have been identified. For example, due to the severity of patient's injuries, it is not always appropriate for the Navigator to engage with the children and young people upon their arrival at the hospital. Where a child or young person is admitted to hospital, engagement whilst on a ward was noted as often a more appropriate space to engage. For some patients with complex injuries, a light-touch period of building a relationship and maintaining contact was needed prior to full assessment/engagement in the programme. This may mean that the initial engagement, assessment and referral process may be longer than the anticipated 2-3 weeks. Further, Navigators noted that due to the complex needs of children and young people, and the professional background of Navigators, it had been difficult to maintain the Navigator role boundaries of engagement and referral, rather than a continuing caseworker role. Whilst progress has been made in integrating Navigators within hospitals, across various teams and departments, many interviewees raised the importance of continuing to progress this further. Improving engagement was viewed as necessary to enhance communication between Navigators and hospital staff and raise awareness of the programme and referral pathways.

Assault-related A&E attendances across Merseyside

Across June 2021 to May 2022, there were 4,485 assault-related attendances across Merseyside A&Es A&Es; a third (33.3%; n=1,461) were aged 10-24 years (the target age group of the Navigator Programme). Amongst assault attendance aged 10-24 years only:

- 69.1% were male
- 65.5% self-referred to the A&E. The majority were booked into A&E between 4-7.59pm (21.2%) and 8pm-11.59pm (20.1%), and on a Saturday (19.2%) or Sunday (20.2%).
- 28.9% reported that the weapon used in their assault was a 'fist', 9.4% reported that a 'combination of body parts' were used, and 8.2% that the weapon was a blunt or sharp object.
- Across all A&Es (excluding Alder Hey), 23.6% were recorded as having consumed alcohol prior to the incident that led to their A&E attendance.
- 60.3% were discharged from the A&E, 11.5% were referred to another clinic or healthcare provider and 8.7% were admitted to hospital. 14.6% had left the A&E department before being seen for treatment or having refused treatment.

Conclusion and Recommendations

Findings from this service evaluation have alluded some key findings regarding the initial development and implementation of the Merseyside Navigator Programme. Whilst the programme has experienced many challenges to early implementation across the hospital sites, many of these have been or are close to being overcome. Referrals to the programme are increasing, and some positive outcomes and impacts for children and young people, and their families are starting to emerge. Despite this, further work is needed to ensure successful programme implementation across hospital sites and to increase the number of referrals to the programme. The Merseyside Navigator Programme requires further time to enable successful programme implementation, and to develop evidence on the outcomes and impacts of the programme. To support continued implementation, and programme monitoring and evaluation, we recommend the following activities:

Strategic

- Develop a strategy for identifying and securing long-term funding for the Merseyside Navigator Programme, to ensure adequate delivery time (e.g. 24 months) to establish, implement and assess outcomes, and if relevant expand to wider NHS settings.
- Increase awareness of the programme and role of Navigators across NHS Trusts, ensuring senior leadership, managers and front-line staff are able to fully support the programme, and refer relevant patients to the Navigators.
- Develop a strategy for monitoring and measuring outcomes and impacts, including impacts for children and young people and wider beneficiaries, and services (including repeat attendances to healthcare settings across the region), and commission an on-going process and impact evaluation over 12-18 months.
- Liaise with other Navigator/Hospital Based Violence Reduction Programmes to share learning.

Programme implementation

- Continue to review operating times and locations to maximise face-to-face engagement with children and young people during reachable and teachable moments (considering access within the A&Es and in-patient settings).
- Using A&E/hospital attendance data and insights from NHS staff, work with hospital sites to identify the most adequate times and locations for Navigators to be on-site, tailored to the needs of patients and hospital set-ups (considering each hospital has its own unique set-up, culture and patient profile).
- Build processes for embedding Navigators within relevant teams and departments across hospital sites.
- Provide clarity to NHS staff on the aim of the Navigator Programme and role of Navigators, and critically the referral criteria and pathways. Consider whether children and young people presenting with wider vulnerabilities that may increase risk of exposure to violence or be the result of previous exposure to violence (e.g., attendance due to substance use) should be eligible for referral to the programme.
- Recognise that due to the complexities in identifying and supporting children and young people presenting with violence-related injuries and wider vulnerabilities, the Navigators initial engagement and assessment processes may go beyond the anticipated 2–3-week period.
- Consider the value of each hospital trust providing safeguarding supervision for Navigators.

Programme monitoring and evaluation

- Consider the challenges and limitations of existing programme management and monitoring systems, and where feasible adapt routine data collection processes to ensure processes of implementation and outcomes and impacts can be fully captured and evidenced.
- 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. The implications of this for future impact evaluation should also be considered.

Contents

1. Introduction

Across the United Kingdom (UK), hospital-based violence prevention programmes (also referred to as Navigator Programmes) have started to emerge across various locations as part of a broader suite of interventions, and a national focus to prevent and respond to youth violence (following a public health approach [Brice et al, 2020; Butler et al, 2022b; 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 of effectiveness is currently of low quality (YEF, 2022). Since 2019, Merseyside Violence Reduction Partnership (MVRP) have funded the piloting of a Navigator Service at Alder Hey Children's NHS Foundation Trust (AHFT). Following review and learning from the 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, further evaluation is needed (Brice et al, 2020; YEF, 2022). Thus, in July 2021, the MVRP commissioned LJMU to conduct a service evaluation of the early development and implementation of the new Merseyside Navigator Programme.

1.1 Evaluation objectives

The service evaluation has 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 amongst 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

1.2 Methods

Ethical approval for the evaluation was provided by LJMU and AHFT[2]. A mixed-methods approach was used to gather evidence, with findings triangulated to inform the service evaluation including:

Semi-structured interviews with MVRP team members (n=2 [including the MVRP health lead]), Navigators (n=2), AHFT practitioners (n=7 [2 supporting programme implementation]), and a child and parent engaged in the programme (n=2).

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

Review and analyses of programme monitoring data (covering 108 referrals), and A&E attendance data across Merseyside hospitals (accessed via TIIG).

[2] Whilst the full Merseyside Navigator Programme is considered in this report, due to evaluation timescales and variations in programme implementation across NHS Trusts, only Alder Hey staff, and patients referred from Alder Hey took part in the interviews.

2. Findings

2.1 Pre-programme context

In December 2019, the MVRP in collaboration with AHFT commenced a four-month trial of a Navigator Service. This included a full-time Navigator working in the hospital (during peak times for violence-related attendances) supporting children who had attended and had been identified as having experienced violence or being at risk of violence, and/or other related issues (e.g., substance use; exploitation). A case study of the trial alluded to some positive outcomes for children, but equally identified areas for development for programme delivery (Quigg et al, 2020). Insight work with young people via the Liverpool Safeguarding Children's Partnership and AHFT Young Persons Advisory Group identified their views about the role and impact of the Navigator Service to ensure children and young people shape the support provided. During 2020/21, the Navigator Service continued to operate at AHFT despite COVID-19 restrictions. Piloting of the service during 2019/20 and 2020/21 alluded to several considerations for future development and implementation including (MVRP, 2021):

- The name of the 'Navigators' needs to resonate with young people.
- The health landscape is complex and violence-focused interventions in NHS services compete with other pressing priorities, including but not limited to COVID-19.
- Not everyone who receives a violence-related injury will attend an A&E and may attend a different health setting, such as a walk-in centre.
- The Navigator is not always present at the A&E, meaning children and young people may be missed.

Critically, partners acknowledged that a Merseyside-wide Navigator Programme delivery model needed to be developed, to enable the future implementation and expansion of the programme across Merseyside hospitals (MVRP, 2021).

"…staff within hospitals were seeing the same faces coming through. So young people representing every couple of weeks, every month and obviously the staff within the hospitals are there to treat them medically, they'll refer them to safeguards but nothing else. So that's why Navigators was identified as needed so that the young people get the support and then hopefully don't re-enter the hospital due to violence. So, it's supporting the NHS with, that stress on the staff and the reattendance figures." (Navigator 1)

2.2 Overview of the Merseyside Navigator Programme

2.2.1 Navigator programme set up

Commissioning and project management: Following competitive tender, in May 2021 Merseyside Youth Association (MYA) were commissioned by the MVRP to set up and implement the Merseyside Navigator Programme. In addition, AHFT were commissioned to provide NHS leadership and assist with programme management and safeguarding support[3], and a programme steering group was established, chaired by the AHFT lead and including additional NHS leads from AHFT, professionals

[3] Following piloting of the programme within AHFT from January 2020 to March 2021.

from across MYA (including Navigators and wider staff members who could advise and support programme development and implementation), and the MVRP. In the first few months, additional partners were identified and added to the steering group including Liverpool University Hospitals NHS Foundation Trust (LUHFT), the North West Ambulance Service (NWAS) and the LJMU service evaluation team. The group, which meets monthly, aims to provide a platform to share programme development and implementation updates, and raise areas for development and solutions for addressing key challenges.

Recruitment of Navigators: Prior to commissioning MYA, and recruiting Navigators, partners undertook a scoping exercise to identify the evidence on Navigator Programmes and experience of programme implementation across the UK. This included meeting other Navigator Programme delivery partners and undertaking insight work with participants of the initial Alder Hey Navigator Service and young people in the community who have been victims of violence. This informed partners of the various ways such programmes have been and are being delivered, the importance of piloting, monitoring, and evaluating the programme (given the limited but emerging evidence base), and the skills and qualities a Navigator should have. Insight work identified that whilst children and young people respected NHS clinicians and trusted them to do their job, they recognised that they were more able to have meaningful conversations with youth workers. Thus, MYA Navigators are individuals with specialist youth engagement experience. To enable MYA staff to work within hospital trusts, all Navigators had to apply for honorary contracts with each trust and complete relevant hospital training. Funding from the MVRP supported the employment of three full-time Navigators, and one Navigator with a project management role[4], until 31st March 2022. Due to delays in programme implementation (see Section 2.8), additional funding was provided for 2022/23 to ensure learning from programme implementation, including areas for development and outcomes and impacts could be further understood.

Identification and initial set up across hospital trusts: In June/July 2021, MYA recruited three Navigators (one with the project management role; a fourth Navigator was not recruited) to commence delivery of the hospital-based Navigator Programme across two NHS Trusts (AHFT and LUHFT), implementing a hub (AHFT) and bespoke model. The programme was expanded from AHFT to LUHFT (covering Aintree and Royal Liverpool hospitals) to ensure the programme could reach children and young people most in need across the region. Information from the MVRP TIIG data hub[5] on assault-related Accident and Emergency Department (A&E) attendances was used to identify hospitals with the highest number of attendances within the target age group (10-24 years). Typically, Navigators have been based within the hospital Monday-Friday, on a rota across the three hospitals; in May 2022 additional shifts were added covering evenings and weekend nights (see Section 2.3).

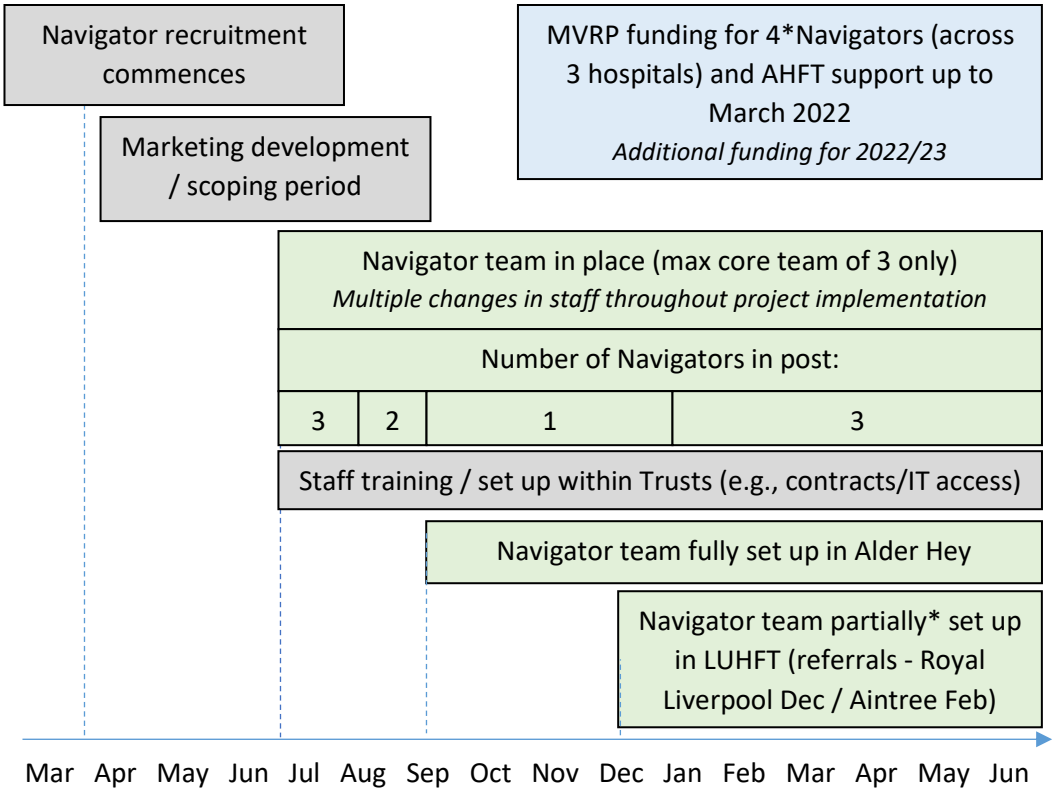
Resources and activities required for programme implementation: A range of resources and wider activities have supported the implementation of the Navigator Programme including:

- **A community-based Navigator delivery partner:** Funded by the MVRP, MYA have established and implemented the Merseyside Navigator Programme. This includes employment of three full-time Navigators, and input from MYA staff to support programme development, implementation and management.

