**VOLUME 2: THE SPECIFICATION**

**London Violence Reduction Unit**

**Hospital Based Youth Work Evaluation**

1. **INTRODUCTION TO THE VIOLENCE REDUCTION UNIT**
   1. London’s Violence Reduction Unit believes that violence is preventable, not inevitable. We were set up by the Mayor of London to deliver a partnership approach to tackling violence that is rooted in prevention and early intervention.
   2. We take an evidence-based approach to tackling violence, and we champion young people and communities to help bring about change and support access to positive opportunities where they live.
   3. In May 2020, we published our strategy and work programme which forms the basis for our three overall impact goals:
      1. Violence is stabilised and reduced
      2. Children and young people feel safer
      3. Community focused, partnership approach to long-term, sustainable violence reduction solutions
   4. Our strategy sets out our commitment to ensuring young people are given every chance to succeed through programmes which are targeted and focused on removing barriers that prevent young people from realising their potential. In addition, it sets out ambitions to support programmes which seek to develop young people’s confidence, social skills, improved mental health, and positive educational and employment prospects.
   5. The VRU has recently developed an Outcomes Framework which sets out the shorter-term change we need to achieve in order to progress our longer-term goals. The Framework allows us to take data-driven approach and measure progress against our outcomes and demonstrate impact. The ability to robustly monitor and evaluate our programmes is critical to developing our understanding of what works and supports us in advocating for policy change across the violence reduction space.
   6. More details of the work of the VRU can be found at [The Mayor of London’s VRU](https://www.london.gov.uk/content/londons-violence-reduction-unit) website. The VRU expects that you will review the publicly available material relating to various aspects of this procurement.
2. **BACKGROUND TO THE HOSPITAL BASED YOUTH WORK PROGRAMME**
   1. The VRU Hospital Based Youth Work programme responds to young people in crisis immediately after being admitted to hospital as a result of violence, which research has shown to be a unique ‘reachable/ teachable moment’. ‘Teachable moments’ are defined as ‘naturally occurring life transitions or health events thought to motivate individuals to spontaneously adopt risk-reducing health behaviours.[[1]](#footnote-2)
   2. ‘Reachable moment’ style interventions for young people involved in serious violence capitalise on key life events such as admission to A&E or being detained in police custody when the young person in question is likely to be most receptive to interventions aimed at effecting lifestyle change, for example connecting them to a package of support designed to help them achieve a safer, healthier/more positive life course.
   3. The VRU funds several organisations to provide support and holistic care to young people aged 11-25 who are the victims of violence and exploitation in all four of London’s Major Trauma Centres and the A&E departments at several other hospitals *(see Appendix 1 – Delivery Site Map*.) Delivery partners provide embedded teams of skilled youth practitioners who work with healthcare professionals based within the NHS Hospital Trust, as well as with wider health and social care partners.
   4. The VRU is in the process of recommissioning delivery in five priority A&E sites. This funding will run for 18 months (with the possibility of a 2-year extension). In March 2023 the VRU took the decision to continue funding four Major Trauma Centres (MTCs) for two years by direct award to existing delivery partners. *(Please see Annex 1 - Specification for commissioning in-hospital youth work provider for A&E sites).*
   5. The VRU is also commissioning a Learning Partner who will work with the VRU’s In-Hospital Youth Work providers across all sites from mobilisation until March 2025. The Learning Partner will fulfil three core roles: 1) Developing & implementing a data framework for the programme, 2) Implementing an ‘Active Contract Management’ approach across providers and 3) producing shared learnings and resources for providers. *(Please see Annex 2 - Learning Partner Specification for further details on this role.)*

**Programme Model & Outcomes**

* 1. The A&E and Learning Partner Specification set out the programme model in detail (Annex 1 & 2).
  2. The VRU Outcomes Framework sets out several key long-term outcomes for the programme which are outlined below:

|  |  |
| --- | --- |
| Organisational outcomes | |
| 1 | Hospitals have improved practice to support young people presenting at hospital with an injury caused by violence or exploitation. |
| 2 | Hospital professionals, local statutory agencies and community organisations have improved response to safeguarding risks |
| Individual outcomes | |
| 1 | Reduction in hospital (re)admissions/attendance |
| 2 | Reduced offending/ engagement in violence |
| 3 | Reduced victimisation (reduced risk of harm/ abuse from others) |

* 1. As well as these outcomes, the programme intends to support young people to achieve shorter-term outcomes bespoke to their situation, for example, reduced aggression, improved decision making, improved self-control, improved ability to respond to stress or trauma, increased resilience as well as wider health outcomes.
  2. Please see Appendix 2 for a high-level logic model of the overarching hospital-based youth work programme (note this logic model includes both the in-hospital youth work service and a separate but linked domestic abuse service delivered in the Major Trauma Centres, which is not subject to this evaluation tender.)

**Existing evidence base & gaps**

* 1. Promoting change in health behaviour during reachable moments has been explored and evaluated in a wide range of contexts including, sexual behaviours and HIV prevention; alcohol consumption; injury prevention; general lifestyle changes; smoking cessation; suicide prevention; and cancer screening.[[2]](#footnote-3) In recent years there has been increasing interest in the youth violence context, particularly the role of youth work in Emergency Departments (ED) to take advantage of reachable moments and help change behaviour. Most models include contact at the initial point of entry to the hospital, but an additional longer-term effort to network young people into other kinds of support to reduce repeat presentation.[[3]](#footnote-4)
  2. While current (primarily American) academic results have been inconclusive on the impact of youth workers in hospital settings, there has been some emerging evidence for crime reduction and positive responses from the young people involved in these initiatives. In the UK, hospital-based youth violence intervention programmes are gaining traction and a limited number of studies have described successful implementation of youth services in hospitals – including uptake of services; reduction in risk factors; and positive response from young people.[[4]](#footnote-5) Pulling from existing evidence and practice, the NHS Violence Reduction Programme produced a guide for effective implementation of in-hospital Violence Reduction Services in 2022.[[5]](#footnote-6)
  3. The most widely used model in the UK is run by Redthread, a third sector organisation that embeds Youth Workers within Major Trauma Centres (MTCs) to work with young victims of violence. MOPAC Evidence and Insight (E&I) team evaluated the Redthread Youth Violence Intervention Programme (YVIP) between April 2016-March 2017 and found tentative indications of benefit, including reduced risk scores for service users and positive response to the service from hospital staff and service users.[[6]](#footnote-7) The St Giles Trust and the Oasis Programme are doing similar work in the UK with an evaluation of the Oasis Youth Support intervention service at St. Thomas’ hospital in London by Middlesex University identifying similar outcomes between service implementation and the benefits to young people’s lives.[[7]](#footnote-8)
  4. In 2023, MOPAC Evidence & Insight completed an evaluation of the existing hospital-based youth work service looking at a two-year implementation period (April 2020- end of March 2022)[[8]](#footnote-9). The evaluation encountered several challenges (including the impact of Covid-19) that limited the conclusions which can be drawn from the service and prevented a robust examination of impact. **For this reason, the VRU are focused on working closely with delivery partners, hospitals and the evaluation provider to improve data quality and facilitate a targeted evaluation of impact.**  *[Please note: this evaluation has not yet been published, please contact* [*RMEL.VRU@london.gov.uk*](mailto:RMEL.VRU@london.gov.uk)  *if you would like to be sent an embargoed copy].*
  5. There are several other on-going evaluations in this space, including [the Youth Endowment Fund (YEF) multi-site trial of A&E navigator programmes](https://youthendowmentfund.org.uk/news/youth-endowment-fund-to-support-grassroots-organisations-to-take-part-in-research-to-find-out-what-works-to-keep-children-safe-from-violence/).[[9]](#footnote-10) [The National Institute for Health Research & Cardiff University are running a controlled longitudinal experiment of the ‘Effectiveness and Cost-Effectiveness](file:///C:/Users/AKelly/Downloads/3040401.pdf) of a Clinical Violence Prevention Team based in the Emergency Department’.[[10]](#footnote-11) The Evaluation Provider will be expected to learn from previous and on-going evaluations.

1. **CORE CAPABILITIES OF THE PROVIDER** 
   1. As an evidence-based organisation, the VRU seeks to use research and analysis to help inform our decisions and work. Part of this involves conducting or commissioning evaluation research to help understand how commissioned services are working, and whether services are delivering the results we expect.
   2. The Unit is seeking to commission an external provider to design and deliver a high-quality mixed methods evaluation of the Hospital Based Youth Work programme exploring both the process of implementation and impact of the programme in relation to its desired outcomes at individual and organisational/systems levels.
   3. The unit is seeking a provider that can deliver a series of evaluation outputs:
      1. **Package 1: Impact Evaluation** – Individual Outcomes: Observing the impact of the programme on individual participants, this may include longitudinal tracking of engagement / outcomes and verifying outcomes with objective measures such as administrative data sources (e.g., hospital readmissions & police data),
      2. **Package 2: Organisational Impact:** Observing the impact of the programme on hospitals/ hospital practitioners & other community partners. This will include looking at system changes across the hospital and community delivery.
      3. **Package 3:** **Programme performance & process evaluation:** Observing the performance of sites through monitoring data and exploring the process of implementation. This package will involve working closely with the Learning Partner, over the course of the contract, to identify & share best practice with delivery partners.
      4. **Package 4: Cost effectiveness:** Exploring, as much as possible, the cost effectiveness of the programme.
      5. **Package 5:** **Process evaluation of the Learning Partner model:** Developing an understanding the impact of the VRU’s Learning Partner, and the influence this structure has on delivery across sites.
   4. In order to inform the evaluation and encourage sustainable evidence-based practice, the Provider will work with delivery partner & learning partners, providing support and dynamic feedback across key elements of programme monitoring and implementation.
   5. We are therefore seeking a highly experienced research team with excellent communication skills, experience working with sensitive data and a background that shows strong engagement with minoritized and marginalised communities.
   6. Given the ambition to triangulate with administrative data sets to demonstrate impact, experience working with sensitive health & police data, navigating NHS ethics committees and extensive experience developing robust and secure data sharing arrangements is desirable. We welcome collaborative bids, for example, working with an academic partner with specific experience working in health environments.
   7. To help navigate data sharing and ethics approvals and to facilitate consideration of wider health outcomes, we recommend bidders to include the use of clinical researchers as part of their proposal.
   8. Additionally, to be eligible the Provider should have:
      1. Demonstrable capacity, experience, and expertise to lead complex evaluation programmes that will incorporate a range of models, stakeholders and partners at strategic and operational levels.
      2. Demonstrable experience of working with young people at risk of being involved in serious violence.
      3. Capacity to meet the stated timeframes through having existing, appropriately skilled, competent, and resourced staff in place.
      4. An understanding of the Public Health approach to violence reduction and prevention.
      5. Experience working in a public health context, direct work with the NHS and health data is advantageous.
      6. Experience working with sensitive data & personal identifiable information (PII) is essential.
      7. Strong data protection systems and processes.
      8. Some experience of conducting London based research.

