VOLUME 2: THE SPECIFICATION

London Violence Reduction Unit

Hospital Based Youth Work Evaluation

1 INTRODUCTION TO THE VIOLENCE REDUCTION UNIT

1.1 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.

1.2 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.

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

1.3.1 Violence is stabilised and reduced
1.3.2 Children and young people feel safer
1.3.3 Community focused, partnership approach to long-term, sustainable violence reduction solutions

1.4 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.

1.5 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.

1.6 More details of the work of the VRU can be found at The Mayor of London's VRU 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

2.1 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]

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

[1] McBride C. M., et al, (2003). Understanding the potential of teachable moments: the case of smoking cessation. *Health Education Research*, (18), 156-170.

package of support designed to help them achieve a safer, healthier/more positive life course.

2.3 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.

2.4 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).*

2.5 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

2.6 The A&E and Learning Partner Specification set out the programme model in detail (Annex 1 & 2).

2.7 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)

2.8 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.

2.9 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

2.10 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] 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]

2.11 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] 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]

2.12 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] 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

[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.

[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.

[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.

[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

[6] MOPAC Evidence and Insight Unit, (Unpublished). Redthread Youth Violence Intervention program, year 2 report, August 2017.

London by Middlesex University identifying similar outcomes between service implementation and the benefits to young people's lives.[7]

2.13 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]. 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 if you would like to be sent an embargoed copy].*

2.14 There are several other on-going evaluations in this space, including the Youth Endowment Fund (YEF) multi-site trial of A&E navigator programmes.[9] The National Institute for Health Research & Cardiff University are running a controlled longitudinal experiment of the 'Effectiveness and Cost-Effectiveness of a Clinical Violence Prevention Team based in the Emergency Department'.[10] The Evaluation Provider will be expected to learn from previous and on-going evaluations.

3 CORE CAPABILITIES OF THE PROVIDER

3.1 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.

3.2 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.

3.3 The unit is seeking a provider that can deliver a series of evaluation outputs:

3.3.1 **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),

3.3.2 **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.

3.3.3 **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

[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.

[8] MOPAC Evidence & Insight (2023), "An Evaluation of Hospital Based Youth Workers"(FORTHCOMING).

[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/

[10] https://njl-admin.nihr.ac.uk/document/download/2040408

Partner, over the course of the contract, to identify & share best practice with delivery partners.

3.3.4 **Package 4:** Cost effectiveness: Exploring, as much as possible, the cost effectiveness of the programme.

3.3.5 **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.

3.4 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.

3.5 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.

3.6 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.

3.7 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.

3.8 Additionally, to be eligible the Provider should have:

3.8.1 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.

3.8.2 Demonstrable experience of working with young people at risk of being involved in serious violence.

3.8.3 Capacity to meet the stated timeframes through having existing, appropriately skilled, competent, and resourced staff in place.

3.8.4 An understanding of the Public Health approach to violence reduction and prevention.

3.8.5 Experience working in a public health context, direct work with the NHS and health data is advantageous.

3.8.6 Experience working with sensitive data & personal identifiable information (PII) is essential.

3.8.7 Strong data protection systems and processes.

3.8.8 Some experience of conducting London based research.

Detailed Service Requirement

Package 1 & 2 - Impact evaluation:

3.9 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.

3.10 The evaluation will necessarily consider both intended and unintended outcomes. Examples of key research questions could be:

3.11 Individual outcomes:

3.11.1 Has the programme reduced the likelihood of the individual suffering an injury as a result of violence and exploitation?
3.11.2 Has the programme reduced the likelihood of an individual becoming engaged in violence or harm in the future?
3.11.3 Has the intervention led to increased feelings of safety amongst participants?
3.11.4 What is the impact across demographics?
3.11.5 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)?

3.12 Organisational outcomes:

3.12.1 What impact has the programme had on hospital professional's understanding of, and response to violence and safeguarding issues?
3.12.2 What is the impact of the programme on multi-agency working and links to on-going support within the community?

3.13 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

3.14 A note on Administrative Data Protection & Sharing

3.15 *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.*

3.16 *Previous evaluations have encountered difficulties gaining access to the relevant data to support an impact evaluation.[11] 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.*

3.17 *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.*

[11] MOPAC E&I Evaluation [2023, FORTHCOMING] – please contact alison.kelly@london.gov.uk if you would like to access an embargoed copy.

3.18 *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

3.19 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.

3.20 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:

3.20.1 Understanding skills: exploration of the skills which can be transferred across to other hospitals/ teams, and;

3.20.2 Understanding practice: for example, trauma informed practice, intersectionality, systems thinking and data collection methods.

3.20.3 Gap analysis: organisational needs, sustainability and articulating and showcasing work and practice.

3.20.4 Cost analysis: For example, value for money and cost per participant, cost of diversion from future harm.

3.21 The Evaluation Partner should work closely with the VRU to design research questions to examine the process of implementation. Examples of research questions include:

3.21.1 What are the key challenges relating to implementation of the HBYW programme across sites?

3.21.2 How well have individual needs been identified; and how successfully have interventions been tailored in response?