[4] Including project administration, monitoring, and reporting, and engaging with partners within and external to the hospital trusts.
[5] https://tiig.ljmu.ac.uk/

- **NHS leadership, project management and safeguarding supervision:** Funded via the MVRP, the NHS lead (AHFT) provide programme leadership, management and safeguarding supervision for Navigators. A lead NHS staff member chairs programme steering group meetings and supports MYA and the Navigators to establish the programme across hospital trusts (e.g., making contacts with relevant personnel, setting up honorary contracts). This is facilitated by the support of wider staff within AHFT and LUFHT (e.g., safeguarding teams). As part of their funded role, AHFT has responsibility for providing Navigators with safeguarding supervision, which involves a safeguarding lead providing case management and safeguarding support to Navigators routinely on a weekly basis, and ad hoc as required.
- **Three Navigators, one with supervisory / leadership role** (employed by MYA).
- **An online referral system** (accessible to each Trust and Navigator Programme team) to enable NHS staff to refer children and young people to the programme.
- **An online case management system**, including programme monitoring/distanced travelled data collection[6] (IPATUS, accessible to the Navigator Programme team only).
- **Promotional materials** to raise awareness of the programme within hospitals (to staff and patients), across the community and wider partners.
- **Establishment of NHS honorary contracts for Navigators,** providing formal access to the hospital, including IT systems to enable exploration of relevant hospital attendance data.
- **Engagement with hospital staff and referral agencies**, via various activities, to set up programme implementation and referral processes.

Figure 1: Overview of Navigator Programme implementation timeframe (2021-2022)



* Established contacts and referral system from LUHFT, but delays in staff contracts / access to LUHFT IT system.

[6] The Strengths and Difficulty Questionnaire (SDQ) is collected via paper-based forms, with scores entered on an internal database.

2.2.2 Referral and engagement processes

Promotion of the programme across hospitals (and the community): Throughout 2021/22, the NHS lead, MYA and MVRP have implemented a range of activities to raise awareness of the programme across the NHS trusts and community. This includes both the NHS lead and Navigators attending management and staff meetings, the use of promotional materials within the hospital and presentations at community conferences. Across the three sites, Navigators are based within the hospital at different locations, with hospital staff informed of their location and presence when on-site. Identified locations are those which are practically suitable for the hospital and programme delivery and consider patient type and flow through the hospital. For example, in Alder Hey, Navigators have a dedicated office within A&E, whilst in Aintree and Royal Liverpool they sit within the Safeguarding Team Office (taking direct referrals from the team). Navigators regularly frequent the A&E reception at all three hospitals to ensure staff are aware of their presence, and they have further opportunity to identify relevant referrals. Further, they will visit wards to identify those who may not have been identified prior to their inpatient stay, or where it was not possible to engage with them at that stage of their healthcare pathway (e.g., because they were too injured to engage with the Navigator). This is particularly so at Aintree, which is a Major Trauma Centre.

Referral pathways: Any staff member within the hospital trusts can refer a child or young person to the programme. Staff are advised that children and young people need to meet the following criteria to be eligible for the programme:

- Age 10-24 years.
- They have identified or suspect the patient may be vulnerable to exposure to violence, exploitation or other criminal activity.

Staff can refer directly to the Navigator in person whilst on site or via an online referral form (accessible via the hospital IT systems) and are encouraged to refer even if they are unsure if the person fully meets the criteria. Referrals can be made at any stage of the young person's journey within the hospital. One interviewee described an example of a child who had attended with non-violence related issues, but upon further assessment reported experience of bullying and violence, and thus were subsequently referred to the programme. Within Alder Hey, it is anticipated that all violence-related attendances are referred to the hospital safeguarding team. As such, the safeguarding team has set up processes to ensure all their referrals are reviewed to assess if they are also eligible for referral to the Navigator programme, and if no prior referral has been made, the team will refer on.

"We've not had anyone been referred who's not even being assaulted. You know, they've all been within the criteria. So, I think we've got that message out quite well to the staff because so far, it's worked fine." (Navigator 1)

"We've recently had a case that had attended with other issues, was admitted as an inpatient, but during [a] psychology assessment they disclosed issues around bullying and violence, so we made a referral based on that." (NHS staff 2)

Navigators may also identify children and young people eligible for referral to the programme, through direct engagement with patients and staff, and/or reviewing patient records whilst working in hospital trusts.

2.2.3 Navigator programme content and delivery

The Merseyside Navigator Programme consists of three core components – crisis and safety support; stabilisation support; and maintenance support[7]. Throughout all stages, a personalised approach to engaging and supporting children and young people is offered/provided.

Crisis and safety support: Once referrals are made, Navigators may engage with a child/young person in several ways. If onsite and it is appropriate to engage with the child/young person (i.e., they are in a stable position), the Navigator will speak directly to them, and/or their parent/guardian (if relevant), whilst in the hospital. Where it is not possible to directly engage, then the Navigator will gather more information from hospital staff, and contact the child/young person, and/or their parent/guardian (if relevant), at a later point, either within the hospital (e.g., if admitted to hospital) and/or via telephone/letter/email following their discharge from hospital. On occasion, Navigators are unable to make or continue post-hospital contact with the child/young person. In these circumstances, the Navigator will continue to try to engage the child/young person and contact them via various methods (e.g., telephone, email, letter) for up to four weeks, at which point if no contact has been made then no further contact is attempted.

"We have a list that we go through. So, we give three phone calls, we leave voicemails and messages, then we'll do an email. If they do have an email address, which not all of them do, they don't all provide emails, then we'll send a letter out to the home. We give it four weeks. The process is four weeks that will keep them open. And if we've not heard from them in that time, they've not got back to any of the ways we've contacted them, then we close them off." (Navigator 1)

A key aim of the initial contact is to build trust and develop a relationship with the child/young person. Navigators then proceed to assess the child/young person's immediate risks and needs, discussing safety and support networks, and the support the Navigator programme can offer (with the child/young person and Navigator jointly determining if the Navigator is the right person/service to provide support). All eligible children/young people can take part in the programme unless they are already engaged with multiple support services relevant to their needs (and thus don't require additional support).

Stabilisation support: Whilst children and young people may accept a referral to the programme and initially engage, it may take some time following the engagement to complete the full Navigator

[7] The Navigator Programme is not intended to deliver gang exit work; medium to long-term support and case management work; mentoring; counselling; any form of physical healthcare or health intervention or, specialist interventions and support where there is a recognised qualification requirement, for instance mental health, neurodevelopment, or substance misuse.

Programme assessment, which may be conducted in the hospital, or the community once discharged (or both).

A personalised approach is taken with each individual who engages in the programme, which involves short (~three weeks) but intensive support provided in the community setting (and/or hospital if admitted) by the Navigator, including an assessment of existing statutory involvement, one-to-one support as required, needs assessment, goal setting, development of a co-designed action plan and progression development to enable safe, confident and sustainable referral to, and engagement with wider community partners (e.g. early help/youth offending teams). Navigators aim to meet children and young people in the community at a time and location that is suitable for them (MYA have multiple buildings and have access to partner building across Merseyside).

"So, we're a bit of a filter we're like the middle person. So, we're not ongoing caseworkers that will work with them for a long period of time. Ours is a bit of a shorter period of meeting them and offering support because we just need to guide them to the specialist places that can offer them what they need." (Navigator 1)

Maintenance support: Following identification of support needs, children and young people are then referred from the Navigator Programme to community partners as relevant, enabling access to a bespoke menu of interventions delivered via a trusting relationship within a trauma-informed setting, with the Navigators tracking and assessing distance travelled (using a tool developed in-house by the Navigator team) and any wider support needs three months post-referral. Young people exit the programme when no further support is required. At the time of data analyses (July), only a few children and young people had progressed to the 3-month follow-up stage, with only one child completing the 3-month follow-up assessment. Section 2.6 provides selected case study examples to illustrate the nature and journey of children and young people engaging in the programme.

2.3 Fidelity

At the time of data analyses (July), the programme has been delivered as planned (notwithstanding some delays in programme implementation, see Section 2.8). Throughout, there has been flexibility in when and where Navigators are present across the hospital trusts. For example, to ensure staff are available at peak times for violence-related attendances, Navigators have piloted shifts during weekend and evening hours. In one A&E, Friday evening shifts (8pm-midnight) were found to be particularly quiet, with NHS staff feeding back that the most optimal times are likely between 10pm-2am Friday night, and 5-9am Saturday and Sunday morning. Subsequently Navigators have trialled shifts during these hours to see if this would increase referrals and programme uptake (feedback from the Navigator Lead suggests that this had no impact of referrals). Furthermore, staff vary their locations within each hospital trust to maximise the potential for identifying eligible children and young people, with consideration of the physical space available within each trust, patient flow through the hospital and the nature of patients attending. For example:

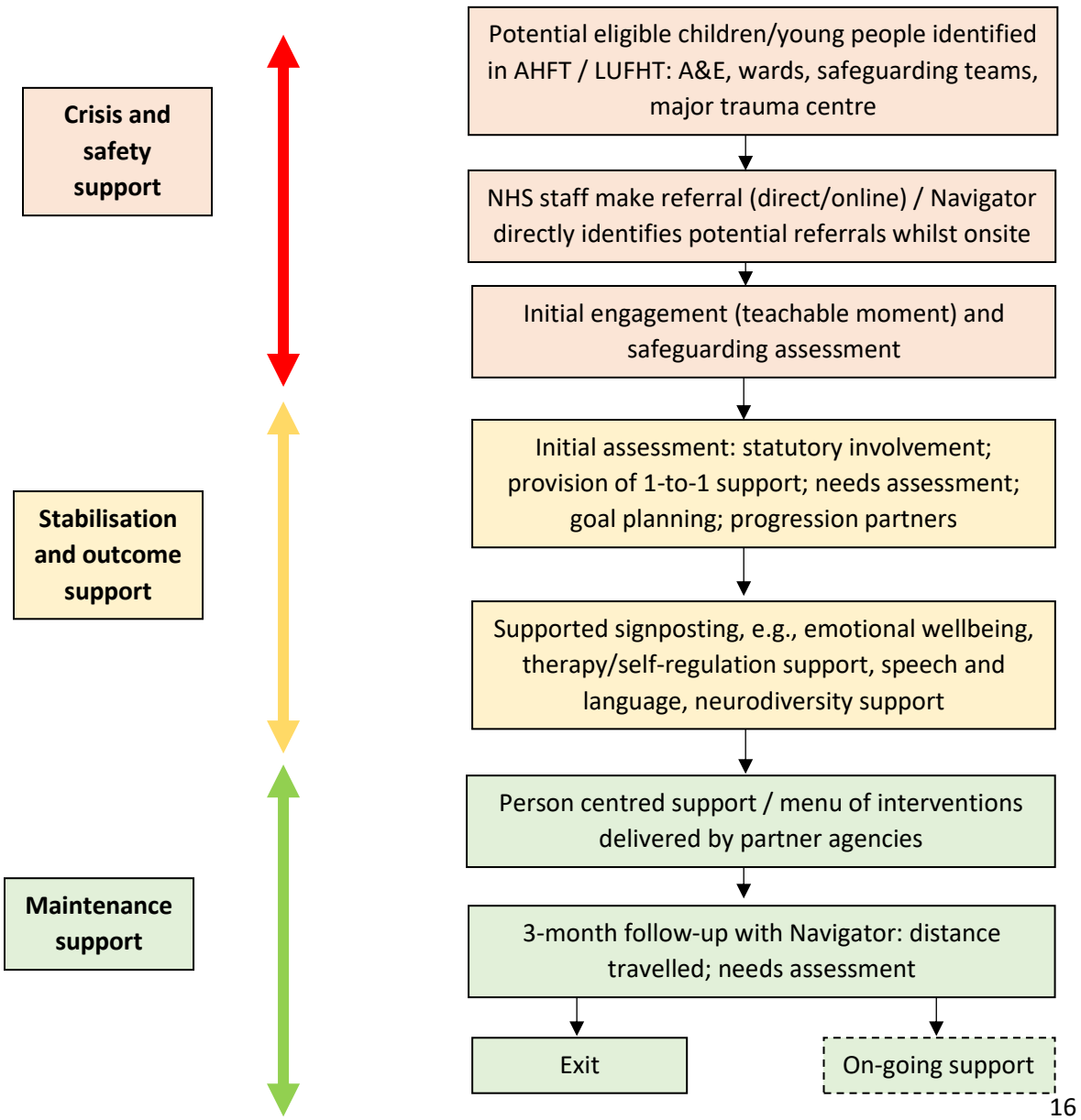
- At Alder Hey, initially Navigators sat within a staff building away from A&E, visiting A&E as requested. Since February, Navigators have had their own office space within A&E and visit other hospital wards to alert staff to their presence and work with staff across locations to identify and support children and young people.
- At Aintree, whilst staff initially focused on having a presence within A&E, limitations on space made this difficult. Further, violence-related attendances to A&E appeared to be beyond the age cohort of the programme, and thus few referrals were identified from A&E, with most

coming from the trauma ward. Thus, Navigators now sit within the safeguarding team, and visit A&E and wards to alert staff to their presence and work with staff across locations to identify and support young people.