**Detailed Service Requirement**

**Package 1 & 2 - Impact evaluation:**

* 1. The Evaluation Partner should measure both short-term and long-term impact. The ambition should be towards quasi-experimental designs, incorporating both subjective and objective measures where possible. For example, looking both at perceptions of staff and participants, as well as utilising administrative data sources such as hospital readmissions & police data. The potential for an extension will open up the possibility for longer-term impact to be explored.
  2. The evaluation will necessarily consider both intended and unintended outcomes. Examples of key research questions could be:
  3. Individual outcomes:
     1. Has the programme reduced the likelihood of the individual suffering an injury as a result of violence and exploitation?
     2. Has the programme reduced the likelihood of an individual becoming engaged in violence or harm in the future?
     3. Has the intervention led to increased feelings of safety amongst participants?
     4. What is the impact across demographics?
     5. What has been the improvement on identified individual aims (for example, distance travelled on objectives relating to Employment, Education & Training or objectives relating to mental health & wellbeing)?
  4. Organisational outcomes:
     1. What impact has the programme had on hospital professional’s understanding of, and response to violence and safeguarding issues?
     2. What is the impact of the programme on multi-agency working and links to on-going support within the community?
  5. It is anticipated that to maximise sample size and better understand organisational change, the impact evaluation will run for around approximately 2 months after the funding has ceased
  6. **A note on Administrative Data Protection & Sharing**
  7. *To facilitate a robust evaluation of impact, and development of control groups, the VRU will work with the Evaluation Partner to access administrative data sets. This will likely include but is not limited to relevant health data (including hospital admissions data and Police/ Crime data). The VRU will work closely with the Evaluation Partner to identify key indicators/ datasets to measure impact and will support the Evaluator to gain access relevant datasets where possible.*
  8. *Previous evaluations have encountered difficulties gaining access to the relevant data to support an impact evaluation.[[11]](#footnote-12) The Partner should therefore be able to demonstrate extensive experience working with sensitive data and securing the appropriate ethical approvals. As mentioned above, experience working with NHS Data systems and ethics approvals is beneficial.*
  9. *The VRU is committed to data security and ensuring that participants in our programmes are aware of how their data is being used and processed. The provider should therefore be able to demonstrate experience designing and implementing robust data protection strategies and designing data flows to assure data security.*
  10. *Due to the sensitive nature of the data being processed, the provider should be able to demonstrate experience collecting consent from participants in a way that encourages participation whilst ensuring participants have informed consent.*

**Package 3 & 4: Process & Performance Evaluation and Cost-Effectiveness analysis**

* 1. The Provider will employ appropriate methodologies to enable a thorough exploration of the process of implementation including understanding of aims, processes, training and barriers. This will directly contribute to organisational learning.
  2. The VRU is looking for an evaluator(s) to be a critical friend, to provide honest and candid feedback about the Delivery Partners & Learning Partner. The Provider will be required to examine the nature and quality provision, looking across sites to identify key learning, strengths and barriers. This may include:
     1. Understanding skills: exploration of the skills which can be transferred across to other hospitals/ teams, and;
     2. Understanding practice: for example, trauma informed practice, intersectionality, systems thinking and data collection methods.
     3. Gap analysis: organisational needs, sustainability and articulating and showcasing work and practice.
     4. Cost analysis: For example, value for money and cost per participant, cost of diversion from future harm.
  3. The Evaluation Partner should work closely with the VRU to design research questions to examine the process of implementation. Examples of research questions include:
     1. What are the key challenges relating to implementation of the HBYW programme across sites?
     2. How well have individual needs been identified; and how successfully have interventions been tailored in response?
     3. What are the areas of best practice?
     4. To what extent has the programme succeeded in identifying & reaching those most in need of support, and specifically within marginalised & minoritized groups?

**Package 5: Process Evaluation of the VRU Learning Partner model**

* 1. As this is the first time the VRU has commissioned a Learning Partner to facilitate multi-site delivery of the programme, we are keen to understand the process of mobilisation and implementation of this approach. Research questions might include:
     1. How has the Learning Partner influenced performance across sites?
     2. How has the Learning Partner improved knowledge and data sharing across hospitals?
     3. How has the Learning Partner built capacity amongst delivery partners to analyse and engage with monitoring data?
  2. Please note: The provider will be expected to carry out in-person fieldwork and engage with key stakeholders across sites. This will include delivery partners, learning partner, healthcare / hospital professionals and other community services. The provider will also need to attend in-person events/ meetings across various sites as required.

1. **Evaluation Scope**

**Throughput**

* 1. During the two-year period evaluated by MOPAC Evidence & Insight, across the seven A&E sites and three service providers, a total of 1,995 individuals were offered Embedded Youth Work services following referral by A&E staff. Of these, a total of 894 individuals initially chose to engage with the service, and 346 individuals completed the service.[[12]](#footnote-13) *Please note: definitions as to what support constitutes ‘engagement’ may vary across* providers.
  2. During financial year 2022/23 a total of 933 young people were engaged in the intervention across A&E & MTCs. See below table for a breakdown by quarter.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Number of new young people engaged** | | | | |
| **Q1 22/23** | **Q2 22/23** | **Q3 22/23** | **Q4 22/23** | **Total** |
| **A&Es & MTCs** | 232 | 194 | 220 | 287 | 933 |

**Site Selection**

* 1. Given the complexity of delivery and the poor data quality observed in previous evaluations of the service, the VRU will work with the Evaluation Partner to identify a smaller number of sites and most likely will focus on a single provider.
  2. The sites for impact evaluation will be selected following the re-commission of the five A&E sites and may depend on throughput, location of sites, alignment to NHS trusts and potential for data sharing between sites. The VRU will work with the Evaluation & Learning Partner to identify priority sites and facilitate conversations with key local stakeholders to inform site selection including the NHS Violence Reduction Team.
  3. *Please note the scope/ number of sites for evaluation may change depending on the recommissioning of existing contracts and access to relevant administrative datasets. We are therefore looking for a dynamic Evaluation Partner that can work closely with Delivery Partners and the VRU to adapt to the changing needs of the programme.*

**Product Delivery, Oversight & Milestones**

* 1. The provider will be expected to provide regular updates to the VRU lead and engage in regular oversight meetings with the VRU, ordinarily every two weeks during mobilisation and then this could be altered to a monthly basis over the course of the evaluation.
  2. The provider will be expected to work closely with the learning partner to provide key insight and feedback into learning partner sessions. The successful Provider will be expected to produce an interim report focusing on performance and process learning to date by Winter 2024.
  3. A suitable communication budget should be allocated to delivering this and production of materials should be done in close collaboration with the VRU.
  4. A final report, focusing on impact, will be delivered in Winter 2025. The Provider will ensure that both report’s findings are presented in an audience appropriate manner, most importantly to benefit VCS organisations in implementing any future iterations or upscaling. To this end, supplementary to a written report, the VRU encourages innovative approaches to sharing final learning, such as through case studies or in video format.
  5. The provider will be expected to provide updates to key stakeholders and will be expected to support with communication of learnings throughout the contract. This may include in-person events with delivery partners, the learning partner and healthcare / hospital professionals.

1. **Timelines & payments**

**Key Milestones**

|  |  |  |
| --- | --- | --- |
| Milestone | Description | Timeframe |
| 1 | Agree Evaluation Framework | Within 4 weeks of contract award |
| 2 | Progress updates to VRU lead | Fortnightly from contract award during mobilisation |
| 3 | Oversight Meeting with VRU lead | Monthly from contract award |
| 4 | Quarterly meetings with Learning Partner & VRU | Quarterly – to align with reporting timelines |
| 5 | Interim Report (Performance & Process) | Winter 2024 |
| 6 | Final Report (Impact) | Winter 2025 |

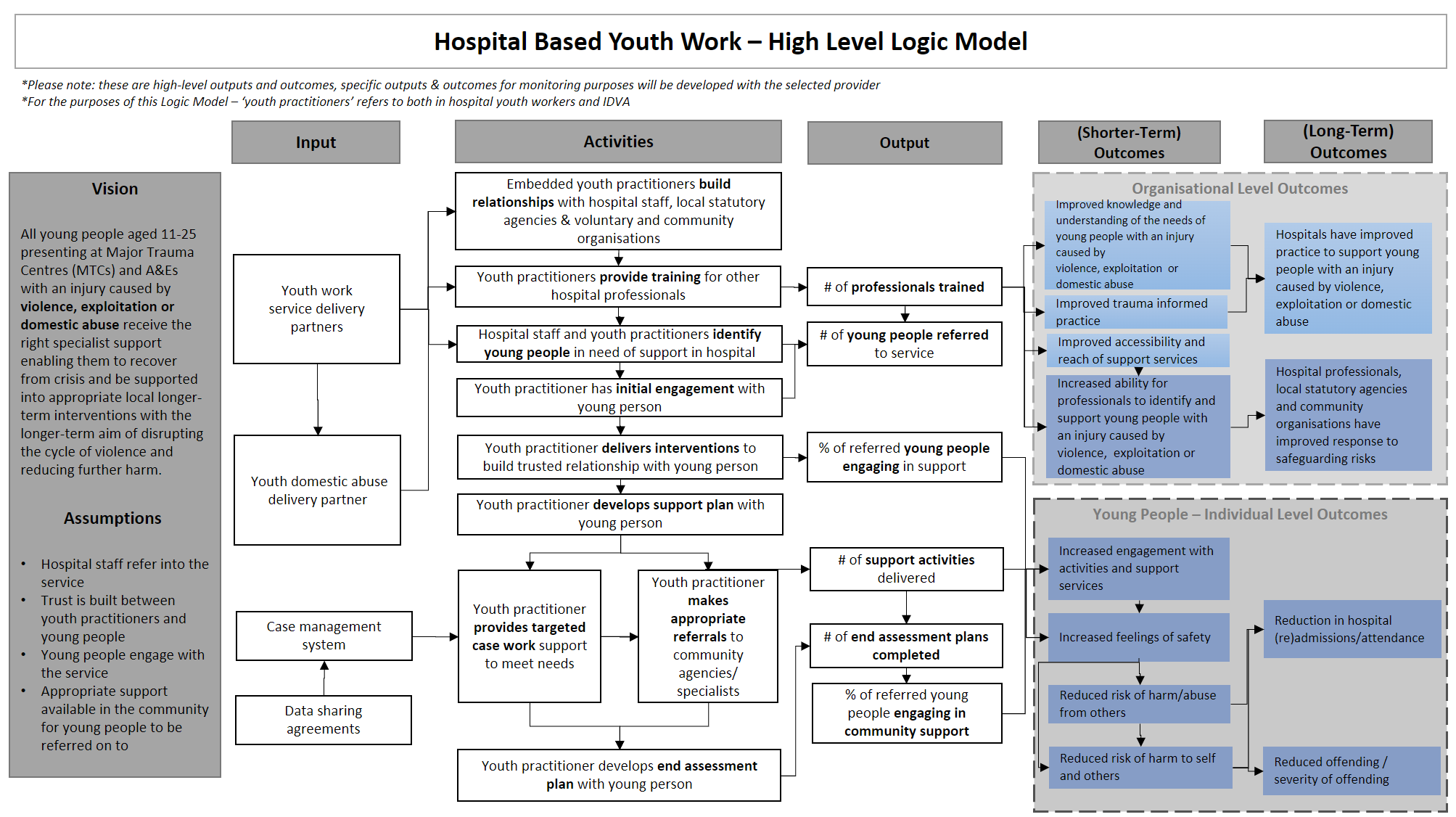
**Payment schedule**

* 1. Invoice 1 for 10% of the contract value to be submitted following the satisfactory completion of Milestone 1 – Agreement of evaluation framework.
  2. Invoice 2 for 10% of the contract value to be submitted following the first demonstration of Milestone 3 - Quarterly meeting with the Learning Partner & VRU (approx. Jan 2024).
  3. Invoice 3 for 10% of the contract value to be submitted following the second demonstration of Milestone 3 - Quarterly meeting with the Learning Partner & VRU (approx. April 2024)
  4. Invoice 4 for 10% of the contract value to be submitted following the third demonstration of Milestone 3 - Quarterly meeting with the Learning Partner & VRU (approx. August 2024).
  5. Invoice 5 for 20% of the contract value to be submitted following the satisfactory completion of Milestone 5 – Presentation of interim report (Winter 2024).
  6. Invoice 6 for 10% of the contract value to be submitted following the 6th demonstration of Milestone 3 - Quarterly meeting with the Learning Partner & VRU (approx. July 2025).
  7. Invoice 7 for 30% of the contract value to be submitted following the satisfactory completion of Milestone 6 – Presentation of final report (Winter 2025).

**Appendix 1 – VRU & MOPAC Funded Hospital Sites**



**Appendix 2 – Hospital Based Youth Work High Level Logic Model**



**Annex 1 - Hospital Based Youth Work – A&E Provider Specification (2023)-**

**INFORMATION ONLY**

VOLUME 2: Specification

Issued on behalf of

VIOLENCE REDUCTION UNIT (VRU)

**In-Hospital Youth Work - Accident & Emergency (A&E) Service**

* Lot 1 - Croydon University Hospital A&E (Croydon Health Services NHS Trust)
* Lot 2 - University Hospital Lewisham A&E and The Queen Elizabeth Hospital A&E (Lewisham and Greenwich NHS Trust)
* Lot 3 - Newham University Hospital A&E (Barts Health Trust)
* Lot 4 - The Whittington A&E (Whittington Health NHS Trust)

**INTRODUCTION AND BACKGROUND**

**About the Violence Reduction Unit**

The Mayor’s Office for Policing and Crime (MOPAC) (including the Violence Reduction Unit) invites you to bid for the requirements detailed below in accordance with the conditions outlined within this document.