3.21.3 What are the areas of best practice?

3.21.4 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

3.22 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:

3.22.1 How has the Learning Partner influenced performance across sites?

3.22.2 How has the Learning Partner improved knowledge and data sharing across hospitals?

3.22.3 How has the Learning Partner built capacity amongst delivery partners to analyse and engage with monitoring data?

3.23 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.

4 Evaluation Scope

Throughput

4.1 4.1 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] *Please note: definitions as to what support constitutes 'engagement' may vary across* providers.

4.2 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

4.3 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.

4.4 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.

4.5 *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

4.6 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.

4.7 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.

4.8 A suitable communication budget should be allocated to delivering this and production of materials should be done in close collaboration with the VRU.

[12] MOPAC Evidence & Insight (2023), "An Evaluation of Hospital Based Youth Workers"(FORTHCOMING).

4.9 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.

4.10 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.

5 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

5.1 Invoice 1 for 10% of the contract value to be submitted following the satisfactory completion of Milestone 1 – Agreement of evaluation framework.

5.2 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).

5.3 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)

5.4 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).

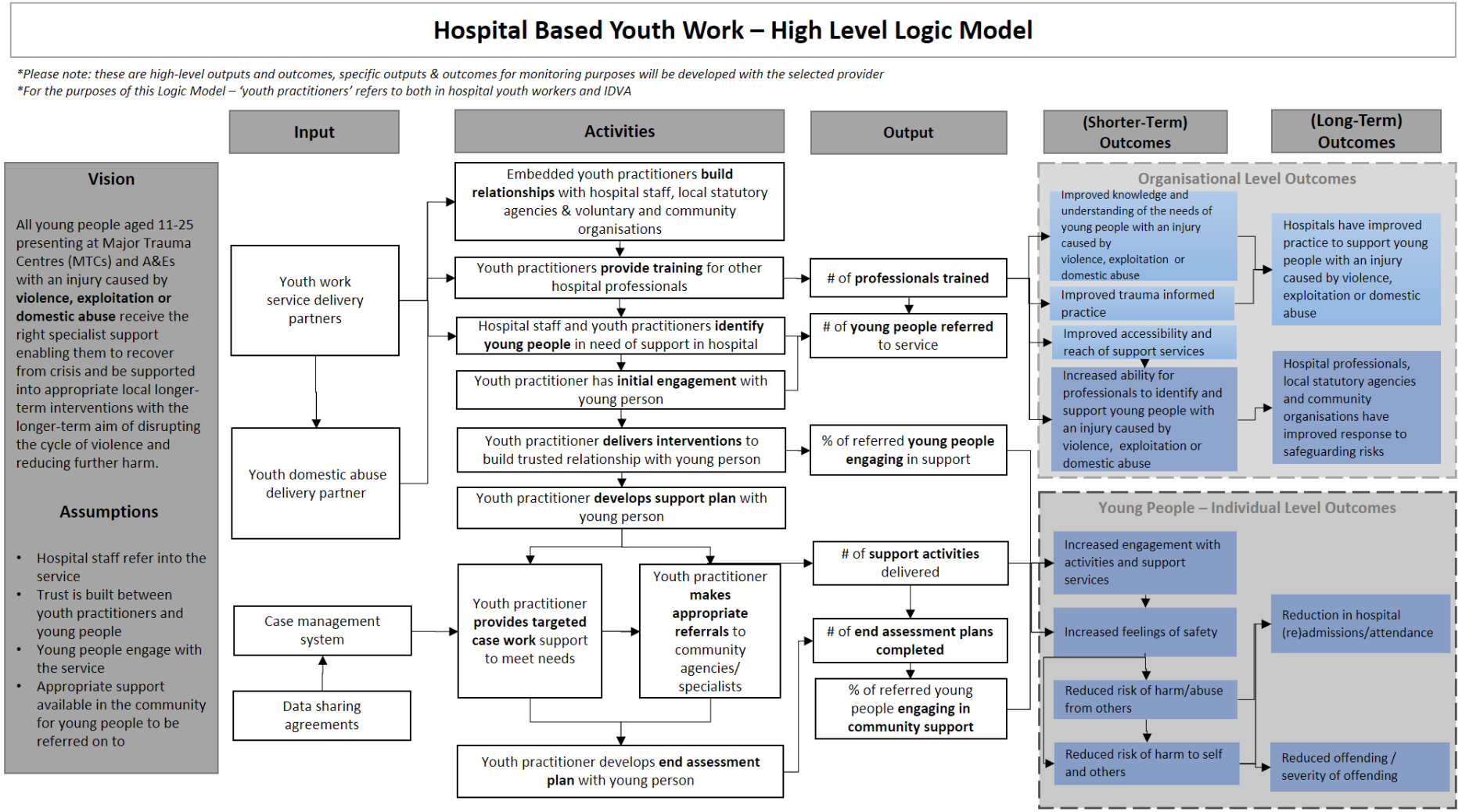
5.5 Invoice 5 for 20% of the contract value to be submitted following the satisfactory completion of Milestone 5 – Presentation of interim report (Winter 2024).

5.6 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).

5.7 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)

[ANNEX] In-hospital Youth Work Service ir

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

[ANNEX 2] HBYW Learning Partner - Ser