- At Royal Liverpool, again whilst staff initially focused on having a presence within A&E, limitations on space made this difficult. Further, concerns were raised around the safety of Navigators when lone working in such a large hospital, that has a large proportion of intoxicated patients during weekend nights (due to being located next to the region's main nightlife area). Thus, Navigators have a seat/base behind A&E reception, where they can observe and identify potential eligible children and young people as they enter the A&E. Navigators visit wards when they know a patient is on the ward who is eligible (identified by the safeguarding team or other referral).

"It was a new project; it was a bit of trial and error with where we would base. So that's changed a few times. So, it's different for each hospital." (Navigator 1)

Figure 2: Overview of children and young people's journey through the Merseyside Navigator Programme



2.4 Programme monitoring data

The case management and programme monitoring data available to the evaluation team was limited due to the ability of the Navigator team to extract data from the IAPTUS case management system. Thus, for the purposes of this service evaluation, a subset of the data was extracted covering referrals and engagement and distanced travelled (based on the SDQ and Distance travelled tool). This data can provide an indication of the number of referrals made to the programme, when, from where and by whom. Further, it can illustrate the nature of referrals, patient demographics, whether patients engaged in the programme, and any changes in children and young people's outcomes from baseline to 3-months post engagement. Access to further data would have provided greater understanding of children and young people's experience of engaging with the Navigator Programme and referral to wider support. It is critical for future evaluation that processes are established to enable extraction of such data to inform process and impact evaluations. In addition, Box 4 (Section 4) provides a list of recommendations for enhancing data collection.

Throughout 2021/22, several amendments were made to the referral and monitoring processes to ensure that the system captured the data required to support programme implementation and monitoring. For example, the referral drop down was amended to include Navigator (who may directly engage within the hospital). In addition, the close case drop down option was amended to include non-engagement and disengaging, to capture details of children and young people who may have been referred / accepted a referral, but do not answer any communication from the Navigator, or start to disengage.

2.4.1 Overview of referrals and estimated referral rate

Between 01 September 2021 and 30 June 2022, the total number of referrals received across all sites was 108 (Alder Hey n=58; Aintree n=10; Royal, n=40) (Figure 3). Figure 4 presents the number of eligible referrals by month and hospital site. Referrals increased substantially from February 2022 when the near full complement of Navigators were recruited and engaging across hospital sites. The majority (88.0%; n=95) of referrals were online via the IAPTUS system, with the rest received onsite in the A&E or ward. The primary sources of referrals were from Safeguarding team's (47.2%; n=51) and A&E staff (30.6%; n=33), with the rest of referrals coming from CAMHS (12.0%; n=13), the Trauma team (8.3%; n=9) and other sources (1.86%; n=2).

Section 3 provides details of assault-related attendances to the Merseyside A&Es identified via the TIIG Injury Surveillance System. This data shows that during September 2021 to May 2022, 577 children and young people aged 10-24 years attended Alder Hey (n=118), Royal Liverpool (n=261) and Aintree (n=198) A&Es. During this same time period, Navigator Programme data show that 100 children and young people aged 10-24 years were referred to the programme from Alder Hey (n=53), Royal Liverpool (n=40) and Aintree (n=7) A&Es. Based on this data, less than one in five (17%) eligible children and young people were referred to the Navigator Programme. Referral rates varied by trust from 44.9% at Alder Hey to 3.5% and 15.3% at Aintree and Royal Liverpool respectively.

Considering February to May 2022 only, when the Navigator Programme was closer to being at full operation, data show that 265 children and young people aged 10-24 years attended Alder Hey (n=72), Royal Liverpool (n=105) and Aintree (n=88) A&Es. During this time, 80 children and young people were referred to the programme. Based on this data, only three in ten eligible children and young people

were referred to the Navigator Programme. Referral rates varied by trust from 55.6% at Alder Hey to 8.0% and 31.4% at Aintree and Royal Liverpool respectively.

Figure 3: Number of referrals by month and hospital site (2021-2022)

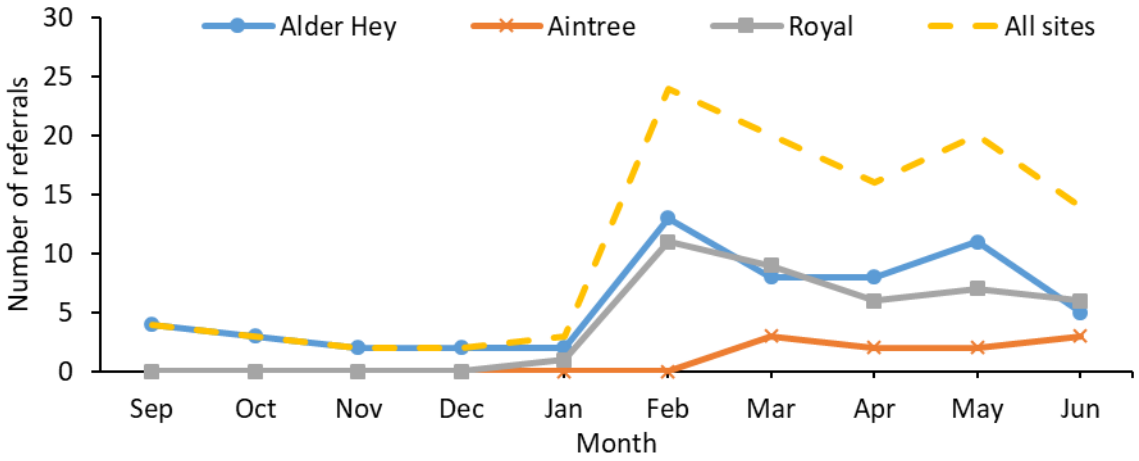
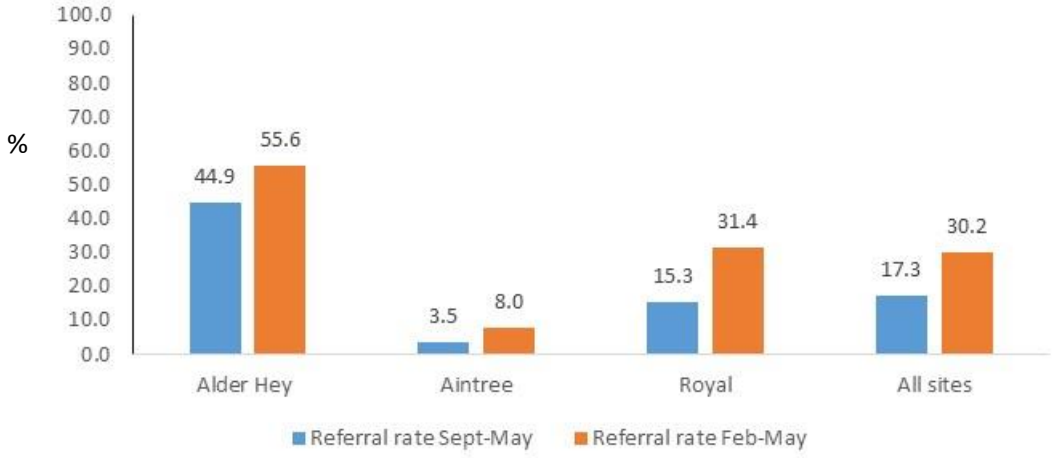


Figure 4: Estimated referral rate by hospital site (2021-2022)



2.4.2 Demographics and reason for presentation

Approximately three quarters (75.9%; n=82) of referrals were male. The majority (81.5%; n=88) of referred individuals were aged 13-17 years, whilst 13.0% (n=14) were aged 18+ years, and 5.6% (n=6) were 12 years and under. The most common reason for attendance triggering a referral to the programme was actual physical injury (API; e.g. stabbing/assault or an injury such as a head wound that they have said is an accident) which accounted for almost half (48.2%; n=52) of all referred cases. The next most common primary reasons were serious youth violence (SYV; where the patient had disclosed another person had injured them, or perpetrated other forms of violence including social media threats/verbal abuse; 22.2%; n=24) and bullying (14.8%; n=16). Other reasons for referral included child criminal exploitation (CCE) (5.6%; n=6), domestic violence (4.6%; n=5), child sexual exploitation (1.9%; n=2) and other (2.8%; n=3). Secondary reasons for referral included API (41.7%; n=25), SYV (33.3%; n=20), self-harm (11.7%; n=7), CCE (8.3%; n=5) and bullying (5.0%; n=3).

"You're dealing with really severely injured young people…He was shot. It is actually the second time he has been shot. He's also been stabbed as well." (Navigator 2)

"Most of our bullying comes from Alder Hey, so most of it is Alder Hey. We do get the odd ones from LUHFT but you usually find that the serious injuries come from LUHFT come from Aintree." (Navigator 1)

"I've got a couple of bullying cases now on my caseload that are pretty horrendous…the level that some people will go to be horrible to other people is just mind blowing." (Navigator 2)

2.4.3 Level of engagement

By the end of the June 2022, 69 of the 108 total referred cases were closed, 20 were ongoing and 19 were new referrals. Navigators noted how their IT system (IAPTUS) was limited in its ability to describe a child or young person's journey. Currently information on reasons for case closure is in text format so it is not always clear why a case is closed.

"So for example, if a young person has met with us a few times and we've positively referred them out, but then they don't engage with us after that point, currently on the system it shows that their last contact was that they disengaged. So it looks like a negative when actually they've been positively referred out somewhere. So at the minute we think kind of how we can adjust more things within IAPTUS to truly reflect the work that we've done." (Navigator 1)

Data suggests that 39 young people had at least one meeting in person either at the hospital or elsewhere during which they were offered support from the Navigator and/or signposted to another service as appropriate. Navigators identified several scenarios and points where a child or young person may drop out of the programme. Following initial engagement within the hospital and during the 'teachable moment', a child/young person (and/or parent / guardian) may accept a referral to the programme, but in subsequent discussions may then decline, or not respond to any communication from the Navigator. Further, they may engage, accept referrals to services / interventions (and take part), but then not engage with the Navigator for a follow-up appointment (e.g. at the 3 month stage). One Navigator reported that they thought children and young people may not engage at this point if they have felt they have received all the support they need and do wish to receive further support.

2.4.4 Distanced travelled

To inform goal setting, service provision and monitoring of children and young people's distanced travelled towards goals and positive outcomes, the Navigators aim to implement a SDQ survey and Distance travelled tool with all children and young people during their initial assessment and at the 3-month follow-up period. At the time of data extraction/analyses (July), baseline data of SDQ score were available for eight children and young people only, with data for one young person at baseline and 3-month follow-up. Anecdotal feedback from Navigators suggests that children and young people do not like to complete the SDQ and that they feel more comfortable completing the Distance travelled tool due to its visual nature. However, baseline data of the Distance travelled tool were only available for 10 children and young people, with data for one young person at baseline and 3-month follow-up. Figures 5 and 6 show baseline and 3-month follow up scores for one young person to demonstrate the type of outcome data that can be collected using these tools to inform future evaluation and monitoring processes.