The Mayor’s Office for Policing and Crime (MOPAC) was established in 2012 and is the Police and Crime Commissioning body for London. MOPAC works in partnership across agencies at a local and national level to ensure there is a unified approach to preventing and reducing crime. London’s Violence Reduction Unit (VRU), which was established in 2018, is a separate unit hosted by MOPAC that brings together specialists from health, police, local government, probation and community organisations to tackle violent crime and the underlying causes of violent crime.

The VRU’s remit is to work with partners, stakeholders, and local communities to reduce and stabilise violence in London.

**VRU Strategy and Outcomes Framework**

London’s Violence Reduction Unit believes that violence is preventable, not inevitable. We were set up by the Mayor of London to deliver a partnership approach to tackling violence that is rooted in prevention and early intervention.

We take an evidence-based approach to tackling violence and we champion young people and communities to help bring about change and support access to positive opportunities where they live.

In May 2020, we published our strategy and work programme which forms the basis for our three overall impact goals:

1. Violence is stabilised and reduced

2. Children and young people feel safer

3. Community focused, partnership approach to long-term, sustainable violence reduction solutions

The VRU is currently refreshing our new three-year strategy and will shortly publish an Outcomes Framework which sets out the shorter-term change we need to achieve in order to progress our longer-term goals. The Framework allows us to take data-driven approach, measure progress against our outcomes and demonstrate impact. The ability to robustly monitor and evaluate our programmes is critical to develop our understanding of what works and supports us in advocating for policy change.

**Background and Overview of the Requirement**

The VRU’s Hospital-Based Youth Work Programme sees youth work teams, embedded within the hospital, engage with young people who have been impacted by violence or exploitation who present at Major Trauma Centres (MTCs) and Accident and Emergency Departments (A&E).

The hospital-based youth work programme sits within the VRU priority area focused on ‘Children & Young People: Reducing Harm & Exploitation’. This area is specifically focused on children and young people at risk of being or already affected by violence. The objective of our programmes in this space is to improve the identification of risks and to divert to the appropriate supports. Our programmes focus on identifying young people affected by violence at critical ‘teachable’ moments whether that be in custody suites, on the street or, in this case, in hospital following a violent incident. We also work across organisations and systems working with children and young people affected by violence to build capacity to identify harmful behaviours early on and provide more effective support for this group.

MOPAC has been contributing funding towards youth work services supporting young victims of violence receiving treatment in London’s Major Trauma Centres since 2014/5, and in A&E departments since 2018/19. The VRU begun contributing to this service upon its inception in 2019.

This work has evolved over time and the VRU and MOPAC currently fund in-hospital youth work services within all four MTCs in London and seven A&E departments. In 22/23 the VRU and MOPAC contributed a total of £2.5 million to the in-hospital youth service model across both MTCs and A&E departments in London.

See Appendix 1 for a map of hospital sites where the VRU and MOPAC invest.

Through these services, youth work teams, embedded within the hospital, engage with victims of violence aged 11-25 who present at the MTC or A&E with assault-related injuries, gunshot wounds, stabbings, and those who report having been sexually exploited. The work is done in the hospital immediately after the incident, which research has shown to be a unique ‘teachable moment’. It is at this critical juncture that young people are often willing to look at making significant changes to their lives.[[13]](#footnote-14)

For the purposes of this commissioning exercise the term ‘in-hospital youth work service’ is used to mean non-clinical help and support delivered primarily at an A&E department, to young people aged 11 - 25, who are identified following attendance at A&E or admission to hospital.

Since May 2022, the VRU have been undertaking scoping work, working with stakeholders to understand the current delivery, funding landscape and updated picture of violence to determine how to best to utilise our investment to build on the work to support young people presenting at hospital sites in London.

This work included updated research to identify priority A&E sites; defined as those having high numbers of young people presenting as victims of violent crime and located in boroughs that have high levels of knife crime.

A list of priority sites was identified through the research and the VRU took the decision to contribute funding to several existing in-hospital youth work services.

Five hospital sites that the VRU and MOPAC have been funding since 2019 were identified as remaining a high priority and therefore a decision was made to continue to invest in these sites. These five sites therefore fall under the scope of this recommission.

The five priority A&Es identified below are in scope of this commissioning exercise: Croydon University Hospital, Newham Hospital, The Whittington Hospital, University Hospital Lewisham and Queen Elizabeth Hospital.

This Service will be procured as four lots, aligned with NHS Trusts, in order to promote collaboration and partnership working between A&Es that fall under a single trust.

**Current Service Providers**

Since 2019, in-hospital youth work services have been directly operating withinthe A&E departments of the five hospital sites that are the subject of this tender. The current service providers are listed below. The Provider(s) will be expected to work collaboratively with the existing providers during the mobilisation period to ensure a smooth and effective transition to the new delivery period.

|  |  |
| --- | --- |
| **Hospital site** | **Current Provider of the youth work service** |
| Croydon University Hospital A&E | **Redthread** |
| University Hospital Lewisham A&E and  Queen Elizabeth Hospital A&E |
| Newham Hospital A&E | **St Giles Trust** |
| The Whittington Hospital A&E |

**OVERVIEW OF THE SERVICE**

**Objectives of the in-hospital youth work service**

All young people aged 11-25 presenting at the specified A&E departments with an injury caused by violence or exploitation will receive the right specialist support from the in-hospital youth service enabling them to recover from crisis and be supported into appropriate local longer-term interventions with the longer-term aim of disrupting the cycle of violence and reducing further harm.

Please see Appendix 2 for a high-level logic model of the hospital-based youth work programme.

**Outcomes**

The in-hospital youth work service will look to achieve the following outcomes:

**Individual Outcomes (young people)**

* Shorter term outcomes
* Increased engagement with activities and support services
* Increased feelings of safety
* Reduced risk of harm/abuse from others
* Reduced risk of harm to self and others
* Long term outcomes
* Reduction in hospital (re)admissions/attendance
* Reduced offending / severity of offending

**Organisational Outcomes (Hospital sites)**

* Shorter term outcomes
* Improved knowledge and understanding of the needs of young people with an injury caused by violence or exploitation
* Improved trauma informed practice
* Improved accessibility and reach of support services
* Increased ability for professionals to identify and support young people with an injury caused by violence or exploitation
* Long term outcomes
* Hospitals have improved practice to support young people with an injury caused by violence or exploitation
* Hospital professionals, local statutory agencies and community organisations have improved response to safeguarding risks

**Core capabilities of the Provider**

The VRU expects the Provider(s) to demonstrate:

* **Robust experience of delivery of professional, credible and boundaried youth work**: critical to the success of the Service is professionally delivered youth work, provided by workers with the ability to build rapport and trust quickly with young people affected by violence who may lead chaotic lives. Youth workers will need to be credible to the young people they are working with; able to act as reliable and positive role models, recognising that young victims have often had varying experiences of statutory and voluntary support services. Youth workers will need to be trained in the principles of contextual safeguarding, trauma-informed and evidence-based interventions and demonstrate how they will actively maintain professional boundaries.
* **Demonstrate use of evidence-based interventions**: VRU are not specifying how the Service should engage young people nor what interventions the Service should use. This is down to the Provider(s) and will need to be outlined in bidders’ tender documentation along with the evidence base that supports their approach and their expected outcomes. The length of time the youth worker engages with a client is likewise not specified, but an indication should be included within the bidders’ tender documentation.
* **In-depth understanding and knowledge of issues relevant to young Londoners** and experience of supporting young people who may be facing, or have faced, adverse experiences and, or involved, or may be involved with peer groups caught up in violence, including as potential perpetrators. This includes experience and understanding of working with young people from a range of backgrounds in a culturally sensitive way taking into account challenges that young people from different communities may face.
* **Ability to work at pace in a pressured hospital environment:** bidders will need to demonstrate how their delivery and staffing models can adapt to fit the unique and demanding environment of the hospital A&E department. When compared to the youth work services embedded in Major Trauma Centres, we know that A&E youth work services see larger throughput of young people with less serious injuries, with many leaving the hospital within a few hours, often before the youth work team have received a referral from clinical staff. The Service is expected to work closely with the safeguarding arrangements that are already in place at the five hospitals to complement and enhance their service;
* **Ability and extensive experience of reaching into communities and building links with local services**: the Service is not expected to provide ongoing case work to the young people eligible for the Service, but to engage with them successfully and support them into appropriate long term interventions that will lead to sustained positive outcomes. As such a key capability of the Provider will be to quickly identify partners, build networks and develop referral pathways with suitable local services. This needs to go beyond signposting, but more ‘stepping out into the community’ alongside the young person and supporting them to engage with these services as deemed appropriate.
* **Experience working alongside statutory partners** and of how to achieve the best outcomes for young people within this framework; with experience of conducting dynamic risk assessments and safety planning.
* **Capacity to meet the stated timeframes** through having appropriately skilled, competent and resourced staff in place.

**SERVICE REQUIREMENTS**

**General Requirements**

The Provider(s) must ensure that the Service:

* meets the support needs of young victims of violence;
* acts in the interests of the young victims being supported;
* is free of charge;
* is confidential;
* is non-discriminatory (including being available to all regardless of residence status, nationality or citizenship);
* is available whether or not a crime has been reported to the police;
* understands and implements a gendered approach to service delivery;
* advocates so that victims receive their entitlements; and supports responsible authorities in discharging their duties to victims; and
* remains flexible and responsive to changes in the evidence-base.

**Service Specific Requirements – All Lots**

VRU expects the Service to engage with all young people (age 11 - 25) who present at A&E with injuries that are the result of violence. This would be face to face where possible but may be over the phone if the young person has left the hospital before the Youth Worker is able to speak to them.

Young people attend A&E in large numbers with injuries, illnesses or concerns that do not appear to be linked to violence. However, some of these attendances will be from young people affected by violence who are at risk in the community. It will be down to the professional judgement of the youth worker, clinicians and other staff within the A&E to decide who needs to be referred to, or approached by, youth workers to investigate whether they would benefit from engaging with the Service. During the mobilisation phase the VRU, in collaboration with the Providers(s), will work with staff at the hospital sites to ensure they are aware of the referral criteria. Training of hospital staff to ensure they are aware of the Service and will recognise possible signs a young person may benefit from support is a key component of the Service.

Generally, in hospital youth work service interventions are expected to be short term. Whilst it is accepted that in many cases, for a period of time, the only service a young person will engage with will be an in-hospital youth work service, the aim of in-hospital youth work services should always be to try and support the young person into longer-term non-hospital-based services, either statutory or community based, that may support in a range of areas such as employment, education, housing or mental health.

As such it is expected that the Service will develop strong links with local statutory and voluntary sector partners to ensure there is a range of appropriate referral pathways to support young people who are referred to the Service.

Referrals into community-based services will differ across London and the Provider(s) will be expected to build strong relationships with each area to ensure that they are contacting the appropriate service in a way that ensures there is a joined-up response to a young person’s needs. Crucially the work should enhance existing safeguarding arrangements.

Some young people affected by violence who attend A&E will not be known to community services or will be completely disengaged from the services that are there to help them. In those circumstances the in-hospital youth work team will need to maintain contact with the young person with the aim of encouraging them to accept appropriate help and support.

Where young people are already well engaged in statutory or community services the role of the in-hospital youth work service is to ensure that appropriate information is available to the agencies involved. Where people are known to statutory or community services but have disengaged or where their package of support is insufficient, then the Service, in consultation with community services, will advocate for the young person to increase the chances that the young person re-engages with a package of care that suits their needs.

A core element of the programme will be to ensure that hospital staff are aware of the in-hospital youth work service being offered, the referral criteria and the hospital referral pathways. Findings from the MOPAC Evidence and Insight team evaluation of the A&E service (due to be published in Spring 2023) noted a challenge around high A&E staff turnover. Therefore, providing consistent training to clinical staff to raise awareness of the Service and age range, to promote referrals, and to emphasise the importance of gaining consent for the service to contact the young person post discharge will be a key element of the service.

Providers(s) will be expected to work in partnership across safeguarding teams in the hospitals and other clinical and work within teams across other professionals within child safeguarding processes within the hospital. There will be a shared commitment to safeguarding every young person in close collaboration with statutory agencies.

