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Service evaluation of the Merseyside Navigator Programme (July 2022-June 2023)

Jane Harris, Nadia Butler, Jen Germain, Zara Quigg

Service evaluation of the Merseyside Navigator



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(Year 2 – June 2022 to June 2023)

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About this report

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

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

Acknowledgements

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Executive Summary

Since 2019, Merseyside Violence Reduction Partnership (MVRP) have funded the piloting of a Navigator Service delivered by Merseyside Youth Association at Alder Hey Children’s NHS Foundation Trust (AHFT) and Liverpool University Foundation Hospital Trust (LUFHT) to prevent youth violence. Navigators are embedded within each acute hospital trust to offer support to young people (10-24 years) who have been affected by violence or identified as at risk of violence. Attendance at acute healthcare settings is viewed as a ‘teachable moment’ when young people may be more likely to consider their life circumstances and engage with support. The programme has three core components (crisis and safety support; stabilisation support; maintenance support) and takes a personalised approach to provide support to young people and refer them into wider support in the community. In July 2021, the MVRP commissioned LJMU to conduct a service evaluation of the early development and implementation of Merseyside Navigator programme. This report presents an update on the programme in year two, following on from the full report published in year one (Quigg et al, 2022).

Service evaluation objectives:

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

Methods:

- Analysis of quantitative monitoring data on 209 young people referred to the programme between July 2022-June 2023 (and comparison to year 1). Incidence data on the number of assault attendances among young people at each hospital trust A&E department over the same time period was provided by the Trauma and Injury Intelligence Group (TIIG).
- Qualitative data from seven young people accessing the programme (interviews=3, questionnaires=2, case studies presented by Navigators=7).
- Analysis of programme documentation and observation of key activities (e.g., steering group meetings).

Findings:

- There were 209 referrals made to the Navigator programme between June 2022 and July 2023, an increase on the previous year (n=108). Navigators felt continuing active promotion of their service within the two hospital trusts had facilitated this increase.
- Comparison with TIIG data¹ suggests that 32.5% of eligible young people presenting at AHFT and LUFHT were referred to the Navigators. Programme data reports that 73.7% of young people were discharged from the Navigator programme before reaching the “Stabilisation and Outcome Support” stage, where young people complete an initial assessment, receive one-to-one support, and set their support goals.
- The Navigators have largely maintained fidelity to the original model with amendments made to the referral form length, recording of outcome measures, and a more flexible follow-up period.

¹ TIIG monitoring system routinely collects data on deliberate and unintentional injury from Emergency Departments across the North West. Data on assault attendances for young people (10-24 years) was provided for the three hospital sites from July 2022 to June 2023.

- For young people, engagement with the Navigator programme was facilitated by a trusted therapeutic relationship with their Navigator and the flexibility and responsiveness of the service to their needs. Navigators felt being a youth worker-led service facilitated this responsiveness and trust.
- However, funding restrictions meant the Navigator programme has never successfully recruited to the four proposed Navigator posts with only two Navigators in post at the end of the reporting year. This is impacting upon the Navigator programme's ability to meet the growing demand for the service.
- Participating young people reported high acceptability of the Navigator programme and highlighted several positive outcomes including: increased confidence, safety, and independence; improved physical and mental wellbeing, and a greater sense of hope for the future.
- The Navigator team have worked to increase the available evidence on successful outcomes for young people engaging with the programme through the use of their distance travelled tool (which has been designed in-house by the Navigator team), practitioner-reported strengths and difficulties questionnaires (SDQ), questionnaires and interviews with the evaluation team at follow-up, and development of case studies. However, these still remain in low numbers and limit the conclusions which can be drawn about the effectiveness of the Navigator programme for participating young people.

Recommendations

Strategic

- Develop a strategy for identifying and securing long-term funding for the Merseyside Navigator programme, to ensure the programme is running as intended (with all Navigators roles filled) and there is adequate 'full intervention' delivery time (e.g., 24 months) to establish, implement, and assess outcomes, and if relevant expand to wider NHS settings.
- Continue to develop and consistently implement a strategy for monitoring and measuring outcomes and impacts, including impacts for children and young people and wider beneficiaries, and services (including repeat attendances to healthcare settings across the region), and commission an on-going process and impact evaluation.
- Liaise with other Hospital Trusts within Merseyside to scope the demand and need for Navigators within their hospital sites.