Figure 5: Example of distanced travelled for one young person (SDQ)

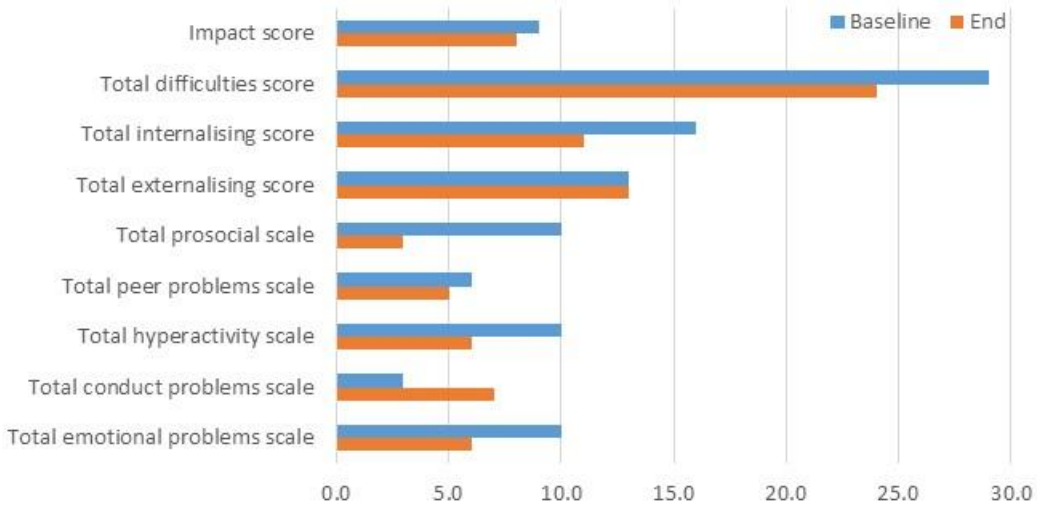
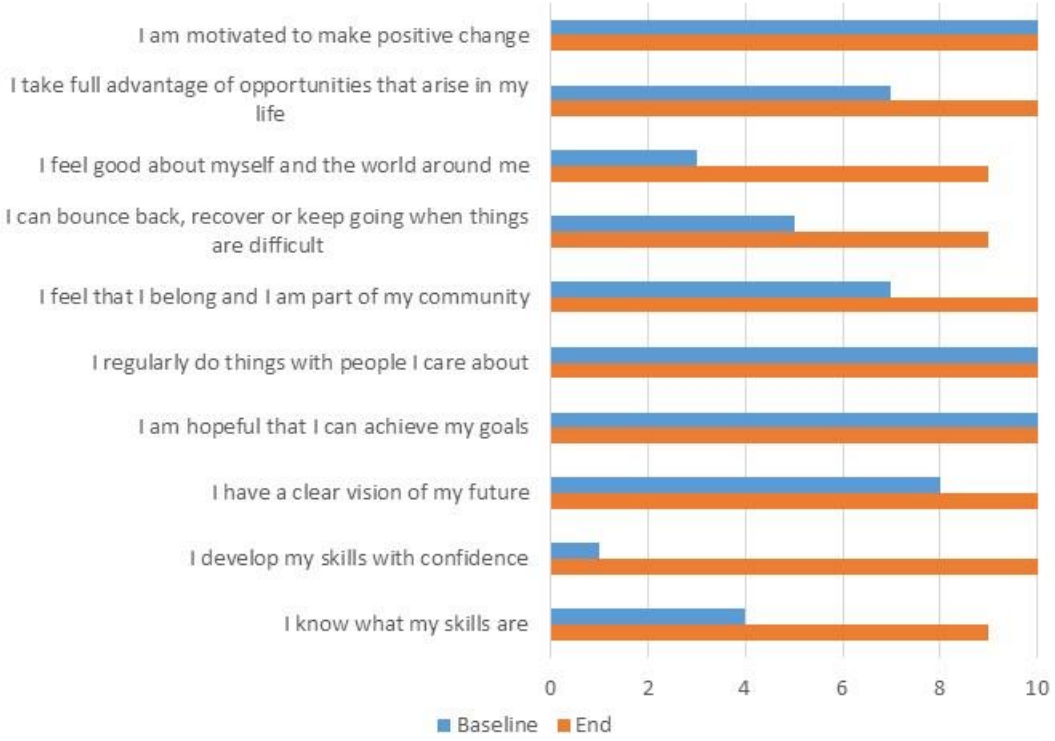


Figure 6: Example of distanced travelled for one young person (Distance travelled tool)



2.5 Acceptability, outcomes and impacts

2.5.1 Acceptability

Across all interviews, focus groups, and feedback from parents and one young person, there was overwhelming support for the implementation and continued development of the Navigator Programme. Navigators reported that they have received a positive reception when introducing the programme across hospital trusts, with them now embedded across various teams and departments.

"A positive impact within the hospitals because a lot of the staff are feeding back that it's a much needing programme. You know they've needed it for years." (Navigator 1)

"I think that the role of the Navigators is so important because they can be there at a point in time when the young person may want to open up to, to look at alternatives, to look at how to move away and they can break that cycle." (NHS staff 3)

''[Navigator] has been so supportive. They have been on hand to advise every step of the way. Could not praise the Navigator Programme more highly.'' (Parent, reported via Navigator)

"I would just like to say this year has been very difficult and challenging, but the support me and my [child] have received from [Navigator] and [Navigator] has been fantastic." (Parent, reported via Navigator)

''Absolutely over the moon with [Navigator] and the Navigator Team. We would never have been able to get such a great outcome for [Child], had it not been for their support. We wouldn't have even known where to start. Thanks to [Navigator] and the Navigator Service, we've got our [Child] back'' (Parent, reported via Navigator)

"Well, this is the first job that I've had in the long time for actually, not only do I love my job and I love what I do. But I get paid correctly for it as well. And I find myself really loving my role." (Navigator 2)

However, some NHS staff continued to be unclear about the remit of the programme. Subsequently, in comparison to the previous Navigator Service at Alder Hey, some staff viewed the new programme as less effective in supporting staff to identify and refer eligible children and young people to the programme.

"…there's a real difference between the two, I've dealt with a very proactive service at the beginning and now it feels like it's a very sort of signposting service." (NHS staff – focus group participant)

2.5.2 Outcomes and impacts

The Navigator programme has the following aimed short-term outcomes and core aimed impacts for those who are supported through the programme (see Logic Model for additional outcomes and wider aimed impacts):

Outcomes:

- Child or young person recognises vulnerability / seriousness of situation.
- Child or young person's (and where relevant parent/guardians) needs are identified and supported.
- Children and young people are 'navigated' towards more positive life choices/experiences.

Impacts:

- Reduction in violence victimisation / perpetration
- Reduction in re-attendance / re-injury
- Improved mental and physical health and wellbeing
- Reduction in presentation at police custody suites, health and other criminal justice services

- Reduction in costs to the healthcare system and wider partners

Whilst practitioners acknowledged that it was too early in the development and implementation of the programme to evidence short and long-term impacts for children and young people, examples of positive outcomes were starting to emerge. Despite these positive outcomes, practitioners acknowledged that it may be difficult to measure the impact of the programme. For example, the process of referring children and young people to other services means other services provide the majority of support needed and understanding these experiences and impacts of experiences may be difficult to follow-up.

Identification of ***children, young people,*** *and parent/guardian support needs:* Navigators and NHS staff provided a range of examples of the identification of often hidden or unmet support needs of children and young people, and their parent/guardians. One example was given of a young person who appeared confident and who initially raised no issues with confidence and ability to make friends. However, upon further assessment it become apparent that this was not the case, and subsequently the young person was offered a different menu of support options. Various examples were also provided around supporting 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.

"There was a young person who was more chatty and who was really chatty, seemed confident and then all of [their] questions around confidence and like friendships [on SDQ/Distance travelled tool] were really low, so we then use that to refer to YPAS. Because then when we met [them] again, we asked them and said I've had a little look at your questions and you've said you're really suffering with your confidence and you can't really make new friends and so would you want a bit help around that? And [they] said, yeah. So that was something that I think without having the questions here, we wouldn't have picked up because they never said it face-to-face." (Navigator 1)

"They come into Alder Hey. You engage with them, but the minute you start to then take that apart and you start to delve into that case, it starts to open up and there is so much more to it. So you find yourself supporting the family as well as that young person. You know very often parent/guardians, they just don't know. They don't understand what they can do, what they can't do, what their legal rights are, what their responsibilities are." (Navigator 2)

Another example was provided where a child/young person within the hospital was recorded on the IT system as having a 'body part' injury – based on this data alone they would not be eligible for the programme. However, whilst the Navigator was on-site and attending a staff 'huddle' (a meeting reviewing current patients), it was discussed that the injury was the result of an assault by someone who was bullying the child/young person, and thus a referral was made.

"We had a [child/young person] present in A&E with [a body part] that had been damaged…on the face of it a clear case of 'other injury' that would be recorded on the TIIG data. But the Navigator using their intuition engages the [child/young person] and her [parent] and begins to learn that it wasn't an accident, that other [children and young people] were responsible… without the Navigator being in place and making that engagement we don't know how that episode shapes

that [child/young person's] mental health and well-being and silences [their] victimisation." (Delivery partner)

Provision of immediate support, referral to, and engagement with additional support: Navigators provide direct support to children and young people and their parents/guardians within the hospital environment and community. This includes providing a reassuring 'non-statutory' support option, identification of hidden harms and support needs, advocating on the children and young people's behalf, and referral to wider support. Navigators reported that the initial support period is person-centred and thus can vary in length and the activities implemented. Whilst the quality of accessible programme monitoring data means it is not possible to currently determine referral pathways for children and young people accepting wider support, examples of referrals and children and young people, and their parent/guardian accepting referrals were identified through interviews and other programme data. This included children and young people engaging in services provided via MYA and/or other partners (e.g., schools/YPAS/CAMHS) to support their mental health and wellbeing and reduce risks of and/or exposure to violence.

"Because I can go in there and I can engage with them on their level, and also advocate on their behalf. They do have to engage with the police and they do have to engage with the medical staff and they do have to engage with social care. But I can make that engagement so much more painless." (Navigator 2)

"But we know that they've now got access to a school mentor and so we do contact schools as well. We are liaising with the schools. And we know that they have been referred into CAMHS and are receiving CAMHS support." (Navigator 1)

Further, parents were supported to re-engage their child in education, by working with schools to make the environment safer, providing children with access to a school mentor, or where required supporting the parents to move their child to another school.

"The ones that we've engaged, they've had positive outcomes from it, there's been a couple of young people who've had support of moves with school and with support around bullying. So they've been really positive outcomes." (Navigator 1)

"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 or that we're 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." (Navigator 2)

Navigators noted that they were able to raise awareness of available support in the community to both children and young people and their parents and how to access and engage with such support. This was seen as vital as many community members are not aware of the support available within their community and/or how to access this.

"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." (Navigator 2)

De-escalate tensions / aggressive behaviours within hospital setting: Navigators spoke about the role they can have in de-escalating tensions and or aggressive behaviours demonstrated by children and young people (and/or parents/guardians) within the hospital setting. Such behaviours were identified as being the result of children and young people, and/or their parents/guardians being scared, stressed and in a state of fight-or-flight because of their experiences and/or the injury sustained, along with wider issues such as exploitation and intimidation.

"When a young person's coming in, they're scared, and parents and guardians are scared. Some of them are in serious situations, they're being exploited, they're being victimised. And they are desperately unhappy and desperately scared. So, to have somebody there on the site that can de-escalate that situation, can support them within that crisis…I can de-escalate that situation to a certain extent, make them feel a little bit better, make them feel held a little bit more. And that's so important to young people and to their families." (Navigator 2)

Improving understanding of community issues / safeguarding concerns: One interviewee noted the important role of Navigators and NHS staff in identifying community issues and safeguarding concerns that may not come to the attention of other services. An example was provided of children attending the hospital with markings that looked like a tattoo; upon further investigation this was identified as something to indicate children were part of a particular group of individuals which may pose risks for them and others. The importance of sharing such information across staff within the trust and external agencies was noted as critical in identifying hidden harms and safeguarding concerns amongst children and young people.

"The aim as I see it is to give the young person a positive pathway away from violence. So, trying to stop that cycle of violence from continuing, for us it's not preventative for the first instance because they've obviously come to us due to violence or they're already involved somehow, whether it be involvement in county lines, CSE, or whether they're a victim of bullying and so various reasons. And then for us, it's about stopping that from reoccurring. So not only for the young person to support them and educate them on why that lifestyle might be wrong or if they are getting exploited, give them support to try and get away from that". (Navigator 1)

2.6 Case studies – children and young people's journeys

This section provides three case studies, two short case studies produced by the Navigator Programme team, and one produced by the evaluation team based on evaluation data. These selected examples of case studies aim to illustrate the nature and journey of children and young people engaging in the programme, and outcomes and impacts. Case studies have been depersonalised and some details removed/edited to maintain confidentially.

Box 2: Short case study 2 (engagement up to 5 weeks)

Referral and key concerns/history: The young person was referred to the Navigator Programme through the Safeguarding Team. The young person was the victim of an assault while in school by a group of people involved in a gang. The young person lives at home with their parents and siblings and has a very well-structured social life.

Navigator Programme Intervention: The young person was engaged with the Navigator Programme for five weeks but due to their busy extra-curricular activity schedule did not require further Navigator engagement. In the initial stages of engagement, the young person's parent required support with engagement with mainstream education to secure a positive outcome for the young person.

Outcomes and impacts of Navigator intervention: With Navigator support, the young person's parent was able to secure a positive outcome for the young person and they have now successfully moved schools. Parent declined further Navigator intervention, as it was deemed not needed.

Parent feedback: *''Absolutely over the moon with [Navigator] and the Navigator Team. We would never have been able to get such a great outcome for [child], had it not been for their support. We wouldn't have even known where to start. Thanks to [Navigator] and the Navigator Service, we've got our [child] back.''*

Box 3: Short case study 1 (engagement across 3 months)

Referral and key concerns/history: The young person was referred to the Navigator Programme through Alder Hey A&E, due to breaking a bone during a fight at home with their sibling. The young person had been struggling with their emotions and had recently started to attend a new school and was awaiting mental health support.