**Service Eligibility**

The following eligibility criteria apply to this Service:

young person presents at one of the five specific A&E sites

young person is aged between 11 and 25 years of age;

have been or are suspected as having been the victim of interpersonal violence

have been or are suspected as having been the victim of exploitation

have been or are suspected as having been the victim of sexual assault

have been or are suspected as having been the victim of Child Sexual Exploitation; and, or

where a suspected safeguarding issue arises.

This list is not intended to be exhaustive and the Provider(s) will be expected to use their professional judgment to identify forms of vulnerability that warrant intervention.

The Service will also be expected to accept referrals from clinicians, responding to the clinician’s assessment and safeguarding concerns linked to the referral criteria above.

The Service will, if required, prioritise young people who have been the victim of interpersonal violence over young people presenting with vulnerabilities.

VRU expects this approach to prioritisation only to be adopted in extenuating circumstances and it should not be the norm. Where young people cannot be seen by the youth worker we would expect clinical staff to collect contact information from them and for the youth worker to attempt to engage with them following their discharge.

**Operating Times**

The Provider(s) will be expected to agree the hours the youth work team will be available in the hospital in conjunction with the VRU and the A&E teams at each hospital site. The Provider(s) will need to balance the demands of attendances at the hospital A&Es, including being available for regular hospital safeguarding meetings, with the operating times of statutory and community services they need to link in with.

Provider(s) will be expected to deliver an out of hours service including evenings and weekends in line with peak presentation times of young people.

**Delivery Locations**

The Provider(s) must embed their services in the hospital as a whole and in the A&E department in particular.

The Provider(s) will be expected to work closely with relevant voluntary and community and statutory services in the community.

The Provider(s) must have arrangements in place to contact and where appropriate meet young people outside the hospital setting. The Provider(s) must ensure that it is a safe environment for both the young person and the youth worker and have in place an effective lone-working policy.

**Referral and Assessment**

The Provider(s) must ensure that the Service:

proactively identifies and assesses young people affected by violence who attend A&E as soon as possible after presentation;

utilises the professional judgement of clinicians and others at the A&E to help to identify young people affected by violence;

puts in place systems to contact young people who the youth workers have been unable to see at the hospital site;

maintains contact with community services to ensure smooth referral pathways;

conducts needs assessments, undertaken by suitably trained members of staff, to identify and record needs and risks;

refers to suitable support services in accordance with young people’s needs;

ensures supported, detailed and fully consensual onward referrals;

supports the hospital safeguarding arrangements; and

records decisions on all actions taken throughout the referral and assessment process.

**Staffing Requirements**

The Provider(s) must ensure that all staff are adequately trained, receive effective development and clinical supervision to enable them to carry out the role at a high-quality of service delivery, and comply with relevant hospital policies and procedures.

All staff, whether paid or unpaid, will be managed within appropriate governance structures, taking account of the need for expert or skilled supervision appropriate to the support needs of staff/volunteers.

The Provider(s) shall undertake to facilitate the appropriate continuing professional development and training of staff involved in the delivery of the Service, whether paid or unpaid, to ensure they meet minimum competency standards.

Adequate and flexible resources must be available to meet demand. The Service must be able to implement a timely response to changes in that demand.

All staff and volunteers must have successfully passed an enhanced DBS check prior to working with the Service.

All staff who are part of the in hospital youth work service will require an honorary contract from the hospital and will need to go through hospital HR processes. This contract will allow staff to work within the hospital unaccompanied and access patient records. The VRU will work with the Provider(s) during the mobilisation period to support the process of acquiring honorary contracts in a timely manner.

The Provider(s) must ensure that policies for risk-reporting and whistle-blowing are in place for incidents that arise causing harm or potential harm to young people, staff or volunteers. There is a duty on the Provider(s) to inform VRU of anything which comes to light which might impact on the Service.

The Provider(s) shall ensure that volunteers do not undertake unaccompanied outreach visits.

The Provider(s) shall identify lead staff member(s) for safeguarding for the Service. The Provider(s) shall engage in Serious Case Reviews as required.

**Service User Involvement**

The Provider(s) must actively seek service user input to assist in the identification of service improvement opportunities and to help VRU understand their experiences, their support needs.

All young people should be given an opportunity to give feedback regarding the service they have received.

Complaints procedures shall be made available to victims on request. If the victim would like support in making a complaint, the Provider(s) will provide access to advocacy.

**Learning Partner**

Due to the complexity of delivery across multiple sites, the VRU is commissioning a Learning Partner who will play a key role in the active contract management of providers, namely:

* 1. Reactive troubleshooting
  2. Incremental improvements
  3. Systems reengineering

The Learning Partner will facilitate mobilisation of delivery partners, including agreement of programme outputs and data management systems. This will ensure a data driven approach to sharing best practice and tracking performance across other providers. The Learning Partner will work closely with all relevant stakeholders including the Providers of the in-hospital youth work service, hospital staff and the NHS Violence Reduction Team to support effective delivery of the programme, continuous incremental improvement of the service, face-to-face events throughout the contract duration and a final publication of learnings.

The Learning Partner will commence the mobilisation phase in July 2023 and will work in collaboration with the VRU and Provider(s) throughout the duration of the contract.

**Key Performance Indicators (KPIs)**

Performance of Provider(s) will be measured quarterly across the following five KPIs:

|  |  |
| --- | --- |
| **Key Performance Indicator** | **KPI Description** |
| A minimum of 40% of young people who are offered the Service agree to start the planned intervention with Provider | Young people are referred to the Service by hospital staff or identified by youth workers in the hospital.  These young people are then offered a planned intervention as part of the Service offered by the hospital-based youth work provider. |
| A minimum of 50% of young people who start the planned intervention go on to complete the intervention | Young people who engage with the Service are offered a planned programme of sessions (the intervention).  We will measure the number of young people completing the intervention. |
| A minimum of 60% of young people who start the planned intervention will provide required data in a follow up 6 months after final contact with Provider | The Provider(s) will be required to contact all young people engaging with the programme (not just those completing planned interventions) with a follow up survey/interview 6 months after completion of their programme or their final interaction with the Service (assuming they withdrew for some reason). |
| A minimum of three training sessions delivered per quarter | The Provider(s) will be required to deliver training and awareness raising sessions to ensure that all hospital staff understand the service on offer from the youth work team including eligibility criteria, relevant referral pathways and ensuring staff are upskilled in spotting the signs that a young person may require support. |
| A minimum of 40 hospital staff trained per quarter | We will measure the number of hospital staff who attend training or awareness raising sessions delivered by the Provider(s). |

The VRU recognises that there will be wide variation in terms of both the numbers, demographics and needs of young people presenting at different A&E sites, as well as differences in practical functioning of the Service due to variables not within the Provider’s control,

As a collaborative funder we will work closely with the Provider(s) to ensure high performance on each site, considering historic performance, local context and mitigating factors.

There will be no outcome-based payments as part of this contract.

**Key Mobilisation Requirements**

VRU shall agree a detailed mobilisation plan, covering all activities that need to be completed before the launch of the Service.

During the mobilisation period, the Provider(s) will be required to work closely with the incumbent service provider, to ensure a smooth transition and ensure there is no gap in the service provision.

In particular, during the mobilisation phase the Provider(s) will be expected to:

Agree information-sharing and data protection protocols with all relevant partners;

Complete an Equalities Impact Assessment for the Service;

Work with the incumbent provider to ensure relevant staff go through the TUPE process;

Recruit the relevant staff into posts;

Work with hospital staff to put in place honorary contracts for the Service’s staff;

Agree an evaluation plan with the hospitals and VRU’s chosen Evaluation partner;

Collaborate with the Learning & Evaluation Partner.

The Provider(s) shall also be required to work with VRU to put in place a Memorandum of Understanding with the relevant hospital, outlining the roles and responsibilities of VRU, the Provider(s) and the relevant hospital(s).

VRU will support the Provider(s) to facilitate effective partnership working with and between providers, statutory partners and agencies involved in this work.

**Monitoring, Evaluation & Learning**

The VRU will shortly publish an **‘Outcomes Framework’** which sets out the overall impact we seek to achieve. This Framework sets out a clear and consistent logic for designing and measuring outcomes across our funded programmes and forms the basis for VRU programme outcomes and measures.

The provider is expected to work with the VRU to agree a robust and comprehensive performance monitoring and evaluation strategy across the duration of the programme.

* **Logic Model/ Theory of Change:** 
  + The provider shall work with the VRU to agree a Logic Model/Theory of Change which shows how programme activities generate outcomes that align with the VRU Outcomes Framework.
  + Please see Appendix 2 for a high-level logic model of the overarching hospital-based youth work programme.
* **Data Collection:**
  + Working closely with the VRU, the Provider will design and implement a robust data collection and reporting process for performance monitoring.
  + The reporting timelines and specific data requirements will be agreed with the VRU. This will align with the VRU’s Monitoring Minimum Standards guidance, which requires (at a minimum) quarterly reporting on number of individuals reached, number of sessions/ activities held, demographics of participants and progress against outcomes.
  + The Provider should ensure that data collection aligns with relevant VRU definitions (for ex. individuals ‘engaged’, completed’).
  + The Provider must ensure that they have an appropriate high-functioning case management system to collect the relevant data to support monitoring and evaluation over the duration of the contract.
  + The Provider must ensure that participant data is of sufficient granularity (including information on needs, protected characteristics), as well as being EDI appropriate.
  + The case management system should provide detail that will allow the VRU to track progress against key outcomes and distanced travelled for individual candidates.
  + The Provider must ensure that relevant staff are appropriately trained on the use of any case management system and understand the importance of data collection.
* **Data Analysis:**
  + The Provider must ensure that they have the appropriate human resources, technical and methodological skills in place to implement enhanced monitoring (for ex. breaking down outcomes by protected characteristics).
  + The Provider must ensure that data is collected, analysed and communicated appropriately, through quarterly monitoring, interim and annual reports outlining the programme’s progress toward achieving intended outcomes. This also includes the use of analysis to drive dynamic learning over the delivery period.
* **Engagement with VRU & Learning Partner** 
  + The successful provider shall meet monthly with the VRU and partners to provide updates on progress against the key deliverables of the contract, unless otherwise agreed, and will attend any required ad-hoc meetings with VRU and/or Learning Partner.
  + The successful provider shall support the Learning Partner by providing relevant data, feedback and participating in cross-site meetings.

**Independent Evaluation of the Service**

The delivery partner is expected to work closely with an independent evaluator to be commissioned by the VRU.

* The Provider will be required to report on outcomes which must align with the VRU’s Outcomes Framework and selected measurement tools. This includes appropriate baselining and regularity of measurement and may require tracking cohorts after they have completed the intervention.
* The Provider is expected to provide data to the relevant Data Processor (Evaluation Partner) for the evaluation that will allow a robust impact evaluation. This may require providing Personal Identifiable Information (PII) to measure the long-term impact on key outcomes. Establishing robust impact will likely include verifying outcomes with key administrative data sources. This may include relevant police/crime data & NHS hospital readmissions data.
* The Provider will work with the VRU and Evaluation Partner to agree a data sharing agreement and will work with the VRU to clearly map the flow of all data. All data must be stored securely and analyzed in accordance with GDPR.
* The Provider will work with the VRU and external evaluators to ensure that data collection is fit for purpose and is ethical and safe for the young people and practitioners involved.

**Evaluation Point of Contact:**

* The Provider must appoint a point of contact to liaise as needed with an independent evaluator. This individual will be responsible for implementation of data collection practices and will be responsible for the timely and high-quality completion of monitoring reporting. The named individual must be available for regular meetings with the evaluation team.

**Outcomes**

* The successful Provider will be required to provide monitoring updates to the VRU on a quarterly basis on key outputs and outcomes.
* This programme sits within the VRU’s priority area ‘Children & Young People: Reducing Harm & Exploitation’. The following high-level outcomes have been selected from the VRU Outcomes Framework.
* The delivery partner will work closely with the VRU to provide regular reporting on outcomes throughout the programme.