Programme implementation

- Ensure the Navigator programme is fully staffed (four navigators in post) to relieve case load pressures and allow accurate assessment of programme fidelity and feasibility.
- Use support from the Steering Group to ensure accurate identification of eligible young people within the LUFHT trust.
- Build processes for embedding Navigators within the A&E at the Royal Liverpool Hospital to ensure accurate identification and prompt engagement with eligible young people on site.
- Using a responsive approach to follow-up (which may be shorter than the 3-month period), ensure that feedback is collected from all young people exiting the Navigator programme.
- Consider the value of each hospital trust providing safeguarding supervision for Navigators.

Programme monitoring and evaluation

- Routinely implement the adapted routine data collection processes (distance travelled tool and practitioner completed Strengths and Difficulties Questionnaire) to ensure processes of implementation and outcomes and impacts can be fully captured and evidenced.
- Ensure the client journey captures the 'light touch' pre-engagement work that Navigators implement for some patients, prior to initial assessment (considering also that some may not go on to engage in the initial assessment). This pre-engagement work should be considered in programme monitoring. The implications of this for future impact evaluation should also be considered.

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Introduction

Across the United Kingdom (UK), hospital-based violence prevention programmes (also referred to as Navigator programmes) have started to emerge in various locations as part of a broader suite of interventions, and a national focus to prevent and respond to youth violence (following a public health approach [Brice et al, 2020; Butler et al, 2022b; Goodall et al, 2017; Newbury et al, 2022; The Health Foundation, 2020]). The Youth Endowment Fund Toolkit, which aims to collate evidence on approaches to preventing violence, suggests that such programmes may be effective in preventing violent crime, however, the evidence of effectiveness is currently of low quality (YEF, 2022). Since 2019, Merseyside Violence Reduction Partnership (MVRP) have funded the piloting of a Navigator Service at Alder Hey Children's NHS Foundation Trust (AHFT). Following review and learning from the pilot, a new Merseyside Navigator programme was funded in 2021/22, covering AHFT and Liverpool University Hospital Foundation Trust (LUHFT, including Aintree and Royal Liverpool hospital sites). Whilst evidence on the development, implementation, and impacts of such programmes is starting to emerge, further evaluation is needed (Brice et al, 2020; YEF, 2022). In July 2021, the MVRP commissioned LJMU to conduct a service evaluation of the early development and implementation of the new Merseyside Navigator programme with this evaluation continuing into year two. This report presents an update on the programme in year two, following on from the full report published in year one (Quigg et al, 2022).

Overview of the Merseyside Navigator programme

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

Evaluation objectives




The service evaluation has two core objectives:

- 1) To monitor and describe the early development and implementation of the programme.
 - To describe the implementation of the programme.
 - To explore uptake of the programme among the target population.
 - To elicit the facilitators and/or barriers to development and implementation.
 - To identify areas for development and sustainability.

- 2) To assess the perceptions and potential impacts of the Navigator programme.
 - To explore key stakeholder views on the programme.
 - To identify the intended (and initial) outcomes and impacts of the programme.

Methods

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

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|  | <p>Qualitative data from seven young people who had completed the programme from semi structured interviews (n=3), qualitative questionnaires (n=2) and case studies presented by Navigators (n=7).</p> <p>Semi-structured interviews (n=2) with Navigators and staff at LUHFT and AHFT (n=3) focusing on adaptations to the programme and outcomes.</p> |
|  | <p>Desk based review of programme documentation and observation of programme activities (e.g., steering group meetings) to add context to the evaluation</p> |
|  | <p>Review and analyses of programme monitoring data including referrals (n=209) and newly implemented outcome measures</p> <p>Data provided by the Trauma and Injury Intelligence Group (TIIG) monitoring system on the number of assault attendances among 10–24-year-olds at the three hospital sites was used to calculate a referral rate from July 2022 to June 2023.</p> |

Key findings from the year one evaluation are referred to throughout the report (see blue boxes at the beginning of each section) to provide context to the year two findings.