Navigator Programme Intervention: The young person and parent met with Navigators and their interests and support needs were identified. The young person had an interest in music and was referred into the MYA Noise Project (attending for 2-3 months) and into YPAS to support with coping with their emotions and mental health. YPAS have recently assigned the young person a practitioner, so sessions should hopefully start with YPAS shortly. In the meantime, the young person has been assigned a CAMHS mentor in school, which has helped them a lot. Navigators kept in contact with the young person's parent throughout the 3-month period.

Outcomes and impacts of Navigator intervention: The Navigator intervention helped the young person to find a positive activity to engage with outside of school (music through the Noise project), as well as referring them to mental health support and mentoring (YPAS).

Parent feedback: *"I would just like to say this year has been very difficult and challenging, but the support me and my [child] have received from [Navigators] has been fantastic. [Child] is finding the noise group really helps [them] detach from [their] worries and knowing [they] have someone other than me to share things with is a big help."*

Box 4: Depth case study

Gemma had one-to-one sessions with the Navigator over Zoom and in person. Gemma engaged with the Navigator programme for four weeks. The Navigator referred her for SEN support. Gemma's mum was provided with support too and given advice on what she could do at school to help Gemma.

Now: Since engaging with the Navigator programme, Gemma only had one day where she did not want to go to school. She feels safer and happier in school and can concentrate and get on with her work. Gemma also feels she can talk to her mum and teachers when she needs to. There have been no other incidents at school.

Gemma* (<16 years)

After 4 weeks, Gemma's mum declined further intervention because their situation had improved, and Gemma was positively engaged with other activities.

Gemma felt happier in general, which meant she was happier at home. Her mum was also worried less meaning the whole family felt better.
"The relief when I spoke to the Navigator, it was huge and that then fed down to the kids. It made a big difference" (Mum)

Before Navigator: Gemma was unhappy at school; she had experienced bullying and did not feel safe - because of worrying she could not focus on her lessons, and she was worried she would not be able to do her school work and fall behind. Gemma complained each day that she did not want to get out of bed and go to school
Gemma's mum was worried, she felt helpless and frustrated that she couldn't help Gemma. The worries were also impacting on Gemma's sibling.
Following an assault at school leading to an A&E attendance, Gemma and her mum were told about the Navigator programme. Following referral, Gemma had her first appointment with the Navigator quickly.

Gemma's mum said that it was reassuring knowing that the Navigator was there to support her family. Her mum had improved knowledge and awareness, which improved her confidence and empowered her to meet with the school. She now felt listened to and that the school understood her situation and were more supportive.

"I was feeling unsafe after the incident, I didn't feel like I could work properly or focus on actually learning, it was a distraction I didn't need. Now I've got extra support, 100% I can concentrate more, I am staying in my lessons instead of having to go out and have a break"

*Pseudonym to protect identity

2.7 Facilitators to programme implementation

2.7.1 NHS leadership

Having a senior NHS lead with responsibility for supporting the development, implementation and embedding of the programme, and single points of contact within different teams within the hospitals (e.g., safeguarding) was viewed by many as a key facilitator. The support from the NHS lead in particular enabled the MVRP, MYA and Navigators to understand the NHS culture, system and processes, progress with obtaining NHS honorary contracts and relevant training, set up referral pathways and processes, and support the promotion of the programme across the NHS, supporting the Navigators to build relations across relevant departments and staff. Having single points of contacts across multiple teams also enabled the Navigators to establish good relationships and be integrated into relevant teams, have a presence across the hospitals and, access support to implement the programme when needed (e.g., securing space for the Navigators to work). The varying structures and patient groups across the hospitals has meant that the Navigators have integrated with staff in different teams and in different ways, often facilitated by the single point of contacts (see Section 2.3).

"…really valuable because [NHS lead] being able to link us in with who we've needed to start with within Alder Hey 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." (Navigator 1)

"It's good having [NHS lead] to be able to open any the doors that the VRP couldn't have done to sort of help set up these things and I think having the sort of role that Alder Hey has taken to help us get into the other hospitals itself. I honestly don't think I would have been able to open those doors. I wouldn't have been able to get into those hospitals as quick as [NHS lead] was able to, sort of share links and introduce people. So having that bit was invaluable for me. Without that role of Alder Hey and [NHS lead] in Alder Hey, we wouldn't have been able to make the links as quick as we wanted to within the Aintree and the Royal." (Delivery Partner 1)

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

During this early implementation phase, Navigators and supporting partners have implemented a range of activities to engage with senior leaders and frontline practitioners to raise awareness of the programme, to establish implementation and develop referral pathways into the programme. Having regular engagement with relevant practitioners via various communication methods was identified as critical to engaging staff in the programme. Various methods have been used to engage staff including attendance at staff meetings, informal discussions and the sharing of promotional materials. Promotional materials were identified as key to promoting the programme amongst staff and children and young people, particularly when Navigators were not on-site. As a result, Navigators and key delivery partners noted that awareness of the programme and referrals into the programme had increased (as seen in the programme monitoring data).

"It's not very often I come across a member of medical staff that don't know what a Navigator is." (Navigator 2)

"So that we've got that awareness there for the staff because we're not on site and they don't have a visual reminder then we might not get the referrals coming through at the level that they have been. So again, the posters around the hospital. So, I think all of that to publicise the project we've needed and then also the leaflets we can give to young people when we meet them and they leave. So, it's something for them to take away that explains the programme." (Navigator 2)

2.7.3 Programme delivery by specialist third sector organisation

Establishment of the programme and implementation via MYA, a locally established service providing a range of support for children and young people and adults, was viewed as a key facilitator to programme development, implementation and long-term sustainability. This was particularly so as MYA already have an established programme of work with children and young people across the region. Further, they have a range of interventions and activities that children and young people as well as parents/guardians can engage in to support their health and well-being. Related to this, MYA have a number of offices across the region where Navigators can engage children and young people and parents/guardians in a location that is more suitable for them. From an NHS perspective, having an external third sector organisation deliver the programme was seen as beneficial particularly due to the resource pressures the NHS are under, the ability of third sector organisations to implement such programmes and the skills and knowledge they have to engage with children and young people.

"That's been a very useful resource of having just open meeting space to actually do the follow up meetings with young people." (Navigator 1)

"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." (NHS staff 1)

The use of specialist youth workers, rather than hospital staff, to engage with and support the children and young people, and parents/guardians was identified as vital to the success of the programme.

"I'm a firm believer that third sector organisations who work with young people really do have those skills and expertise. You know the consultant or the nurse is not always going to be the best person at engaging with the young person." (NHS staff 1)

"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. And that's the magical ability that a youth worker has to be able to engage the hardest to reach young people." (Navigator 2)

"I think it's for the young people and family to know that there's something and someone other than health or education who were trained specifically to work with these young people and

families. I think that is a real benefit and positive for this. I mean young people; they're very difficult to engage with anyway. My experience, I've had it 'Well, you're a nurse. You're going to, you know, you're going to tell my family about this." (NHS staff 2)

The presence of a Navigator onsite within the hospitals, who could access patient information and engage with staff and patients, was identified as improving the identification of children and young people who may need support. Examples were provided where patients had been recorded on the hospital system as sustaining an injury, with no indication that it was an assault-related injury. However, through wider investigation hospital staff had subsequently identified the injury was assault-related and thus they may be at risk of wider harm. Despite this however, in some circumstances referral to the Navigator Programme was only made because the Navigator was onsite and engaging with those staff members, for example during team meetings. This highlights the need to keep raising awareness of the programme and referral options, and the importance of staff looking beyond the presenting complaint and enquiring more about the underlying cause of the injury.

"[NHS staff] seen that young [child] as the [injury] not as a whole person." (NHS staff, programme meeting)

"It might be that the story is slightly different to what they've told staff. So, we try and approach the young person on their level a little bit more. I think a lot of like researchers found that young people can see even medical staff as quite authoritative, and they might not give them the whole story. They might see them as a bit of an authority figure that they don't trust. So, for us, our uniforms are hoodies and T-shirts. So, we try to be quite relaxed when speaking to them, so they don't see us as, you know an authoritative figure, so we'll then speak to them there and then in the hospital if parents and guardians there, we'll speak to them as well and just chat them about what's happened and what's support the family have got." (Navigator 1)

2.7.4 Flexible approach to development and implementation

Continually reflecting upon programme development and implementation and adapting to identified gaps or areas for development, and thus taking a flexible approach during this initial year of set up was seen as important to ensure effective programme delivery in the long-term. For example, trialling different locations for the Navigators to work across hospital trusts and the times and dates of their working hours has supported Navigators to explore locations and times that can support identification and referral of children and young people into the programme.

2.7.5 Safeguarding arrangements

A number of interviewees highlighted the importance of ensuring that Navigators have supervision to ensure that safeguarding arrangements for children and young people were being identified and appropriately addressed, and that the Navigator can work within the boundaries of their role, referring to other services as appropriate. Furthermore, supervision enabled Navigators to debrief, and consider and address their own safeguarding and wellbeing needs.

"That supervision process gives you an opportunity to step back away from the emotional and the day-to-day of that case and say, right, so what are the key principles here? What are we doing?

What we worried about? What do we need to do and the actions? And puts it very sort of clear and it was when we did that, they were like oh yeah, I can see now". (NHS staff 2)

"I think that bits [safeguarding] really important because it's making the Navigator feel safe and secure and supported. Its 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." (NHS staff 2)

"Yeah, I think at the injury level, you know, severity of injury has posed a little bit of an issue for us 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 and I have to be honest with you, I couldn't even walk, I couldn't even go in the room. He was in such a bad, way, shot through the neck. And he's, really poorly, 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 of the bullying because the bullying was so severe and she's now being fed through tube…so the emotional impact of that is, it was quite, well, wasn't nice." (Navigator 2)

2.7.6 MVRP funding, public health approach, and steering group meetings

The provision of funding by MVRP has been vital to the development and implementation of the Merseyside Navigator Programme. Without this funding, the programme would not be implemented. Many interviewees noted that the establishment of a multi-agency programme steering group that focused on developing the programme from the ground up whilst also following an evidence-based public health approach had been equally important in driving programme development and implementation. With regular communication between partners and discussion about barriers and ways to overcome barriers, issues were overcome, facilitating programme set up.

"The support from the funder, I think VRP, have been really helpful with it all and they haven't pressured us with numbers, it's being quite relaxed and they're allowed us to kind of go with the pace with it because staffing was such a big issue. There was no pressure on - you have to get certain numbers within the first year. So yeah, I think that has helped us just having the VRP regularly checking in and making sure that we were OK and just communicating with each other." (Navigator 1)

2.8 Barriers to programme implementation

2.8.1 Maintaining Navigators and setting up NHS honorary contracts

Whilst three (of the planned four) Navigators were recruited to the programme in July 2021, there were issues in maintaining and establishing the programme. 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. Critically, within three months the team lost two Navigators, with a gap in recruitment thereafter. Short-term programme funding was identified as a significant contributor to the lack of ability to maintain and recruit Navigators.

"So you know if you get offered a permanent contract somewhere else, you can see why someone might leave. They only have a nine-month contract [with the Navigator Programme]." (Navigator 1)

"So the funding side of it like the recruitment side and the retainment side, due to the nature of the fund, really impeded the initial start of it." (Delivery partner 1)

"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)

From September-December 2020 one Navigator continued to implement the programme, predominantly focusing on Alder Hey, before further progressing with Aintree and Royal Liverpool from December. Whilst the near-full complement of three Navigators was re-established in January 2021 (with contracts up to the end of March 2022 only), processes for obtaining NHS honorary contracts etc. meant that the team of three Navigators only re-commenced in February/March 2022. At the time of data analyses, Navigators were still working towards being fully established in LUHFT, including having full honorary contracts set up to enable full access and engagement with the hospitals.

"It takes ages to get anything embedded in the NHS. So not only did we have all the practicalities of how we recruit and have honorary contracts and access to systems for the new Navigators, but actually now they're embedded, we're seeing referrals start to increase." NHS staff 1

"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." (Navigator 1)

"So at the moment [hospital] is not providing many [referrals] because I think they're having difficulty, the Navigators have found it difficult to get established, and now we've unpicked the reasons why - it looks like it's probably a contract issue, and we've unpicked the reasons why the honorary contract hasn't been put forward, that's a big win. Once we get the honorary contracts, they get e-mail addresses and badges and stuff like that…they can work smarter; they can work from a hub." (Delivery partner 2)

2.8.2 Mixed understanding and awareness of referral criteria and processes

The gap between the previous Navigator Service at Alder Hey ending and the new programme being set up was also highlighted as an issue in maintaining momentum of the service at Alder Hey, despite the referral processes being maintained for the new Navigators to pick up once they started.

"It all just took time, we had a gap between when we provided it and when MYA took it up just because of the way funding was. So, to help with that gap, we didn't close the referral platform down internally we let staff keep referring. The referrals came into the safeguarding team when we triaged them to make sure if there was anyone, we were worried about we were still picking them up from a safeguarding perspective." NHS Staff 1

Some NHS staff interviewed noted that there had been limited understanding of the aims of the 'new' Navigator Programme amongst staff, meaning that some potentially eligible children and young people had not been referred. Whilst interviewees engaged in programme implementation thought that this had been rectified, others who were keen to refer patients to the programme were still somewhat unsure of the referral criteria, or the aim of the programme and role of the Navigators (particularly compared to the previous Navigator Service).