Key long-term outcomes from the VRU Outcomes Framework are outlined below:

|  |
| --- |
| **Outcome** |
| Hospitals have improved practice to support young people presenting at hospital with an injury caused by violence or exploitation. |
| Hospital professionals, local statutory agencies and community organisations have improved response to safeguarding risks |
| Reduction in hospital (re)admissions/attendance |
| Reduced offending/ severity of offending |

**Equality and Accessibility Standards**

The Provider shall ensure that all staff, particularly those interacting directly with applicants and the wider public, are appropriately trained, including in:

* interacting with members of protected groups to ensure that they do not discriminate by commission or omission in delivery of the contract on behalf of VRU, and;
* ensuring that their approaches and processes are underpinned by equality and diversity policies which also consider intersectionality and encompass cultural competency.

The Provider shall be required to evidence that reasonable and proportionate adjustments have been made where appropriate to their delivery of the services and management of the fund including, but not limited to, communications (telephone, face to face, web based, print etc) and alternative means of access to the material for those with disabilities.

The Provider shall also be expected to support the participation, as appropriate, in public life of those protected groups who may otherwise be excluded through the design and management of the fund.

**Governance**

A designated VRU officer will be responsible for contract monitoring the Provider to ensure effective delivery and value for money.

The Provider will be expected to report directly to the Director of the VRU, as and when requested.

This fund will be subject to standard VRU project monitoring approaches including end of project summary report.

**Annex 2 – Hospital Based Youth Work – Learning Partner Specification (2023) – INFORMIATON ONLY**

**VOLUME 2: Specification**

**Issued on behalf of**

**VIOLENCE REDUCTION UNIT (VRU)**

**VRU Hospital-Based Youth Work Programme**

**Learning Partner**

**B. Specification of Requirement**

**B1. Background to the Violence Reduction Unit**

**Introduction to London’s Violence Reduction Unit (VRU)**

The Mayor’s Office for Policing and Crime (MOPAC) (including the Violence Reduction Unit) invites you to bid for the requirements detailed below in accordance with the conditions outlined within this document.

The Mayor’s Office for Policing and Crime (MOPAC) was established in 2012 and is the Police and Crime Commissioning body for London. MOPAC works in partnership across agencies at a local and national level to ensure there is a unified approach to preventing and reducing crime. London’s Violence Reduction Unit (VRU), which was established in 2018, is a separate unit hosted by MOPAC that brings together specialists from health, police, local government, probation and community organisations to tackle violent crime and the underlying causes of violent crime.

The VRU’s remit is to work with partners, stakeholders, and local communities to reduce and stabilise violence in London.

**VRU Strategy and Outcomes Framework**

London’s Violence Reduction Unit believes that violence is preventable, not inevitable. We were set up by the Mayor of London to deliver a partnership approach to tackling violence that is rooted in prevention and early intervention.

We take an evidence-based approach to tackling violence and we champion young people and communities to help bring about change and support access to positive opportunities where they live.

In May 2020, we published our strategy and work programme which forms the basis for our three overall impact goals:

1. Violence is stabilised and reduced

2. Children and young people feel safer

3. Community focused, partnership approach to long-term, sustainable violence reduction solutions

The VRU is currently refreshing our new three-year strategy and will shortly publish an Outcomes Framework which sets out the shorter-term change we need to achieve in order to progress our longer-term goals. The Framework allows us to take data-driven approach, measure progress against our outcomes and demonstrate impact. The ability to robustly monitor and evaluate our programmes is critical to develop our understanding of what works and supports us in advocating for policy change.

**B2. Learning Partner - Background & Context**

The VRU is commissioning a Learning Partner for our Hospital-Based Youth Work Programme in London.

Our Hospital-Based Youth Work Programme funds:

* In-Hospital Youth Work services at all four London MTCs and eight local hospital Accident and Emergency Departments (A&Es) across London. The Learning Partner will work with all of the VRU’s providers of In-Hospital Youth Work services across all our hospital sites.
* Independent Domestic Violence Advocates (IDVAs) at all four London Major Trauma Centres (MTCs). The IDVA service is NOT subject to this specification.

Each In-Hospital Youth Work service consists of a youth work team embedded within a MTC or A&E to engage with young people aged 11 - 25 who present at the hospital and have been (or are deemed at risk of being) impacted by violence or exploitation.

The youth workers engage with these victims of violence (who present at the hospital with assault-related injuries, gunshot wounds, stabbings) or those who report having been sexually exploited or are referred for any other relevant concerns. The work is done in the hospital immediately after the incident (or as soon as feasible), which research has shown to be a unique ‘reachable moment’. Research has shown that this ‘reachable moment’ when a young person presents at hospital is a critical point where young people are more willing to consider significant lifestyle changes. See Section B3 for further detail on the VRU’s Hospital-Based Youth Work Programme itself.

The Hospital-Based Youth Work Programme is a high value, high profile part of the VRU’s work and the VRU wishes to contribute to the evidence base around hospital-based youth work in the UK whilst also delivering the best service possible for our young people. As such, the VRU is commissioning both an Evaluation Partner, to conduct a robust impact evaluation of our Hospital-Based Youth Work Programme, and a Learning Partner, to assist all partners in ensuring optimum delivery across the programme.

The Learning Partner is a key part of the VRU’s plans for the Hospital-Based Youth Work Programme and will work with all our providers of In-Hospital Youth Work services in London from mobilisation until March 2025 to deliver three core pieces of work, summarised below:

1. Co-design and Implementation of the Hospital-Based Youth Work Programme Data Framework

The Learning Partner will work with the Evaluation Partner to create and implement a uniform data framework across all providers, and then ensure that data collected through the duration of the contract is of sufficient quality and quantity to support the Evaluation Partner’s impact evaluation.

1. Hospital-Based Youth Work Programme Active Contract Management

The Learning Partner will provide active contract management of the VRU’s Hospital-Based Youth Work Programme. This will include working directly with all In-Hospital Youth Work service providers on:

* Reactive troubleshooting – helping delivery partners to identify and resolve issues as soon as possible
* Incremental improvements - continual sharing of learnings across sites and providers
* Systems reengineering – scoping throughout the programme for opportunities for systemwide change

See the publications below for further information on Data Driven Performance Management and Active Contract Management.

<https://govlab.hks.harvard.edu/data-driven-performance-management>

<https://govlab.hks.harvard.edu/files/govlabs/files/active_contract_management_brief.pdf>

1. Hospital-Based Youth Work Programme Learnings Report, Resource Toolkit & Systems Change Paper

The Learning Partner will be required to produce a full report on learnings from the service delivery and an accompanying resource toolkit. The Learning Partner will also produce a paper outlining opportunities for systems change related to hospital-based youth work in general.

The Learning Partner will work in collaboration with (at least) the VRU, an Evaluation Partner, the NHS Violence Reduction Team, 10 NHS Trusts, 12 hospitals and at least three In-Hospital Youth Work service providers throughout the duration of the contract.

**B3. Introduction to the Hospital-Based Youth Work Programme**

Through the VRU’s Hospital-Based Youth Work Programme youth work teams based within hospitals engage with young people who have been impacted by violence or exploitation who present at Major Trauma Centres (MTCs) and Accident and Emergency Departments (A&E).

The youth workers, embedded within the hospital, engage with victims of violence aged 11 - 25 who present at the MTC or A&E with assault-related injuries, gunshot wounds, stabbings or those who report having been sexually exploited or are referred for any other relevant concerns. The work is done in the hospital immediately after the incident (or as soon as feasible), which research has shown to be a unique ‘reachable moment’. Research has shown that this ‘reachable moment’ when a young person presents at hospital is a critical point where young people are more willing to consider significant lifestyle changes.

The VRU’s Hospital-Based Youth Work Programme sits within the VRU priority area focused on ‘Children & Young People: Reducing Harm & Exploitation’. This area is specifically focused on children and young people at risk of being or already affected by violence. The objective of our work in this space is to improve the identification of risks and to divert to the appropriate supports.

Our programmes focus on identifying young people affected by violence at critical ‘reachable’ moments whether that be in custody suites, on the street or, in this case, in hospital following a violent incident. We also work across organisations and systems working with children and young people affected by violence to build capacity to identify harmful behaviours early on and provide more effective support for this group.

**Objectives of the Hospital-Based Youth Work Programme**

All young people aged 11-25 presenting at the specified MTCs or A&E departments with an injury caused by violence or exploitation will receive the right specialist support from the Hospital-Based Youth Work Programme enabling them to recover from crisis and be supported into appropriate local longer-term interventions with the longer-term aim of disrupting the cycle of violence and reducing further harm.

See Appendix 1 for a high-level logic model of the VRU’s Hospital-Based Youth Work Programme.

The Hospital-Based Youth Work Programme looks to achieve the following outcomes:

**Individual Outcomes (Young People)**

* Shorter term outcomes
* Increased engagement with activities and support services
* Increased feelings of safety
* Reduced risk of harm/abuse from others
* Reduced risk of harm to self and others
* Long term outcomes
* Reduction in hospital (re)admissions/attendance
* Reduced offending / severity of offending

**Organisational Outcomes (Hospital Sites)**

* Shorter term outcomes
* Improved knowledge and understanding of the needs of young people with an injury caused by violence or exploitation
* Improved trauma informed practice
* Improved accessibility and reach of support services
* Increased ability for professionals to identify and support young people with an injury caused by violence or exploitation
* Long term outcomes
* Hospitals have improved practice to support young people with an injury caused by violence or exploitation
* Hospital professionals, local statutory agencies and community organisations have improved response to safeguarding risks

MOPAC has been contributing funding towards youth work services supporting young victims of violence receiving treatment in London’s Major Trauma Centres since 2014/5, and in A&E departments since 2018/19. The VRU begun contributing to this service upon its inception in 2019.

This work has evolved over time and the VRU and MOPAC currently fund In-Hospital Youth Work services in all four MTCs in London and eight A&E departments. In 22/23 the VRU and MOPAC contributed a total of £2.5 million to the In-Hospital Youth Work service model across both MTCs and A&E departments in London. As of April 2023 the VRU is taking over management of all these projects under our Hospital-Based Youth Work Programme, detailed below. All of these sites are within the scope of the Learning Partner’s work.

|  |  |  |
| --- | --- | --- |
| **SITE** | **TYPE** | **NHS TRUST** |
| Newham University Hospital | A&E | [Barts Health NHS Trust](https://en.wikipedia.org/wiki/Barts_Health_NHS_Trust) |
| Royal London Hospital | MTC | [Barts Health NHS Trust](https://en.wikipedia.org/wiki/Barts_Health_NHS_Trust) |
| Croydon University Hospital | A & E | [Croydon Health Services NHS Trust](https://en.wikipedia.org/wiki/Croydon_Health_Services_NHS_Trust) |
| St Thomas' Hospital | A & E | [Guy's and St Thomas' NHS Foundation Trust](https://en.wikipedia.org/wiki/Guy%27s_and_St_Thomas%27_NHS_Foundation_Trust) |
| Homerton University Hospital | A & E | [Homerton University Hospital NHS Foundation Trust](https://en.wikipedia.org/wiki/Homerton_University_Hospital_NHS_Foundation_Trust) |
| St Mary's Hospital | MTC | [Imperial College Healthcare NHS Trust](https://en.wikipedia.org/wiki/Imperial_College_Healthcare_NHS_Trust) |
| King's College Hospital | MTC | [King's College Hospital NHS Foundation Trust](https://en.wikipedia.org/wiki/King%27s_College_Hospital_NHS_Foundation_Trust) |
| Queen Elizabeth Hospital | A & E | [Lewisham and Greenwich NHS Trust](https://en.wikipedia.org/wiki/Lewisham_and_Greenwich_NHS_Trust) |
| University Hospital Lewisham | A & E | [Lewisham and Greenwich NHS Trust](https://en.wikipedia.org/wiki/Lewisham_and_Greenwich_NHS_Trust) |
| North Middlesex Hospital | A & E | [Middlesex University Hospital NHS Trust](https://en.wikipedia.org/wiki/North_Middlesex_University_Hospital_NHS_Trust) |
| St George's Hospital | MTC | [St George's University Hospitals NHS Foundation Trust](https://en.wikipedia.org/wiki/St_George%27s_University_Hospitals_NHS_Foundation_Trust) |
| Whittington Hospital | A & E | [Whittington Health NHS Trust](https://en.wikipedia.org/wiki/Whittington_Health_NHS_Trust) |

See Appendix 2 for more detailed information about the hospitals and a map of the locations.