Findings

Who is accessing Navigators? (Reach)

Key findings from the year one evaluation

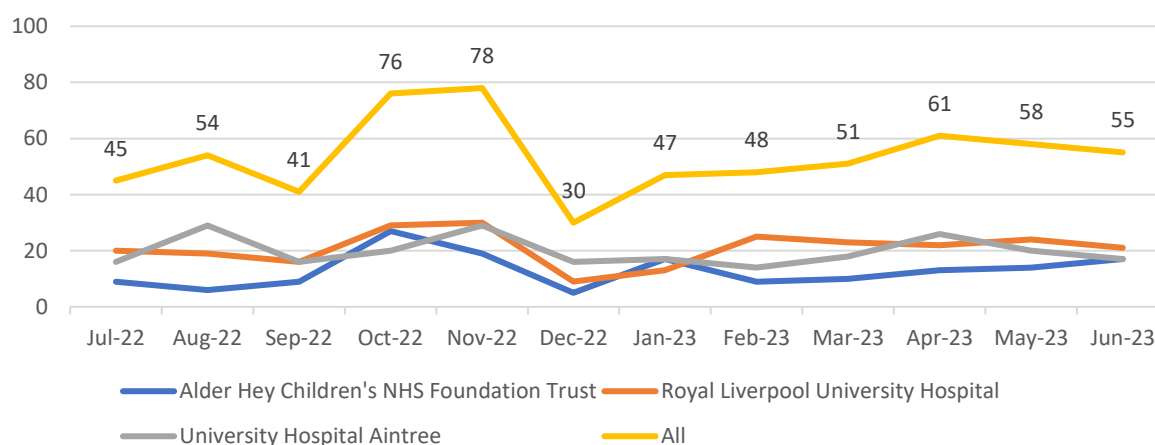
- Throughout 2021/22 stakeholders implemented a number of measures to raise awareness of the Navigator programme through attending management and staff meetings, using promotional materials within the hospital, and presentations at community conferences.
- To be eligible for the programme, children and young people must be 10-24 years old who a staff member has identified as potentially vulnerable to exposure to violence, exploitation, or other criminal activity.
- Hospital staff are informed when Navigators are on site. Navigators are based in a dedicated office in A&E at AHFT, and the Safeguarding Team office at Royal Liverpool and Aintree (LUHFT). They take referrals from the Safeguarding Teams at all three hospitals, as well as frequenting the reception at A&E and visiting wards to identify potential programme recipients. Staff can refer to

the Navigator in person whilst they are on site or via an online referral form on each hospital IT system and are encouraged to refer even if they are unsure whether the young person meets the criteria.

Assault related attendances at LUFHT and AHFT, July 2022 – June 2023

Data collected by the Trauma and Injury Intelligence Group (TIIG) reports that there were 644 assault related attendances among 10-24 year olds to AHFT and LUFHT between July 2022 and June 2023 (Alder Hey n=155, Royal Liverpool n=251, Aintree n=238). Young people aged 10-24 years accounted for a third (33%) of all assault attendances at the two trusts. Overall, 73% of attendances were male (Alder Hey = 68%, Royal Liverpool = 71%, Aintree = 78%) and the mean age of attendances was 20 years (Alder Hey = 15 years², Royal Liverpool = 20 years, Aintree = 21 years). Where recorded (n=620), 49% (n=304) of assaults occurred in a public place and 21% (n=130) took place in the home, 29% (n=180) reported “fist” as the weapon of assault and 4% a knife or sharp object (bottle, glass, bladed or sharp object). Over half of assaults (52%, n=322) were discharged from hospital (34% discharged with no follow-up treatment and 18% discharged to GP), 11% (n=68) were admitted to hospital, and 18% (n=111) left hospital before being seen for treatment or refused treatment. Figure 1 below shows the assault related A&E attendances for each trust by month.

Figure 1: Assault-related A&E attendances (aged 10-24 years only) by month and year, July 2022-June 2023



Number of referrals (2022/23)

Between July 2022 and June 2023, the Navigator programme received 209 referrals (Alder Hey n=104, Aintree n=57, Royal Liverpool n=48). This was a considerable increase in the number of referrals seen in the first year of the programme (n=108, data measured from September 2021 to June 2022). Figure 2 presents the number of eligible referrals by month and hospital site. Overall, referrals increased across the year, with the highest number of referrals from April to June 2023. As will be discussed in greater detail under facilitators and barriers, participating Navigators felt that this increase in referrals was “a product of the hard work we’ve put in as a team to promote and educate...within the hospital environment” (Navigator 1, Interview).