"If I'm honest, I don't know any clear aims from the Navigator project and apart from the fact that obviously we refer children into the service if they have been a victim of or involved in some sort of trauma that's been surrounded by a violent crime. However, we recently realised that, or we were told, and I think this is a bit of an ambiguity, they had to suffer the trauma from the violent crime rather than not suffering the trauma from the violent crime, but still being part of an organisation or exploitation ring or things like that. So, it's a little bit unclear for me if I'm honest as to what the intervention and what the criteria are." (NHS staff – focus group participant)

"I haven't been 100% cleared on what their role is…because the girl we've tried to refer in I'm being told no, so it's just trying to make it clear of what we can refer and what is acceptable referral." (NHS staff – focus group participant)

"No, it was something I was aware of [referral criteria] and assumed, but other colleagues within the trust [were not aware], so it came through one of the meetings I was at that we can't refer to them. And I was like, absolutely you can!" (NHS staff 2)

"Well, we've not really referred any because we were told that we couldn't refer them unless their admission was as a direct result of a violent assault. So, since the new VRU system has been in place, we've not been able to signpost many. However, on our list of patients, I think somebody did once." (NHS staff – focus group participant)

"Yeah. And I don't know whether that's the referral platform, the online referral system or whether that's not being clear about the aims and who we can refer in and things because we've since then had one of the safeguarding nurses actually said, well, we've had a couple of referrals from the wards, and they gave them all the information and they did take the referral. But the information that we've been told previously was no, they have to be admitted as a result of a violent it's like, well we would have had loads." (NHS staff – focus group participant)

2.8.3 Limited engagement and/or disengagement from children and young people and parents/guardians

Engagement in the Navigator Programme is voluntary. Navigators noted that some children and young people do not accept the referral and refuse engagement immediately. Others may initially accept the referral, and start to engage with a Navigator, but disengage at a later point, which could be within the initial period of engagement/follow-up/support with the Navigator or following referral out to other services. Navigators noted examples of patients accepting the referral within hospital and starting to engage with the Navigator, but then once discharged would refuse to either further engage, or not answer any communication from the Navigator.

"But yeah, three young people who have met them, they're at the hospital within that teachable moment where the young person is meant to be a bit more, you know, in a bit of crisis, they are more likely to want the support and accept it. I've met them there and then spoke to them. With some, attempts have been on site for a couple of days, so I've even been able to complete some of the paperwork there at the hospital with them and then once they've left, well I've met them once and left. They then don't follow up, so they won't answer the phone. We send letters out, they don't reply. And so, it's hard then because we are, you know, a voluntary programme, they don't have to work with us. You know, we're not a statutory service, so there's nothing really we can do when they don't engage at that level." (Navigator 1)

Where parents/guardians were involved, they too could disengage them and their child from the programme, with one example of a parent ending their child's engagement with the programme post-discharge as they thought their child was fine and did not need support.

"Sometimes the parents and guardians we'll follow up, and then they'll decline and say, 'Oh no, we've thought about it and actually he's fine. He doesn't need it'. And again, it's hard because we can't force anything on anyone." (Navigator 1)

Navigators also reported difficulties in following up children and young people who had been referred for support. Here, Navigators follow up clients at three-months following their initial referral to the programme to review progress and identify if further support is required, or the case can be closed. Navigators discussed that difficulties in following up clients were multifaceted. Whilst some may have disengaged from support generally, and thus don't reply to communication from the Navigator, it was also felt that others who had received support may also disengage from support when their support needs have been met, and similarly may not engage with/reply to communication from the Navigator at the follow-up stage.

"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". (Navigator 1)

2.9 Additional considerations for future development, implementation and sustainability

2.9.1 Severity of injury, complexity of cases and ability to immediately engage

Due to the severity of patient's injuries, it is not always appropriate for the Navigator to engage with the child/young person upon their arrival at the hospital. Where a child or young person is admitted to hospital, engagement whilst on a ward was noted as often a more appropriate space to engage. For others, engagement may be more appropriate and successful once they are back in the community setting.

"Young people they're just so poorly, they aren't even able, 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 support, 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." (Navigator 2)

One Navigator provided an example of a case where the young person was hospitalised for a significant period, and whilst their condition meant that they could not immediately engage fully in the Navigator Programme, the Navigator maintained regular contact with them and their family throughout. This enabled a trusting relationship to be developed and a continued link with the patient to increase the likelihood of their engagement at a relevant point.

"So I've engaged with him in hospital, been up and visited him, visited him while he was on board. He had certain medical, there was there were things going on with him. He was refusing medication and he was quite angry about the fact that his phone had been taken by the police. So when he was on board, he was quite angry really. I was able to go up and engage with him on a number of occasions, have a good chat with him. He was quite open and sort of offered him and also offered his father as well, who I saw a number of occasions while I was there, a little bit of support. Just little things like I go down and get him a brew or that kind of thing, little things and just generally just, you know, their support sort of thing and now that he's back at home I just check in with him every week or so. Just to check in with him to see how he's getting on, see how he's recovering. He knows what we do because obviously I have spoken to him in depth about the service, he's open to the service and it's just about checking in with him on a regular basis just to keep a check on his recovery. Are things getting better or getting worse or, that sort of thing? So it's just about keeping up that engagement in relation to that young man." (Navigator 2)

2.9.2 Maintaining boundaries of the Navigator role

The Merseyside Navigator model consists of Navigators providing initial engagement, support and signposting for wider support over an anticipated 2–3-week period. For several cases this was not practical, with Navigators having to engage for a longer period. This was due to some children and young people having such complex injuries that immediate engagement was not always possible, and a light-touch period of building a relationship and maintaining contact was needed instead. Navigators noted that due to the complex needs of children and young people, and the professional background of Navigators, it had been difficult to maintain the boundaries of the Navigator role of engagement and referral, rather than a continuing caseworker role.

"But we still know that they might be struggling emotionally, and they're not going to have two or three meetings with us and all of a sudden, all of their anger issues go, or they are no longer getting bullied or whatever the issue is. So for us, it's getting used to we're not ongoing caseworkers. For us, our role is done there. 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. So for us, it's been a learning curve of our role because I think we're all used to as youth workers, working with them for long period of time. That is kind of a new process that we're getting used to. I think we all naturally want to try and work with them for as long as we can, but that's something that we will work on as a team." (Navigator 1)

"A little bit of my worry is making sure that the Navigators work within their boundaries of their sort of role, and not get pulled into different aspects that may not necessarily be appropriate for them. So say for an instance there was a case where it was a significant issue around bullying and there'd been sort of violence involved and more than that, Navigators have sort of 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, what you need to do now is say that's fine, I can help with that,

but I will refer on to other people you need to link in with them and sort of almost pull back a little bit because they were getting pulled into something that wasn't necessarily appropriate for the service." (NHS Staff 2)

Despite acknowledgement that Navigators need to maintain the boundaries of their role, a range of interviewees raised the importance of spending adequate time with children and young people to build trusting relationships and patients having a continued single point of contact for support both within and external to the hospital environment. As example of the Trauma Team at Alder Hey providing such a role was noted as being something that children and young people and parents/guardians find beneficial (as was the similar role provided by the previous Navigator Service).

"I think they need that consistency. A lot of these kids…our families need the consistency because they might see a different doctor every day, whereas they'll see us as [Trauma team] a small team all the time and they've got our numbers directly. They can contact us, they can text us, they can message us, they can do whatever to get in touch with us. So, they feel supported, and I think a lot of it is about them feeling supported and when something's gone on, they know who to call, they know who to contact. And I think in the community at the moment that there isn't that out there." (NHS staff – focus group participant)

"Spend a bit more time with the person you're talking to. And if the Navigators can do that, they will establish a deeper connection and that then deeper connection will incentivise follow up. And then there's longevity of follow up." (Delivery partner 2)

2.9.3 Integrate Navigators further across teams/hospital departments

Whilst progress has been made in integrating Navigators within hospitals, across various teams and departments, most interviewees raised the importance to continuing to progress this further. Whilst this was the case across all hospitals, enhancing engagement with relevant teams and departments across LUFHT was highlighted as a particular area for development. Improving engagement was viewed as necessary to improve communication between Navigators and hospital staff, raise awareness of the programme and enhance referral pathways. Feeding back to staff on the progress of referred children and young people was also noted by one participant as important to embedding this further, and ensuring staff are aware of the support their patients have been offered and/or engaged with.

"I don't feel I particularly get clarity around or assurances around the fact that what we've picked up, like when they disclose something to us or when we've picked up and unpicked it with safeguarding that there's issues around exploitation or there's a criminality risk there. I don't feel like I can be confident in that person having the right support in place as they leave us particularly because obviously it gets put to the Navigator and we don't really hear anything from that then." (NHS staff – focus group participant)

The capacity issues experienced by Navigators was noted as having limited their ability to engage with teams within hospital trusts and it is hoped that as this is nearly resolved, their engagement and presence across the hospitals can improve.

"So when we more staff, the idea would be we are in each hospital every single day, so Monday to Friday someone at Aintree from like 9 till 9 and give you like a bit of a staff handover. Same with Alder Hey and the Royal because at the moment we try and be there, one of us each day, but we're not there all day, so we might still be missing those young people on the ground and then we do still have training and bank holidays and things like that. So, the holidays where none of us are at the sites. And so I think having a bigger team will help with that, just like on the ground presence even more." (Navigator 1)

"Every now and again, I come across medical staff you who just don't know what a Navigator is. They don't know what we do." (Navigator 1)

Providing Navigators with supervision across trusts was also seen as important to ensuring this is adequately resourced as the programme develops/expands and those providing supervision can access patient records to inform supervision discussions and monitoring of patient and programme progression.

"I find it difficult offering supervision for the other sites. Obviously, the Navigators have access to Alder Hey's electronic system, but I'm having to try and base supervision on what I'm hearing from them, and I've got not necessarily the full context of what the challenges have been, what they've [patient] presented with which is, you know, I get, I can't have access to all other records because that's not appropriate. But that's quite challenging and I feel it would be more beneficial once the service develops better within Aintree and within Liverpool that maybe they're supervised by someone within the trusts there." NHS staff 2

2.9.4 Importance of face-to-face contact at relevant teachable moment points

Being more present within hospitals was seen as important to ensuring Navigators could engage with children and young people at the earliest opportunity, within the 'teachable moment period'. Related to this was ensuring that where, when and how Navigators engage with staff and children and young people is tailored to meet the unique and varying needs of each hospital and children and young people. Navigators were initially scheduled to work Monday-Friday during daytime hours. Experience to date however suggests that peak hours to engage with eligible children and young people vary by hospital. So, whilst at Alder Hey and Aintree weekday daytime hours were viewed as appropriate as eligible children are present during anytime of the week (Alder Hey), and major trauma cases are often admitted for days enabling engagement on wards (Aintree), at the Royal Liverpool peak times were identified by hospital staff as being weekends nights. Subsequently, the Navigators had trialled various shift patterns to ensure they have a presence in the Royal Liverpool during their peak periods. Ensuring that Navigators can work in pairs, particularly within A&Es during weekend nights (a peak time for alcohol-related attendances) was noted as a key consideration, and something that may prove challenging given there are only three Navigators. Section 3 provides an overview of assault-related attendances to A&Es to inform future planning.

"I think the Navigators need to extend, so need to physically meet that human being who they want to have that relationship with because one of the challenges I've seen is if they don't meet them but hear about these patients and give them a ring, I can imagine myself basically, just if I was a victim of violence and I get a random phone call going, 'Hi, I'm one of the Navigators. Can we talk so I can help to make things better'? Every time, you're not going to answer that. Basically,

if you've met them face to face, if you've had that connection. And as I said the depth of connection, personally, I think is stronger outside of the war zone - that is casualty and it is a war zone. You know, there is blood, sweat, tears and bangs and crackles everywhere. So you know, in a calmer environment, when there is a greater chance of having a connection that, I think will lead to a greater chance of follow up." (Delivery partner 2)

"But I do think like [P1] said the essential thing is having that key person who we can actually physically liaise with, verbally liaise with, put the referral in and then they see the family. I think it's really important." (NHS staff – focus group participant)

"We're missing some tricks and I think we need to be more proactive with what we're doing. We need to be face to face with what we're doing because they need to be able to build a trust in those people, not just given leaflets or put in touch with somebody else. I think they need that consistency." (NHS staff – focus group participant)

"I mean that's my big aim is to actually extend way beyond the emergency department where I think that the teachable moment is much deeper, more reachable, more teachable, is in that calm after the storm on the wards." (Delivery partner 2)

One interviewee noted that they and other hospital staff referred to Navigators as youth workers when speaking to children and young people, rather than giving them their Navigator title, as this resonated more with children and young people and helped them to understand the purpose and role of the Navigator.