As previously stated, the Hospital-Based Youth Work Programme is a high priority area for the VRU, and we are committed to investing in increasing the evidence base for hospital-based youth work in the UK. As such, the VRU is commissioning an Evaluation Partner to conduct a robust Impact Assessment of the Hospital-Based Youth Work Programme over the next two years, detailed in Appendix 3.

Previous attempts to evaluate this work have been hampered by significant issues with data sample sizes and quality. Major issues related to setting up projects during Covid and long-standing mobilisation issues, evaluating across multiple providers, large numbers of partners (including NHS trusts) and a wide range of operational sites each with different set ups and working practices etc. resulted in insufficient data and data quality for a robust impact evaluation.

The VRU has therefore decided to commission a Learning Partner for the Hospital-Based Youth Work Programme to support both the delivery of the service and learnings from it, and, following recommendations from previous evaluations, provide support to all parties to ensure the integrity of the data set for the eventual evaluation.

**B4. Requirement Overview**

**Hospital-Based Youth Work Programme** **Learning Partner**

The total budget available for this contract is up to £250,000 for the total duration of 22 months (September 2023 – June 2025). The contract also has the option to extend for a further 2 years.

The VRU is commissioning a Learning Partner who will work with the VRU’s In-Hospital Youth Work service providers across all sites from mobilisation until March 2025. The Learning Partner will deliver three core pieces of work.

1. Co-design and Implementation of the Hospital-Based Youth Work Programme Data Framework

The Learning Partner will work with the Evaluation Partner to create and implement a uniform data framework across all providers, and then ensure that data collected through the duration of the contract is of sufficient quality and quantity to support the Evaluation Partner’s impact evaluation.

1. Hospital-Based Youth Work Programme Active Contract Management

The Learning Partner will provide active contract management of the VRU’s Hospital-Based Youth Work Programme. This will include working directly with all providers to regularly and managing date to ensure:

* Reactive troubleshooting – helping delivery partners to identify and resolve issues as soon as possible
* Incremental improvements - continual sharing of learnings across sites and providers
* Systems reengineering – scoping throughout the programme for opportunities for systemwide change

1. Hospital-Based Youth Work Programme Learnings Report, Resource Toolkit & Systems Change Paper

The Learning Partner will be required to produce a full report on learnings from the service delivery and an accompanying resource toolkit. The Learning Partner will also produce a paper outlining opportunities for systems change related to hospital-based youth work in general.

Through the contract the Learning Partner will work closely with a wide range of stakeholders involved in the Hospital-Based Youth Work Programme, including the VRU, all our funded In-Hospital Youth Work service providers, the NHS Violence Reduction Team, all the hospitals and NHS trusts in which we operate and the Evaluation Partner.

**B4. Core Capabilities & Eligibility of the Provider**

The VRU is seeking a Provider who will work with the VRU’s Hospital-Based Youth Work Programme providers and stakeholders across all sites, the VRU and the Evaluation Partner to do the following, detailed further in Section B5:

* Co-design and Implement a Hospital-Based Youth Work Programme Data Framework
* Provide an Active Contract Management service for the Hospital-Based Youth Work Programme
* Write a Hospital-Based Youth Work Programme Learnings Report, create an accompanying Resource Toolkit & write a Systems Change Paper

We are therefore seeking a dynamic organisation to deliver this work, with excellent communication skills, expertise working with data, a track record of successful contract/project management and experience in delivering learning partnerships/similar work.

Specifically, to be eligible the Provider should have:

* A track record of building strong relationships and working collaboratively with a range of stakeholders simultaneously, including front line service delivery providers, funders and large organisations such as NHS Trusts
* An ability to understand a complex programme quickly with excellent attention to detail and the ability to identify opportunities for improvements
* Demonstrable capacity, experience, and expertise to provide active contract management of a major programme operating across London with multiple delivery partners and a wide range of stakeholders involved at both strategic and operational levels
* Capacity to meet the stated timeframes through having existing, appropriately skilled, competent, and resourced staff in place
* Demonstrable experience of understanding complex delivery models and data collection/processing systems to inform design of programme data framework
* Demonstrable experience of strong data analysis and accessible presentation, including using data insights to influence key stakeholders
* Strong data protection systems and processes
* Demonstrable experience of strong, engaging facilitation skills
* Demonstrable track record of expertise and innovation in sharing best practice across sectors and multiple partners

**B5. Detailed Service Requirement**

1. Co-design and Implementation of the Hospital-Based Youth Work Programme Data Framework

The Learning Partner will work closely with the Evaluation Partner, the VRU and all our In-Hospital Youth Work service providers to create and implement a uniform data framework across the entire programme, and then ensure that data collected through the duration of the contract is of sufficient quality and quantity to support the Evaluation Partner’s eventual Impact Evaluation. This will involve at least the following:

**Joint Project Plan**

The Learning Partner will work with the Evaluation Partner to co-produce a plan for the design and implementation of the Hospital-Based Youth Work Programme Data Framework. This plan will likely cover the first 3 – 6 months of work for both the Learning and Evaluation Partners and will include (at least) the actions below.

**Scoping meetings with providers for input**

The Evaluation Partner and Learning Partner will meet with all our In-Hospital Youth Work service providers to clearly understand the ecosystem in which each delivery partner operates and the possible range of activities and outcomes for young people within the service. There are a large number of possible pathways for young people through the interventions offered by the various providers so these must all be understood, mapped out and defined clearly for future monitoring purposes (see Data Definitions Agreement, below).

This scoping and knowledge building work will be key to successfully designing the Hospital-Based Youth Work Programme Data Framework.

The Evaluation Partner will lead on this work, supported by the Learning Partner.

**Data Definitions Agreement**

One of the key issues identified in previous attempts to evaluate hospital-based youth work has been widespread inconsistency in how different providers/sites record different activities, making it impossible to conduct a meaningful impact evaluation.

The Evaluation Partner, Learning Partner, VRU and all our In-Hospital Youth Work service providers will work together to come to agreement on clear, uniformly followed definitions for all the data points captured in the programme as young people interact with the services via the pathways previously identified in the Scoping meetings. For example, a young person may ‘engage with the service’. ‘Engage with the service’ must therefore be clearly defined, and all providers must record young people ‘engaging with the service’ in the same way.

See Appendix 4 for an example of the range of data captured in the programme.

See Appendix 5 for issues identified with previous data capture in the programme.

The Evaluation Partner will lead on this work, supported by the Learning Partner.

**Design of Monitoring Processes & Training of Use**

All our In-Hospital Youth Work service providers will be required to submit quarterly monitoring data returns to the Learning Partner and the VRU. It is important that submitting monitoring data returns is as easy as possible for providers, that data integrity is maintained in this process, and that the data can be easily analysed and presented when necessary by the Learning Partner.

All our In-Hospital Youth Work service providers will also have their own case management systems and processes for data capture / storage etc. The Learning Partner will work with all the providers to design a fit for purpose monitoring process (aligned to the previously agreed Data Definitions Agreement) and provide training as necessary in following this process. This will include designing the data capture form itself that providers use to submit quarterly returns.

It is important that the Learning Partner develops a monitoring process that is operationally meaningful but is also proportionate and reduces the burden on delivery partners.

See Appendix 6 for the current quarterly returns template that providers submit.

The Evaluation Partner and the Learning Partner will work closely on several aspects of the programme, but in particular in the design and implementation of the Hospital-Based Youth Work Programme Data Framework. The table below shows which party is responsible for successful delivery of each part of this process.

|  |  |  |
| --- | --- | --- |
| Hospital-Based Youth Work Programme Data Framework | Evaluation Partner | Learning Partner |
| Joint Project Plan | Joint responsibility | Joint responsibility |
| Scoping meetings with providers for input | Lead responsibility | Supporting responsibility |
| Data Definitions Agreement | Lead responsibility | Supporting responsibility |
| Design of Monitoring Processes & Training of Use | Limited input | Lead responsibility |

Hospital-Based Youth Work Programme Active Contract Management

The Learning Partner will provide active contract management of all the VRU’s Hospital-Based Youth Work provision. This will include working directly with all In-Hospital Youth Work service providers on:

* Reactive troubleshooting – helping delivery partners to identify and resolve issues as soon as possible
* Incremental improvements - continual sharing of learnings across sites and providers
* Systems reengineering – scoping throughout the programme for opportunities for systemwide change

The Learning Partner will be in regular, supportive contact with all our In-Hospital Youth Work service providers throughout the contract to deliver the following as part of the Active Contract Management service:

**Ensure Data Quality**

The Learning Partner will be responsible for maintaining data quality across the Hospital-Based Youth Work Programme, including supporting delivery partners to make sure their monitoring returns meet required quality standards. The Learning Partner will need to design its own system to do this (most likely incorporated into the deliverables below).

As already mentioned, there have been significant historic issues regarding definitions of various data capture points and variations in recording data across sites and providers. It is highly likely that over the duration of the project providers/the Learning Partner will raise issues with the agreed system, and the Learning Partner must identify such problems and resolve them across the entire Hospital-Based Youth Work Programme as soon as possible.

For example, in a recent monitoring meeting with an In-Hospital Youth Work service service provider, a member of staff mentioned a that young person who had refused to take part in the service when formally offered had subsequently contacted the member of staff of their own volition and had begun to access services. In the current system, this young person had been identified as not engaging with the service, and there was no way of recording their subsequent engagement - which was as a direct result of the work done by the in-hospital youth work provider. As a result of this chance conversation, we realised there needed to be a change in the monitoring process to accommodate this additional pathway for young people.

The Learning Partner will need a strong understanding of the Hospital-Based Youth Work Programme and a focused attention to detail throughout the contract in order to recognise situations such as above, and work quickly to resolve them across all partners and sites as needed.

See Appendix 4 for an example of the range of data captured in the programme

See Appendix 5 for issues identified with previous data capture in the programme

**Escalation of Major Issues to the VRU**

The Learning Partner will be responsible for flagging any major issues in the Hospital-Based Youth Work Programme to the VRU immediately.

**Monthly Check-In Meetings with Providers / Hospitals**

The Learning Partner will have monthly check-in meetings with relevant teams at all hospital sites. This is to ensure that both the Learning Partner and the VRU are kept abreast of programme developments and to facilitate real time troubleshooting and incremental learning.

It is important that these meetings are not onerous for providers, and as such are envisaged to be reasonably informal, but also where any issues should be flagged up by hospitals/providers (rather than waiting until quarterly monitoring meetings/end of contract) as well as discussing improvements, ideas etc. These meetings would offer one potential forum for sharing learning frequently between providers and sites.

There will be no monitoring data return required for these meetings, however it may be possible that after previously identifying some issues/solutions, a provider and the Learning Partner may agree to review some data points etc. We expect information and learnings from this work to feed into work around Systems Mapping (see below).

**Monthly Provider Check-In Reports for the VRU**

The Learning Partner will design a light touch system for keeping the VRU updated on the Hospital-Based Youth Work Programme delivery monthly, following on from the Check-In Meetings with providers / hospitals above.

Some examples of areas the VRU would want to be kept updated on (aside from major issues) might be:

* Hospital staff satisfaction with the service
* Effectiveness of current referral pathways
* Any logistical issues
* Young people engagement
* Young people follow ups
* Staffing status of the youth work team

**Processing and Analysis of Quarterly Monitoring Data Returns (up to 5)**

The Learning Partner will manage the receipt and processing of Monitoring Data Returns from all sites/providers. It will be important that in this process the Learning Partner assures data quality is being maintained across the Hospital-Based Youth Work Programme as previously referenced. This will be done in line with the previously agreed Hospital-Based Youth Work Programme Data Framework.

See Appendix 4 for an example of a historic monitoring return from a provider.

The Learning Partner will then analyse data and produce a uniform report for the Hospital-Based Youth Work Programme as a whole and for each provider (up to 5) which can be used to measure performance of providers and the programme, and to identify new needs/trends/opportunities to improve the service to beneficiaries. Examples of where analysis might focus are changes in the types of injury young people are presenting with compared with previous quarters, the ages of young people presenting, ethnicities etc.

These reports will be shared with the VRU, Evaluation Partner and across the Hospital-Based Youth Work Programme’s service providers unless the VRU deems otherwise.

**Management of Quarterly Performance Meetings**

Following on from the above, the Learning Partner will lead quarterly performance review meetings between each Hospital-Based Youth Work Programme provider and the VRU. This will include scheduling, preparing the agenda, briefing papers, minute taking and circulating notes etc. We expect there to be no more than five providers.