The majority (91.9%, n=192) of referrals were made online via Merseyside Youth Associations online system (IAPTUS), with the remaining referrals received onsite in A&E or on the ward. The primary

² All attendees at AHFT were aged between 10-17 years.

sources of referrals were A&E (n=80, 38.3%) and Safeguarding (n=75, 35.9%), with the remaining referrals coming from the Trauma team (n=29, 13.9%), CAMHS (n=9, 4.3%) and other sources (n=13, 6.2%). The primary reasons for referral (figure 3) recorded were 'actuated physical injury' (n=86, 41.1%), 'serious youth violence' (n=59, 28.2%) and 'bullying' (n=27, 12.9%). The remaining referrals with reason recorded were due to 'Child Criminal Exploitation' (CCE, n=8, 3.8%), 'domestic violence' (n=5, 2.4%), 'self-harm' (n=5, 2.4%) and 'Child Sexual Exploitation' (CSE, n=3, 1.4%). Most young people referred³ identified as male (n=154, 78.2%) and among those referred within the eligible age range (n=186, 94.4%), the mean age was 16 years.

Figure 2: Number of referrals by month and hospital site (2022-2023)

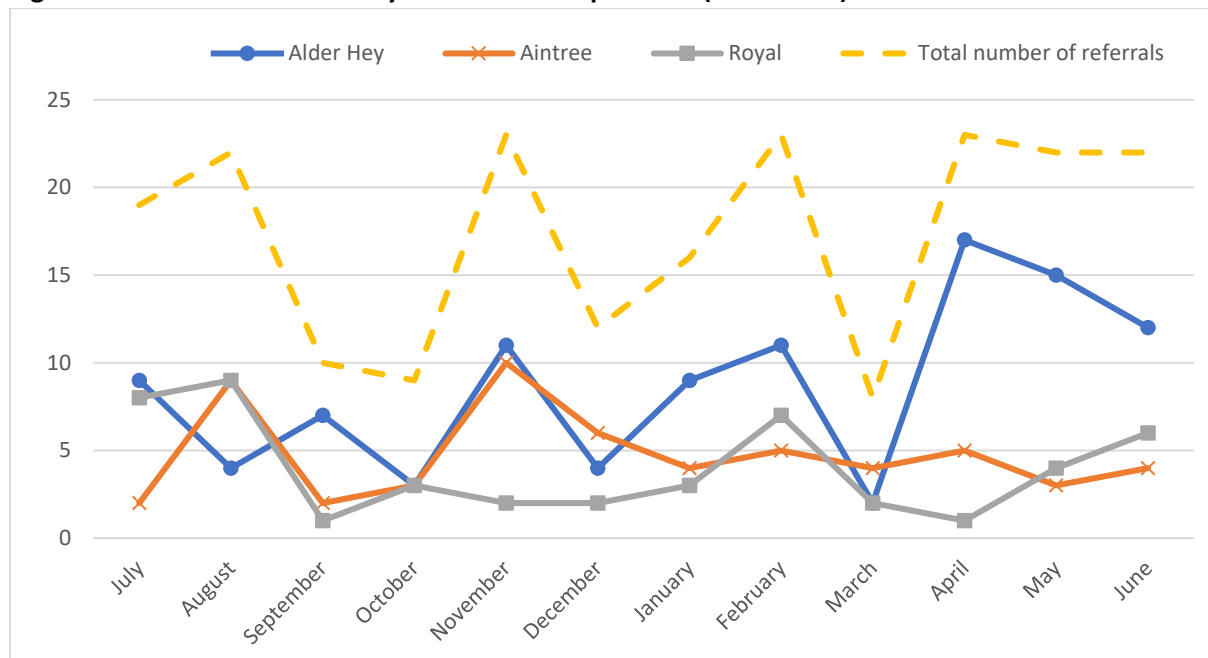
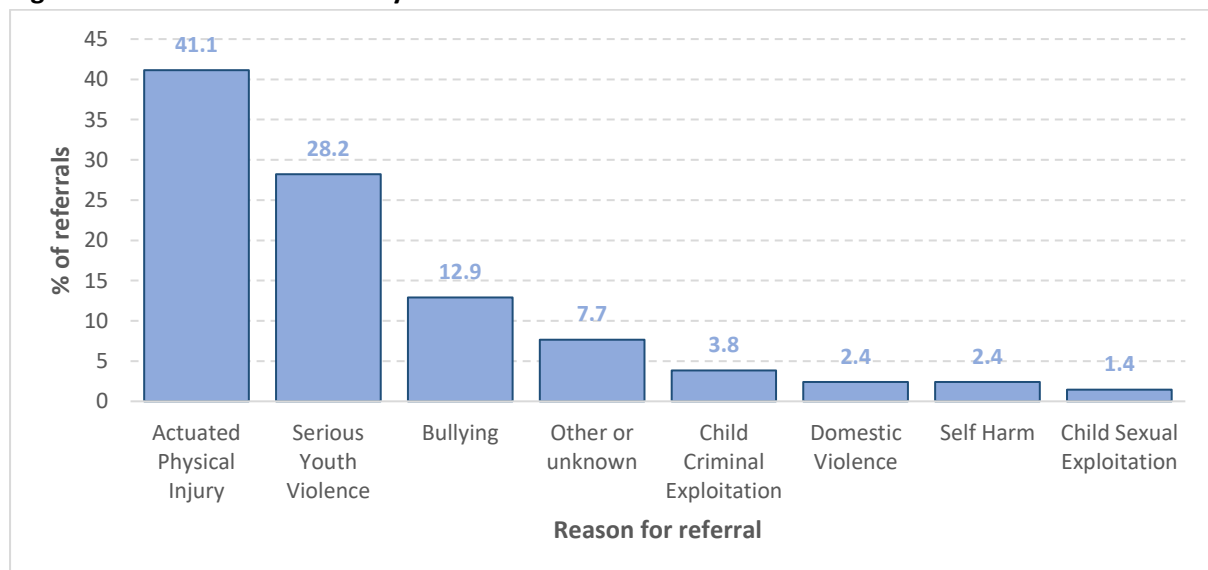