2.9.5 Pressures on NHS services and NHS buy in

Interviewees noted that at both national and local levels, the NHS are increasing engaging in the implementation of a public health approach to violence prevention, and towards supporting violence prevention activities within and beyond the healthcare setting. Despite this, due to the demands placed on health services, it was acknowledged that more concerted efforts were needed to embed the Navigator Programme within participating (and wider) trusts, however that this may take some time. The effects of COVID-19 and delays in wider healthcare treatment for children and young people, and the demand for services, was noted as influencing the level of priority of violence prevention programmes within NHS Trusts.

"One big thing, the National Health Service wants to do now, and I'll have to say very proud of my organisation for leading on this is to become an anchor organisation to actually extend well beyond just being a hospital and making people better, to making societal change. An example is Knifesavers; they've embraced this… and then Navigators as well you know the trust has taken this on board and so to sell it to the organisation and the executives of the organisation will be proof of effect and that could be based on precedent." (Delivery partner 2)

2.9.6 Ability to measure, and the need to focus on long-term impacts

Interviews raised several considerations for measuring impacts including:

- Ensuring case studies and qualitative data are collected and shared to demonstrate the journey of children and young people through and following engagement in the programme.

- Considering the complexities of measuring hospital (re)attendance/admission. For example, Alder Hey is focused on children and young people and thus future readmissions would likely be at other hospitals within the region. Further, children and young people experiencing repeated exposure to violence leading to healthcare treatment may attend different healthcare settings.
- Considering the quality of the recording of assault-related attendance within A&E datasets.
- Ensuring impacts explore risk factors and protective factors for (re)exposure to violence such as improved resilience, mental health and well-being and engagement in education/employment.

"It's really difficult to evidence what may or may not happen in the future with or without an intervention. And another thing within youth work, youth services that's always been the difficult thing. You know I think youth workers recognise you plant a seed, and you know that that seed can grow, it may grow tomorrow it may grow in five years, it may never grow. But I think it's about giving people the best opportunity to get the best support to understand the situations [they're in] and then in this instance and situation, hopefully break the cycle of potential violence and moving young people away and giving them safe options for the future." NHS staff 3

With some of these considerations in mind, multiple NHS staff raised the importance of working towards linking NHS datasets to enable children and young people to be tracked across multiple healthcare settings over time.

"If there's a way of physically and electronically following these patients up over years and years and years, that will give a very powerful bit of evidence at all data." (Delivery partner 2)

"If we can get in now [at Alder Hey], we might then actually see an improvement in that violence moving forward. And if that then reduces Aintree's admissions for violent crime, then we've done our job well here. So, we not might not see an immediate impact that these kids don't come back because often they wouldn't come back anyway because six months down the line, they wouldn't come to us. So, it's difficult it's I appreciate that would be very difficult to even from a data perspective to be able to measure that, but it would be really nice to see that maybe what we're doing here then potentially had an impact on what Aintree are seeing there." (NHS staff – focus group participant)

"The sustainability of this programme has got to be built on the long-term outcomes for children and young people. It won't be built on short term outcome. Short term outcomes are what the emergency department does…you're safe and we've done our bit. But Navigators are that longitudinal? You know the intervention on [date] will have no impact on that 14-year-old until they're like 25 and then it may radically turn their life around." NHS staff 1

2.9.10 Consider expanding programme inclusion criteria to include underlying risk factors for violence

A few interviewees noted that many children and young people identified as vulnerable had risk factors related to violence, such as presentations relating to alcohol or substance misuse. Interviewees

felt that it was important to examine the understanding causes of presenting issues such as alcohol or substance misuse to identify wider safeguarding concerns and/or if engagement in this health risk behaviour is the result of previous exposure to violence. As such, some interviews thought that the referral criteria should be broadened to include such patients.

"So I would say anybody that's been a victim of a violent crime and that's not necessarily that they've been injured in it, but they've been a victim of a violent crime. Or anybody that we then find out information that are involved in those crimes, they're involved in criminal exploitation or anybody that's at risk." (NHS staff – focus group participant)

"It misses the point. It misses the opportunity. Then we've got a child who's an impatient, who we have suspicions are involved in either criminality or they have been exploited or whatever the circle of, you know, difficulties they may be having. You've missed that opportunity if that traumatic experience hasn't happened directly as a result of the violent crime. So, I feel like you're missing a trick, really. If you don't get involved with these kids a lot sooner." (NHS staff – focus group participant)

"The violence reduction unit were particularly, via the Home Office, cited on violent incidents going on. But actually, what we've picked up is they're [children] presenting with drug and alcohol issues as a result of something that's happened somewhere else that they haven't attended a health service for, if that makes sense." NHS Staff 1

3. Assault attendances to all Merseyside A&Es

The Trauma and Injury intelligence Group (TIIG)[8] sits within the Public Health Institute at LJMU and provides access to reliable violence and injury information from A&Es, walk-in centres, Ambulance Services, Police, and Fire and Rescue Services across areas within England and Wales. TIIG enables the identification and monitoring of trends in intentional and unintentional injuries, providing rich and timely data, which are not available from alternative sources. TIIG data relates to all injury types including falls, deliberate self-harm, road traffic collisions and assaults.

Within Merseyside, TIIG is commissioned by the MVRP to provide a violence data hub bringing together all these datasets for use in identifying at risk groups for violence, targeting and evaluating interventions and identifying hotspot areas. For A&Es specifically across Merseyside, non-identifiable record level attendance data is shared with TIIG monthly on assaults and other injuries. This data is cleaned, standardised, processed and uploaded to the data hub, broken down by demographics (age, sex, ethnicity, area of residence), nature of the attendance (arrival mode, referral mode, outcome) and further details relating to the assault (location, weapon etc). TIIG conduct regular data quality work with A&Es, namely A&E reception managers and reception teams, who primarily collect this data, with a particular focus on those additional assault questions. Table 1 provides an overview of the additional assault data which can be collected by each A&E in Merseyside.

Table 1: Merseyside A&E assault data collection

Assault data items	Aintree	Royal Liverpool	Southport & Ormskirk	Whiston	Alder Hey	Arrowe Park
Assault date	✓	✓	✓	✓	✓	✓
Assault time	✓	✓	✓	✓	✓	✓
Incident location type	✓	✓	✓	✓	✓	✓
Incident location details	✓	✓	✓	✓	✓	✓
Assault weapon	✓	✓	✓	✓	✓	✓
Assault weapon details	✓	✓	✓	✓	✓	✓
Alcohol consumed prior to incident	✓	✓	✓	✓	×	✓
Location last drink consumed	✓	✓	✓	✓	×	✓
Location details last drink consumed	✓	✓	✓	✓	×	✓
Relationship to attacker	✓	✓	✓	✓	×	✓
Reported to police	×	×	✓	✓	×	✓
Previously assaulted by attacker	×	×	×	✓	×	✓
Number of attackers	×	×	✓	✓	×	✓
Attacker consumed alcohol	×	×	×	✓	×	✓
Gender of attacker	×	×	✓	✓	×	×

[8] https://tiig.ljmu.ac.uk/

This section provides information on assault-related A&E attendances to all Merseyside A&Es to inform future Navigator Programme implementation. Data analyses focuses on children and young people aged 10-24 only (the target age group of the Navigator Programme), unless otherwise stated.

3.1 Hospital trust

Across June 2021 to May 2022, in total there were 4,485 assault-related attendances across Merseyside A&Es; of these, 28.3% attended Aintree, 23.5% Arrowe Park, 21.7% Royal Liverpool, 16.5% Whiston, 6.7% Southport and 3.3% Alder Hey. A third (33.3%; n=1,461) of all assault-related attendances across Merseyside A&Es were aged 10-24 years; of these, 26.6% attended Arrowe Park, 23.5% Royal Liverpool, 19.6% Aintree, 14.6% Whiston, 9.5% Alder Hey and 3.2% Southport.

3.2 Gender

Across June 2021 to May 2022, 68.6% of all assault attendances to Merseyside A&Es were male (ranging from 64.4% at Alder Hey to 72.8% at Royal Liverpool; Figure 7a). Similar proportions were found when exploring attendees aged 10-24 years only (Figure 7b).

Figure 7a: Assault-related A&E attendances (all ages) to Merseyside A&Es by gender and A&E, June 2021-May 2022

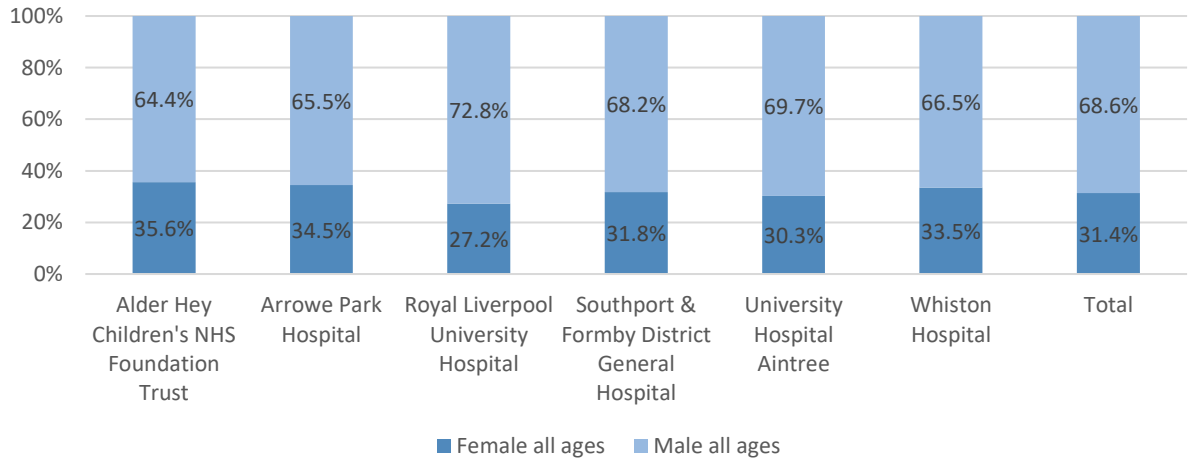
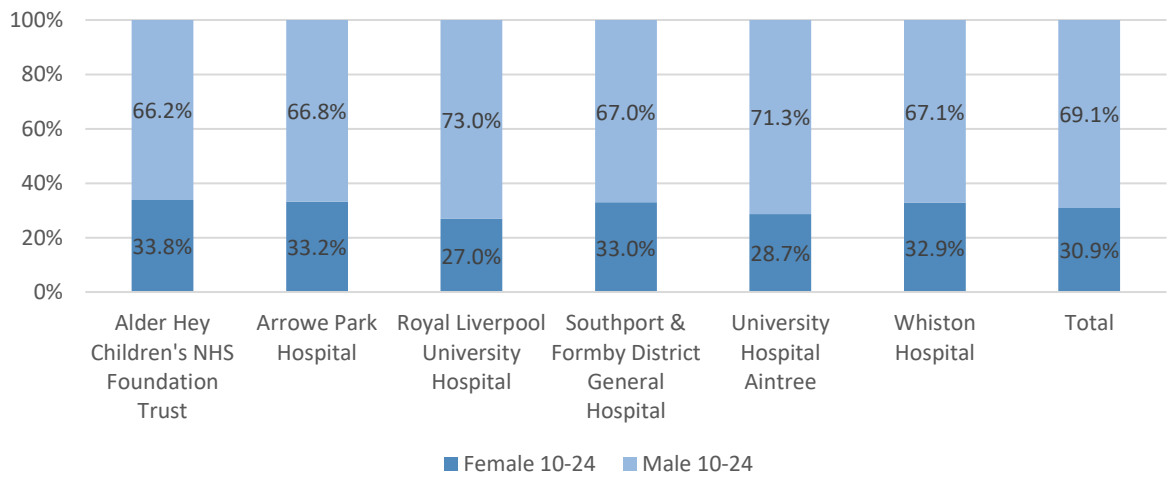


Figure 7b: Assault-related A&E attendances (aged 10-24 years only) to Merseyside A&Es by gender and A&E, June 2021-May 2022



3.3 Referral method, and time, day and month of attendance

The majority (65.5%) of assault-related attendances (aged 10-24 years) self-referred to the A&E; 8.4% were referred in by the emergency services (e.g. NWAS) and 7.3% via the police. October and March had the highest proportion of attendances (10.1% and 10.2% respectively), whilst December had the lowest (6.0%) (Figure 8). The majority of attendances were booked into A&E (Figure 9) between 4-7.59pm (21.2%) and 8pm-11.59pm (20.1%)[9], and on a Saturday (19.2%) and Sunday (20.2%)[10].