Some examples of agenda items are listed below, to be agreed by the VRU and Learning Partner:

* Discussion of trends identified by Learning Partner
* Sharing of best practice updates
* Discussion of underperformance (if any) and solutions
* Case Studies

**Regular Service Improvement Learnings & Sharing Best Practice**

The Learning Partner will design and implement an appropriate process for capturing and sharing best practice / updates / innovation / challenges across the Hospital-Based Youth Work Programme. This process will likely be tied in with some of the deliverables above and may include but is not limited to facilitation of meetings between providers on key topics, capacity building/training workshops, newsletters etc. The aim is to ensure that all parties are kept fully informed of learnings and to create a joined-up approach for optimal service delivery.

**Systems Mapping**

Throughout the contract the Learning Partner will have a unique position working closely alongside the VRU, all our Hospital-Based Youth Work Programme providers in London at 12 hospitals across 10 NHS trusts and the NHS Violence Reduction Team. Tied in with the work for Regular Service Improvement Learnings the Learning Partner will use this position and opportunity to understand the landscape of hospital-based youth work in London as fully as possible and identify any further ways in which providers can be supported systemwide to implement and deliver services better.

Key Stakeholders involved in the VRU’s Hospital-Based Youth Work Programme will be:

* VRU
* NHS Trusts
* In-Hospital Youth Work Service Providers
* MTC & A&E Clinicians
* NHS Trust Safeguarding Teams
* Young People
* NHS Violence Reduction Team
* Evaluation Partner

Hospital-Based Youth Work Programme Learnings Report, Toolkit & Systems Change Paper

**Hospital-Based Youth Work Programme Learnings Report & Toolkit**

The Learning Partner will be required to produce a full report on learnings from the service delivery in March 2025 and an accompanying resource toolkit to support future implementation of hospital-based youth work services. This will capture all learnings throughout the duration of the contract and be published externally.

**Systems Change Paper**

The Learning Partner will produce a paper outlining any opportunities for systems change (and subsequent challenges) within the specific context of the existing hospital-based youth work provision.

One example area already raised by clinicians and providers is that of sharing admissions data between NHS trusts. Young people presenting at hospitals because of violence have often presented at a hospital before, and it is helpful for clinicians to know any pattern of previous hospital attendance that may flag up safeguarding concerns. However, the current system and lack of comprehensive data sharing between NHS trusts means that there are issues with both clinicians and hospital-based youth work providers accessing such information, and consequently there may be opportunities missed to identify young people at risk of being affected by violence and therefore to intervene and support them.

Through its work over the contract period the Learning Partner will identify areas where it believes there are opportunities to bring about systems change and produce a paper detailing these opportunities and recommendations for violence reduction stakeholders to take forward.

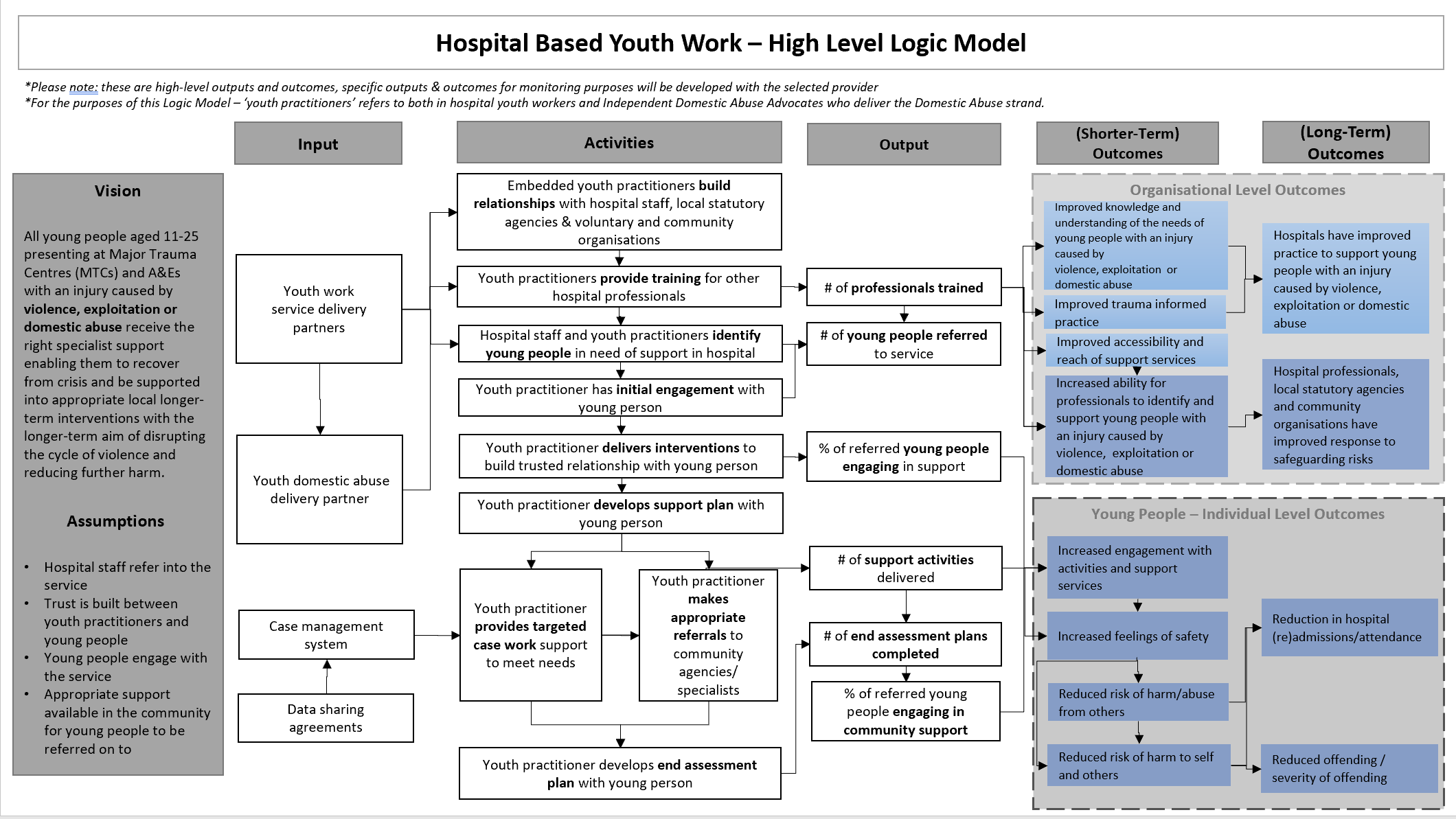
**B6. Product Delivery, Oversight and Milestones**

**Key Milestones**

|  |  |  |
| --- | --- | --- |
| Milestone | Description | Timeframe |
| 1 | Co-design and Implementation of the Hospital-Based Youth Work Programme Data Framework  Joint Project Plan | Within two weeks of Evaluation Partner or Learning Partner contract starting, whichever is later |
| 2 | Co-design and Implementation of the Hospital-Based Youth Work Programme Data Framework  Scoping meetings with providers for input | Within four weeks of Evaluation Partner or Learning Partner contract starting, whichever is later |
| 3 | Co-design and Implementation of the Hospital-Based Youth Work Programme Data Framework  Data Definitions Agreement | Within six weeks of Evaluation Partner or Learning Partner contract starting, whichever is later |
| 4 | Co-design and Implementation of the Hospital-Based Youth Work Programme Data Framework  Design of Monitoring Processes & Training of Use | Within eight weeks of Evaluation Partner or Learning Partner contract starting, whichever is later |
| 5 | Monthly Check-In Meetings with Providers / Hospitals | Monthly |
| 6 | Monthly Provider Check-In Reports for the VRU | Monthly |
| 7 | Processing and Analysis of Quarterly Monitoring Data Returns for the VRU | Quarterly – to align with reporting timelines |
| 8 | Planning and delivery of quarterly Performance Meetings between Providers and VRU | Quarterly – to align with reporting timelines |
| 9 | Regular Service Improvement Learnings & Sharing Best Practice | Quarterly – to align with reporting timelines |
| 10 | Hospital-Based Youth Work Programme Learnings Report & Resource Toolkit | June 2025 |
| 11 | Systems Change Paper | June 2025 |

**Appendix 1**

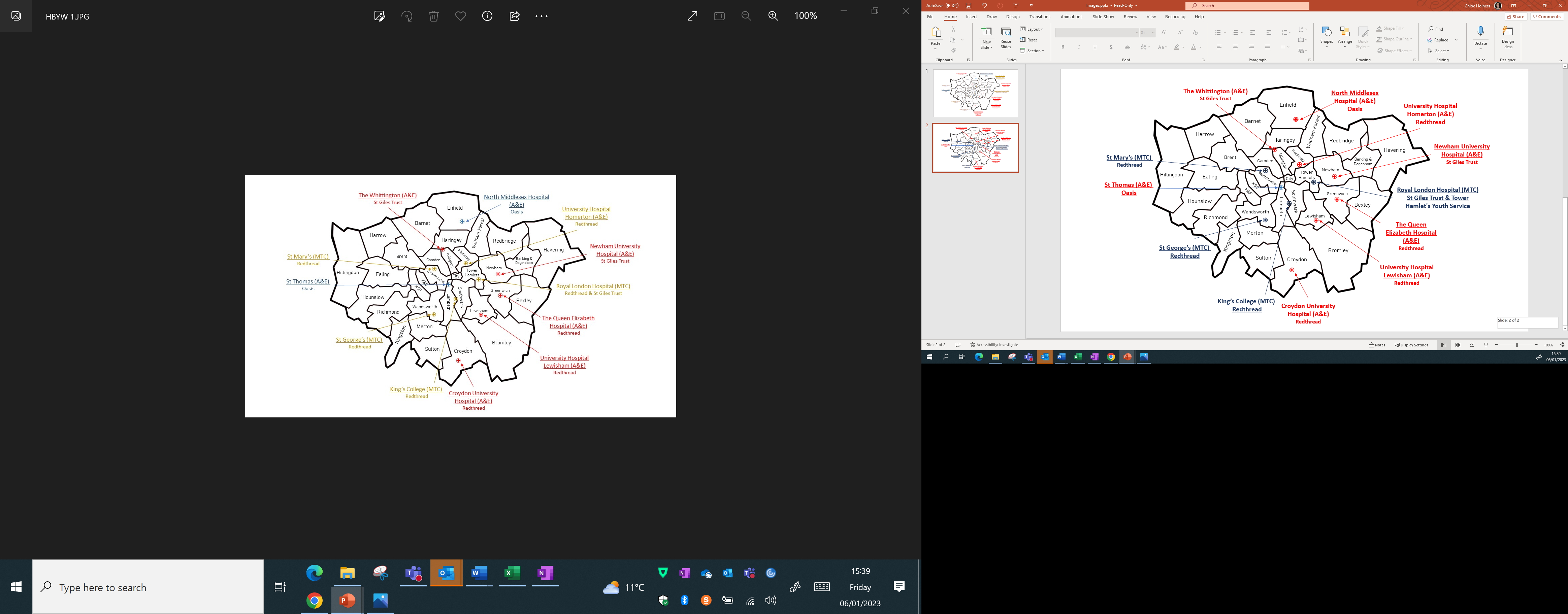
**Hospital-Based Youth Work Programme Logic Model**