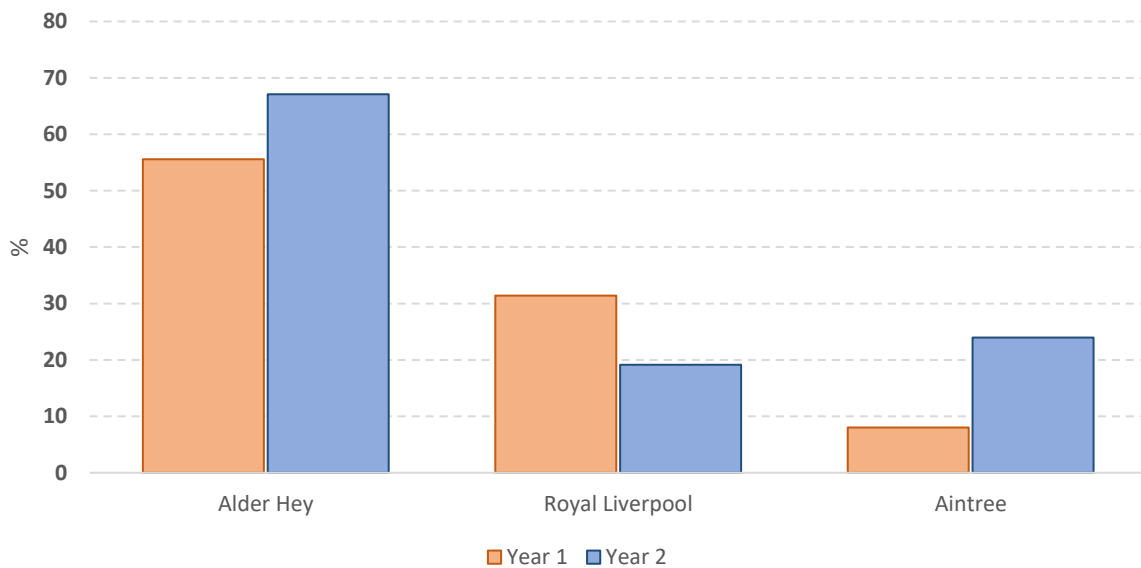
Figure 3: Reason for referral July 2022-June 2023



³ Excluding 12 people currently on the waiting list for whom data was not available.

Referral data from the Navigator programme was compared with TIIG data from the same period to calculate a referral rate for each hospital site (figure 4). The referral rate was highest at Alder Hey, where 67% of eligible young people were referred to the Navigator programme, followed by 23.9% at Aintree, and 19.1% at Royal Liverpool. This represents a substantial increase based on the rates reported in the year one report for Alder Hey and Aintree (Alder Hey=55.6%, Aintree=8%) and a decrease in referral rate at Royal Liverpool (Royal Liverpool=31.4%). The reasons for these varied referral rates are discussed in the facilitators and barriers section below.