Figure 8: Number of assault-related A&E attendances (aged 10-24 years only) to Merseyside A&Es by A&E, June 2021-May 2022

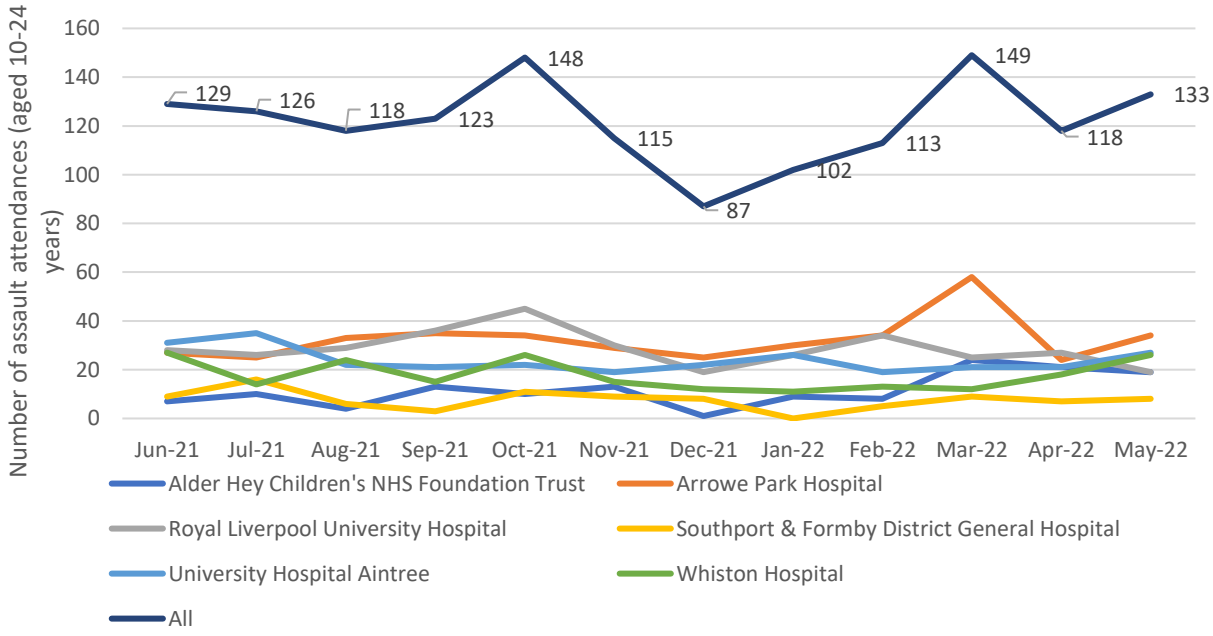
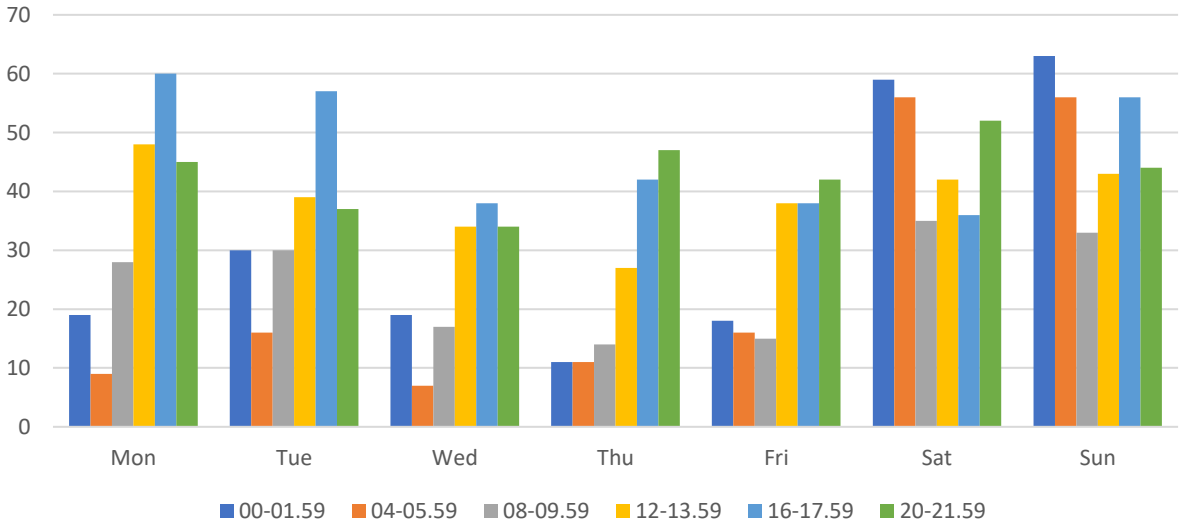


Figure 9: Number of assault-related A&E attendances (aged 10-24 years only) to Merseyside A&Es by time and day, June 2021-May 2022



[9] Followed by 14.4% between 12-3.59pm, 16.6% between 12-3.59am, 12.5% between 4-7.59am and 11.5% between 8-11.59am.

[10] Followed by 14.3% on a Monday, 14.3% on a Tuesday, 11.4% on a Friday, 10.4% on a Thursday and 10.2% on a Wednesday.

3.4 Weapon of use and alcohol consumption

Over a quarter (28.9%) of assault-related attendances (aged 10-24 years) reported that the weapon used in their assault was a 'fist'. Just under one in ten reported that a 'combination of body parts' were used (9.4%) or the weapon was a blunt or sharp object/weapon[11] (8.2%). Across A&Es excluding Alder Hey, 23.6% of assault-related attendances (aged 10-24 years) were recorded as having consumed alcohol prior to the incident.

3.5 Outcome

The majority (60.3%) of assault-related attendances (aged 10-24 years) were discharged from the A&E (45.4% discharged, requiring no follow-up treatment; 14.9% discharged, with follow-up treatment to be provided by their GP). Over one in ten were referred to another clinic or healthcare provider (11.5%), just under one in ten (8.7%) were admitted to hospital and 14.6% had left the A&E department before being seen for treatment or having refused treatment.

[11] Including: Any blunt object, Bottle, Glass, Other bladed/sharp object and Other weapon.

4. Programme Theory of Change, Conclusion and Key Recommendations

A logic model of the Merseyside Navigator Programme has been developed based on the service evaluation findings (Figure 7). The logic model provides an overview of key programme activities, outputs and the expected short and long-term outcomes for children and young people and the wider system. Findings from this service evaluation have alluded some key findings regarding the early development and implementation of the Merseyside Navigator Programme. Whilst the programme has experienced many challenges to implementation across hospital sites, many of these have been or are close to being overcome. Referrals to the programme are increasing, and some positive outcomes and impacts for children and young people, and their families are starting to emerge. Despite this, further work is needed to ensure successful programme implementation across hospital sites and to increase the number of referrals to the programme. The Merseyside Navigator Programme requires further time to enable successful programme implementation, and to develop evidence on the outcomes and impacts of the programme. To support continued implementation, and programme monitoring and evaluation, we recommend the following activities.

Strategic

- Develop a strategy for identifying and securing long-term funding for the Merseyside Navigator Programme, to ensure adequate delivery time (e.g., 24 months) to establish, implement and assess outcomes, and if relevant expand to wider NHS settings.
- Increase awareness of the programme and role of Navigators across NHS Trusts, ensuring senior leadership, managers and front-line staff are able to fully support the programme, and refer relevant patients to the Navigators.
- Develop a strategy for monitoring and measuring outcomes and impacts, including impacts for children and young people and wider beneficiaries, and services (including repeat attendances to healthcare settings across the region), and commission an on-going process and impact evaluation over 12-18 months.
- Liaise with other Navigator/Hospital Based Violence Reduction Programmes to share learning.

Programme implementation

- Continue to review operating times and locations to maximise face-to-face engagement with children and young people during reachable and teachable moments (considering access within the A&Es and in-patient settings).
- Using A&E/hospital attendance data and insights from NHS staff, work with hospital sites to identify the most adequate times and locations for Navigators to be on-site, tailored to the needs of patients and hospital set-ups (considering each hospital has its own unique set-up, culture and patient profile).
- Build processes for embedding Navigators within relevant teams and departments across hospital sites.
- Provide clarity to NHS staff on the aim of the Navigator Programme and role of Navigators, and critically the referral criteria and pathways. Consider whether children and young people presenting with wider vulnerabilities that may increase risk of exposure to violence or be the

result of previous exposure to violence (e.g., attendance due to substance use) should be eligible for referral to the programme.

- Recognise that due to the complexities in identifying and supporting children and young people presenting with violence-related injuries and wider vulnerabilities, the Navigators initial engagement and assessment processes may go beyond the anticipated 2–3-week period.
- Consider the value of each hospital trust providing safeguarding supervision for Navigators.

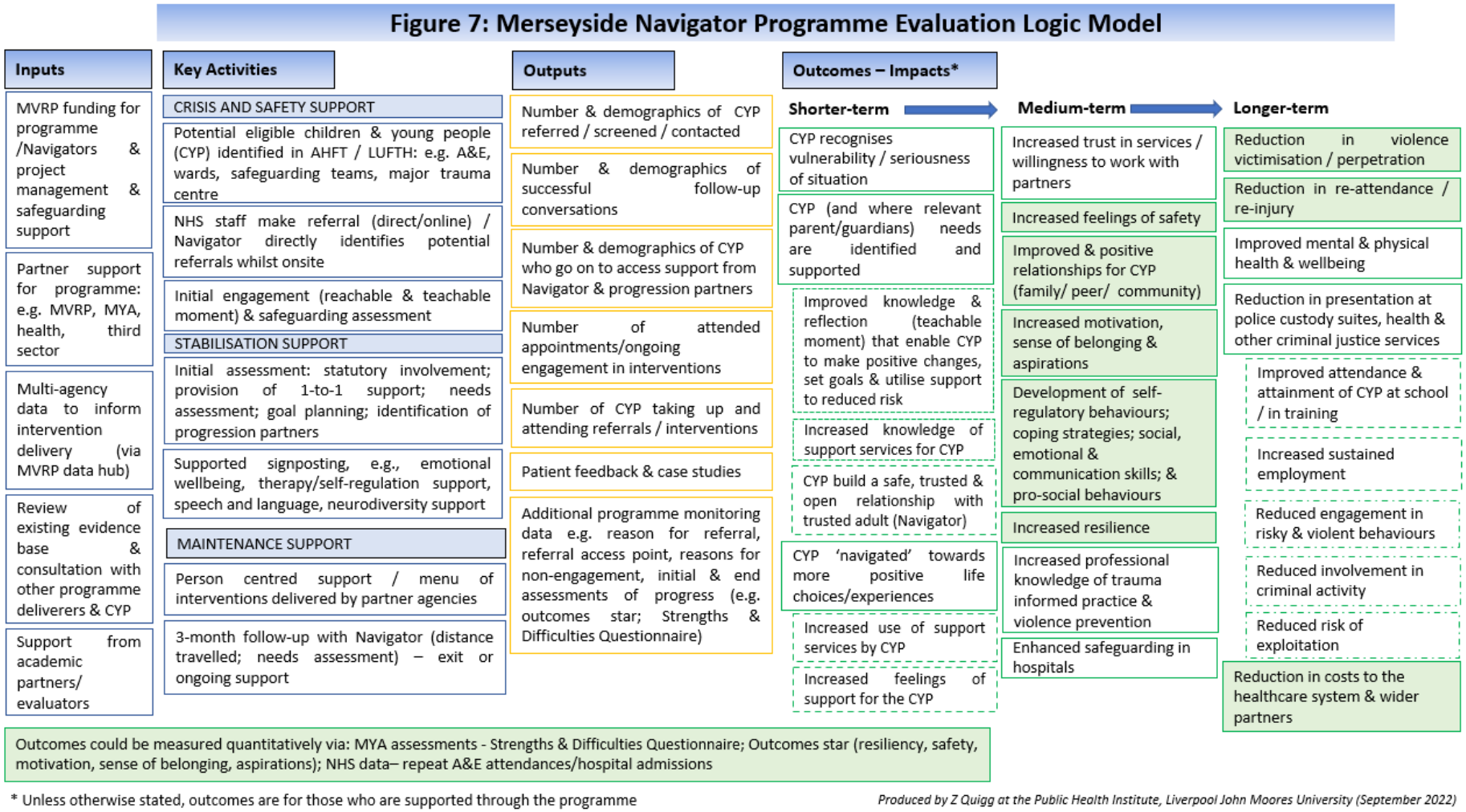
Programme monitoring and evaluation

- Consider the challenges and limitations of existing programme management and monitoring systems, and where feasible adapt routine data collection processes to ensure processes of implementation and outcomes and impacts can be fully captured and evidenced.
- 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. The implications of this for future impact evaluation should also be considered.

Box 5: Recommendations for developing routine monitoring data

- Add a variable on the IAPTUS system to record reasons for non-engagement. (e.g., child/young person declined support, parent declined support, ineligible, engaged with other services, no contact established etc.). Ensure this can distinguish between no contact being established and successfully contacted and offered support but declined engagement.
- Ensure quantitative data is captured to demonstrate each of the different stages of engagement with the child/young person and referral pathways. Formal processes for recoding actions would aide understanding of child/young person's progression (as opposed to word documents which will vary in detail and from Navigator to Navigator)
- Examine the implementation of distance-travelled measures (SDQ and Distance travelled tool) to identity why levels of completion are low, the utility of the tools for programme implementation and acceptability amongst children and young people.

Figure 7: Merseyside Navigator Programme Theory of Change



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