**Appendix 2**

**List & Map of all Hospital-Based Youth Work Programme sites**

|  |  |  |  |
| --- | --- | --- | --- |
| SITE | TYPE | NHS TRUST | AREAS COVERED BY TRUST |
| Newham University Hospital | A & E | [Barts Health NHS Trust](https://en.wikipedia.org/wiki/Barts_Health_NHS_Trust) | Tower Hamlets, Waltham Forest, Newham & City of London |
| Royal London Hospital | MTC | [Barts Health NHS Trust](https://en.wikipedia.org/wiki/Barts_Health_NHS_Trust) | Tower Hamlets, Waltham Forest, Newham & City of London |
| Croydon University Hospital | A & E | [Croydon Health Services NHS Trust](https://en.wikipedia.org/wiki/Croydon_Health_Services_NHS_Trust) | Croydon |
| St Thomas' Hospital | A & E | [Guy's and St Thomas' NHS Foundation Trust](https://en.wikipedia.org/wiki/Guy%27s_and_St_Thomas%27_NHS_Foundation_Trust) | Lambeth, Southwark and Lewisham |
| Homerton University Hospital | A & E | [Homerton University Hospital NHS Foundation Trust](https://en.wikipedia.org/wiki/Homerton_University_Hospital_NHS_Foundation_Trust) | Hackney & City of London |
| St Mary's Hospital | MTC | [Imperial College Healthcare NHS Trust](https://en.wikipedia.org/wiki/Imperial_College_Healthcare_NHS_Trust) | West London |
| King's College Hospital | MTC | [King's College Hospital NHS Foundation Trust](https://en.wikipedia.org/wiki/King%27s_College_Hospital_NHS_Foundation_Trust) | Southwark & Lambeth |
| Queen Elizabeth Hospital | A & E | [Lewisham and Greenwich NHS Trust](https://en.wikipedia.org/wiki/Lewisham_and_Greenwich_NHS_Trust) | Lewisham & Greenwich |
| University Hospital Lewisham | A & E | [Lewisham and Greenwich NHS Trust](https://en.wikipedia.org/wiki/Lewisham_and_Greenwich_NHS_Trust) | Lewisham & Greenwich |
| Northwick Park Hospital | A & E | [London North West University Healthcare NHS Trust](https://en.wikipedia.org/wiki/London_North_West_University_Healthcare_NHS_Trust) | Brent, Ealing and Harrow |
| North Middlesex Hospital | A & E | [Middlesex University Hospital NHS Trust](https://en.wikipedia.org/wiki/North_Middlesex_University_Hospital_NHS_Trust) | Enfield, Haringey, Barnet, Waltham Forest |
| St George's Hospital | MTC | [St George's University Hospitals NHS Foundation Trust](https://en.wikipedia.org/wiki/St_George%27s_University_Hospitals_NHS_Foundation_Trust) | South & West London |
| Whittington Hospital | A & E | [Whittington Health NHS Trust](https://en.wikipedia.org/wiki/Whittington_Health_NHS_Trust) | Islington & Haringey |

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**Appendix 3**

**Evaluation Partner**

As an evidence-based organisation, the VRU seeks to use research and analysis to help inform our decisions and work. Part of this involves conducting or commissioning evaluation research to help understand how commissioned services are working, and whether services are delivering the results we expect.

Consequently we are commissioning an Evaluation Partner to undertake a detailed process and impact evaluation of the VRU’s Hospital-Based Youth Work Programme, including the following:

* Impact Evaluation – Individual Outcomes: Observing the impact of the programme on individual participants, this may include longitudinal tracking of engagement / outcomes and verifying outcomes with objective measures such as administrative data sources (for ex. hospital readmissions & police data).
* Organisational Impact: Observing the impact of the programme on hospitals/ hospital practitioners & other community partners. This will include looking at system changes across the hospital and community delivery.
* Programme performance & process evaluation: Observing the performance of sites through monitoring data and exploring the process of implementation. This package will involve working closely with the Learning Partner, over the course of the contract, to identify & share best practice with delivery partners.
* Cost effectiveness – Exploring, as much as possible, the cost effectiveness of the programme.
* Process evaluation of the Learning Partner model – Developing an understanding of the implementation of the VRU’s Learning Partner, and the influence this structure has on delivery across sites.

Delivery will begin in October 2023 and will be funded until the end of March 2025.

The Evaluation Partner and the Learning Partner will work closely on several aspects of the programme, but in particular in the design and implementation of the Hospital-Based Youth Work Programme Data Framework. The table below shows which party is responsible for successful delivery of each part of this process.

|  |  |  |
| --- | --- | --- |
| Hospital-Based Youth Work Programme Data Framework | Evaluation Partner | Learning Partner |
| Joint Project Plan | Joint responsibility | Joint responsibility |
| Scoping meetings with providers for input | Lead responsibility | Supporting responsibility |
| Data Definitions Agreement | Lead responsibility | Supporting responsibility |
| Design of Monitoring Processes & Training of Use | Limited input | Lead responsibility |

**Appendix 4**

**Examples of the range and depth of data captured in the Hospital-Based Youth Work Programme**

|  |  |  |  |
| --- | --- | --- | --- |
| **Throughput of participants** | **Is this captured?**  **(Yes/No)** | **How do you define this category?** *(What is the criteria for categorisation)* | **How is this information captured?**  *For ex. Is this entered by caseworker?* |
| Referred to service |  |  |  |
| Contacted and offered the service |  |  |  |
| Engaged |  |  |  |
| Completed |  |  |  |
| Withdrawal |  |  |  |
| Live |  |  |  |
| Reasons for non-engagement |  | *Please list all reasons for non-engagement captured.*   * *EXAMPLE: Losing contact with Young Person – DEFINITION: No response from young person after 3 attempts to make contact (phone, text & email)* * *…* * *…* * *…* * *…* |  |
| Reasons for closure |  | *Please list & define all reasons for closure captured*   * *…* * *…* * *…* |  |
| **Demographics** | **Is this captured?**  **(Yes/No)** | **What categories are captured?** | **How is this information captured?**  *For ex. Is this entered by caseworker?* |
| Ethnicity |  | *Please list all categories* |  |
| ETE Status |  | *Please list all categories & definitions* |  |
| Living Arrangement status |  | *Please list all categories & definitions* |  |
| Engagement with Statutory Services |  | *Please list all categories & definitions* |  |
| *Other demographic categories?* |  |  |  |
| **Incident Characteristics** | **Is this captured?**  **(Yes/No)** | **How do you define characteristics?** *(What are the criteria for categorisation)* | **How is this information captured?**  *For ex. Is this entered by caseworker?* |
| Reason for hospital presentation |  | *Please list all categories and definitions*   * … * … * … |  |
| Reasons for referral |  | *Please list all categories and definitions*   * … * … * … |  |
| Source of referral |  | *Please list all categories and definitions*   * … * … * … |  |
| **Services offered** | **Is this captured?**  **(Yes/No)** | **What interventions are offered?** *(What are the criteria for categorisation)* | **How is this information captured?**  *For ex. Is this entered by caseworker?* |
| Intervention types (short/Long term interventions) |  | *Please list all categories of interventions recorded and definitions (EXAMPLE: Food/ food bank voucher, ETE support etc.)*   * … * … * … |  |
| **Risk Measures** | **Is this captured?**  **(Yes/No)** | **How do you define risk categories?** *(What are the criteria for categorisation)* | **How is this information captured?**  *For ex. Is this entered by caseworker? How often is risk measured?* |
| Risk levels |  | *Please list all risk categories recorded and definitions*   * … * … * … | *Please describe data capture & frequency of risk assessment* |
| ***Is risk measured for those who are not engaged?*** | | | |
|  | | | |
| **Follow-up outcome assessment** | **Is this captured?**  **(Yes/No)** | **How is this measured?** | **How is this information captured & when?** |
| Hospital (re)attendances for an injury caused by violence |  |  |  |
| Involvement in violence |  |  |  |
| **Training** | **Is this captured?**  **(Yes/No)** |  |  |
| Attendees |  |  |  |
| Number of sessions |  |  |  |

**Appendix 5**

**Examples of issues identified during evaluation with previous data capture in the Hospital-Based Youth Work Programme**

|  |  |
| --- | --- |
| Performance Measure | Issues |
| Referred to service | Figures not reported due to differing recording practices and definitions of referrals across service providers |
| Contacted and offered the service | Individual level data provided for only 16 individuals who did not engage with the service by one provider. Aggregate summary data used in reporting figures. |
| Engaged | Individual level data provided. Aggregate summary data used in reporting figures for consistency with above. |
| Reasons for non-engagement | Some providers did not provide reasons for non-engagement. |
| Reasons for closure | Reasons for closure were not recorded consistently across providers. Categories have been grouped for the purpose of analysis, but some categories recorded are specific to each provider. We have not therefore made comparisons between providers. |
| Demographics | Engaged and non-engaged comparisons not possible due to insufficient data for non-engaged individuals. |
| Incident characteristics | Reasons for referral, reasons for hospital presentation and source of referral were not recorded consistently across service providers. Categories have been grouped where possible for the purpose of analysis, but some categories recorded are specific to each provider. We have not therefore made comparisons between providers. |
| Service characteristics | Details of the nature of short-term and long-term interventions offered were not recorded consistently across providers, so we have not made comparisons between providers. |
| Outcome measures | For some providers insufficient data provided and excluded from analysis. For others the number of individuals who completed outcome assessments at six-month follow-up was too small across providers for analysis to be reliable, therefore change in outcome score from start-end-follow-up has not been included in this report. |

**Appendix 6**

**Examples of MTC and A&E Monitoring Returns**

Please see separate attachment for appendix 6

1. McBride C. M., et al, (2003). Understanding the potential of teachable moments: the case of smoking cessation. *Health Education Research*, (18), 156-170. [↑](#footnote-ref-2)
2. Lawson P. J. and Flocke S. A., (2009). Teachable moments for health behavior change: a concept analysis, *Patient education and counselling*, (76(1)), 25–30; Johnson S. B., et al, (2007). Characterizing the teachable moment: is an emergency department visit a teachable moment for intervention among assault-injured youth and their parents? *Paediatric Emergency Care*, (23), 553-559; Cohen D. J., et al, (2011). Identifying teachable moments for health behaviour counselling in primary care, *Patient Education & Counselling,* (85), 8-15. [↑](#footnote-ref-3)
3. Wortley E. and Hagnell A., (2020). Young victims of violence: using youth workers in the emergency department to facilitate ‘teachable moments’ and to improve access to services, *Arch Dis Child Educ Pract Ed*, (106), 53-59. [↑](#footnote-ref-4)
4. Travers C. and Hann G., (2018). The impact of a youth violence intervention programme on reattendance rates and young people’s wellbeing, *Archives of Disease in Childhood*, (103), A136.; DeMarco J., et al, (2016). Improving mental health and lifestyle outcomes in a hospital emergency department based youth violence intervention, *Journal of Public Mental Health*, (15(3)), 119-133.; Potter S., et al, (2016). The impact of a dedicated youth worker in a paediatric accident and emergency, *Archives of Disease in Childhood*, (101), A133-A134. [↑](#footnote-ref-5)
5. NHS Violence Reduction Programme London, “In-Hospital Violence Reduction Services: A Guide to Effective Implementation” <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2022/03/In-Hospital-Violence-Reduction-Services-A-Guide-to-Effective-Implementation-FINAL.pdf> [↑](#footnote-ref-6)
6. MOPAC Evidence and Insight Unit, (Unpublished). Redthread Youth Violence Intervention program, year 2 report, August 2017. [↑](#footnote-ref-7)
7. Middlesex University, (2016). Evaluation of Oasis Youth Support violence intervention at St. Thomas’ hospital in London, UK, Final Report 2010-2016 http://www.oasiswaterloo.org/wp-content/uploads/2019/11/Finalreport-15-Nov-2016\_Evaluation-of-St-Thomas-OYS-intervention-1.pdf. [↑](#footnote-ref-8)
8. MOPAC Evidence & Insight (2023), “An Evaluation of Hospital Based Youth Workers”(FORTHCOMING). [↑](#footnote-ref-9)
9. The Youth Endowment Fund has funded the Thames Valley Violence Reduction Unit, The Behavioural Insights Team and University of Hull to run a trial of A&E Navigator programmes across five hospitals: <https://youthendowmentfund.org.uk/funding/evaluations/hospital-navigators-multi-site-trial/> [↑](#footnote-ref-10)
10. <https://njl-admin.nihr.ac.uk/document/download/2040408> [↑](#footnote-ref-11)
11. MOPAC E&I Evaluation [2023, FORTHCOMING] – please contact [RMEL.VRU@london.gov.uk](mailto:RMEL.VRU@london.gov.uk) if you would like to access an embargoed copy. [↑](#footnote-ref-12)
12. MOPAC Evidence & Insight (2023), “An Evaluation of Hospital Based Youth Workers”(FORTHCOMING). [↑](#footnote-ref-13)
13. Wortley E. and Hagnell A., (2020). Young victims of violence: using youth workers in the emergency department to facilitate ‘teachable moments’ and to improve access to services, *Arch Dis Child Educ Pract Ed*, (106), 53-59. [↑](#footnote-ref-14)