Figure 4: Estimated referral rate by hospital site, comparing year one full programme fidelity (Feb 2022 to May 2022) and year two (July 2022 to June 2023)



Level of engagement




Among the 209 referrals made, 154 were closed either due to no contact (n=84, 40.2%), non-engagement (n=20, 9.6%), the young person being ineligible (n=11, 5.3%), or because the young person declined support (n=39, 18.7%). In total, 20.6% (n=43) of young people referred had engaged with the Navigator programme, a slightly higher level of engagement compared with the previous year (18.5%, n=20). Figure 5 draws on qualitative case study data to provide more detailed examples of young people’s referral and engagement with the Navigator programme.





Participating Navigators discussed several factors which impacted upon young people declining support after initial engagement. As illustrated in the examples in figure 2, some families decided to relocate after an incident of violence because *“relocation is one of the most effective ways of breaking that cycle”* (Navigator 1, Interview). However, there were occasions when the Navigators maintained contact despite relocation, for example YP4 was supported by their Navigator to access youth services in their new local authority area and YP1 was re-engaged when they presented at Alder Hey for Early Help (see figure 5). Navigators also felt that young people would sometimes experience a change in mindset once they were discharged from hospital and returned to their normal lives *“when you’ve been quite badly injured as a result of violence...on the ward, you’re in a bubble, life outside...it fades away...Some become really scared...and depressed...others get really angry...when it’s fresh, you want help...but once you’re home and it starts to pale into history...your mindset changes”* (Navigator 1, interview). Navigators discussed how these experiences had led them to reflect on their own practice and expectations for standard progressions and quantifiable outcomes from the service. They felt that

even when young people did not progress on to accept signposted referrals and maintenance support, they still experienced some positive outcomes including increased feelings of safety, reduced isolation during their recovery, and increased awareness of how to make themselves safe and the support that it is available to them should they require it in the future *“we’ve still signposted...they know about that service for the future”* (Navigator 2, Interview). Stakeholders from hospital trusts agreed that they saw children experiencing many adversities that led to distrust of health providers, but that through the Navigators, they received signposting should they feel ready to engage in the future (*“there’s a multitude of factors that surround the criminal exploitation of children...gang and knife crime...county lines...young people feel very scared. It’s really difficult to trust somebody...what the Navigators are really skilled at is continuing to try and say...at some point, you might just want to give me a call. When you do, I’ll pick up the phone and I guarantee I’ll have a conversation with you.”* Stakeholder 1)

“You reflect on...your own professional practice...as a youth worker, you always want a positive outcome...defined by...the whole nine yards - the completion, the referral...and the change to their life...That’s the point of why you’re doing what you do. And you don’t get that...but then...you take a step back from it and...you actually see that there are loads of successes. It’s not just one big success at the end. It’s a number of successes. It’s the impact that you’ve had on that person. And those conversations that you’ve had...when young people are on ward, they’re in a very difficult situation and any support that they get...they’re the things that they remember.” (Navigator 1, Interview)

Figure 5: Example referrals from the young people interviews and case studies

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| <p>Young Person 1 <i>(Case Study, Interview, Questionnaire)</i></p>  | <p>Young Person 1 was referred to the Navigator programme via Alder Hey Children’s NHS Foundation Trust after an assault and knife wound to their back. It was initially thought the young person had been the victim of an attempted bike theft, but it subsequently transpired it was the result of a gang related disagreement in his local area. The Navigator initially contacted the young person and their parent while they were on the major trauma ward but five days into this initial engagement the family declined support as they wished to relocate. A few months later, the Navigator was contacted by the Safeguarding Lead at Alder Hey to say the young person had re-engaged and applied for Early Help. The Navigator successfully re-engaged with the young person and in partnership with Early Help provided them with support through home visits.</p> |
| <p>Young Person 2 <i>(Interview)</i></p>  | <p>Young Person 2 was referred to the Navigator programme via Alder Hey Children’s NHS Foundation Trust. They were a victim of sustained bullying by peers (including physical violence) at their school and had been assaulted by some fellow students outside of school. The young person was referred to the Navigator programme through an online referral from Alder Hey and the Navigator initially made telephone contact with their mum. They accepted the referral and began to meet with the Navigator in the community.</p> |
| <p>Young Person 3 <i>(Interview)</i></p>  | <p>Young Person 3 was referred to the Navigator programme via Aintree Hospital after they were admitted to the trauma ward following a knife attack. The young person did not carry weapons themselves but did disclose that they used substances and was receiving support for this from a Youth Offending Team worker. The trauma ward staff discussed the Navigator service with the young person and their mum and made a referral to the Navigator Team. The Navigator initially made contact with</p> |

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| | <p>their mum via telephone, and they accepted the referral and met with the Navigator at Merseyside Youth Association.</p> |
| <p>Young Person 4 (Questionnaire)</p>  | <p>Young Person 4 was referred to the Navigator programme from Alder Hey after a physical assault. The young person and their father had moved to the UK from another country approximately six months previously. The young person had been bullied initially at school and then in the community once they moved schools. The Navigator initially met with them using a family friend to interpret and then identified support for them in another local authority in Merseyside when the family chose to relocate.</p> |
| <p>Young Person 5 (Case Study)</p>  | <p>Young Person 5 was referred to the Navigator Team by the Royal Liverpool Hospital safeguarding team after presenting at the hospital following a serious assault. The young person had multiple co-morbid health conditions and a learning disability. They had been using social media to meet new people but had difficulties judging safe social interactions. They had gone to the house of someone they had met on social media where they were assaulted by a group of young men who videoed the attack. The young person was found by a member of the public after the men pursued them and assaulted them for a second time as they were trying to get the bus home. The Navigator initially met with the young person on the ward and then made a home visit following discharge. As further detailed below, the Navigator began to make referrals for the young person, but they later declined support.</p> |
| <p>Young Person 6 (Case Study)</p>  | <p>Young Person 6 was referred to the Navigator Team from Aintree Hospital major trauma ward where they were awaiting surgery following a severe stabbing. The young person did not have any gang affiliation but was described by the Navigator as <i>“just in the wrong place at the wrong time”</i> (Navigator 1). The Navigator met with the young person on the ward and provided support to them over a six-week period as an inpatient while they underwent surgery. The Navigator continued to work with the young person through home visits once they were discharged.</p> |
| <p>Young Person 7 (Case Study)</p>  | <p>Young Person 7 was referred to the Navigator Team from Aintree Hospital major trauma ward where they were having reconstructive surgery following a gunshot wound. The Navigator initially engaged with the young person on the ward and continued to support them there and following discharge.</p> |

Navigator programme content and delivery (dose)

The Merseyside Navigator programme consists of three core components – crisis and safety support, stabilisation support, and maintenance support. This is summarised in more detail in figure 6. Throughout all stages, a personalised approach to engaging and supporting children and young people is offered/provided.

Key findings from the year one evaluation

- **Crisis and safety support:** the Navigator will either approach young people and their parent guardian at the hospital (if they are in a stable position) or via telephone/email/letter following

discharge from hospital. If they are unable to make post-hospital contact, the Navigator will follow-up using various methods for a period of four weeks at which point no further contact is attempted. A key aim of the initial contact is to build trust, develop a relationship with the young person, and assess immediate risks, safety, support networks, and the support the Navigator programme can offer.

- **Stabilisation support:** there may be some time between initial engagement and completing the full Navigator programme assessment with young people. A personalised approach is taken at each stage, with a short (~3 weeks) phase of intensive support provided in community settings including assessment of existing statutory service involvement, one-to-one support, needs assessment, goal setting, and development of a co-designed action plan to enable referral to wider community partners. Navigators meet young people at a time and location that suits them.
- **Maintenance support:** Young people are referred to community partners to enable a bespoke menu of interventions with the Navigator, tracking and assessing distance travelled (using a tool developed in-house by the Navigator team), and any wider support needs three months post referral. Young people exit when no further support is required.
- **Fidelity:** In the previous year the programme had been delivered largely as intended apart from some delays in implementation. Navigators had piloted different shift times to increase referrals and uptake. At Alder Hey, Navigators moved their base to an office space within A&E to increase access to eligible patients. At Aintree, Navigators sat within the safeguarding team to allow access to A&E and the trauma wards. At Royal Liverpool, staff were given a base behind A&E reception to ensure Navigator safety.

Figure 6: Overview of children and young people’s journey through the Merseyside Navigator programme

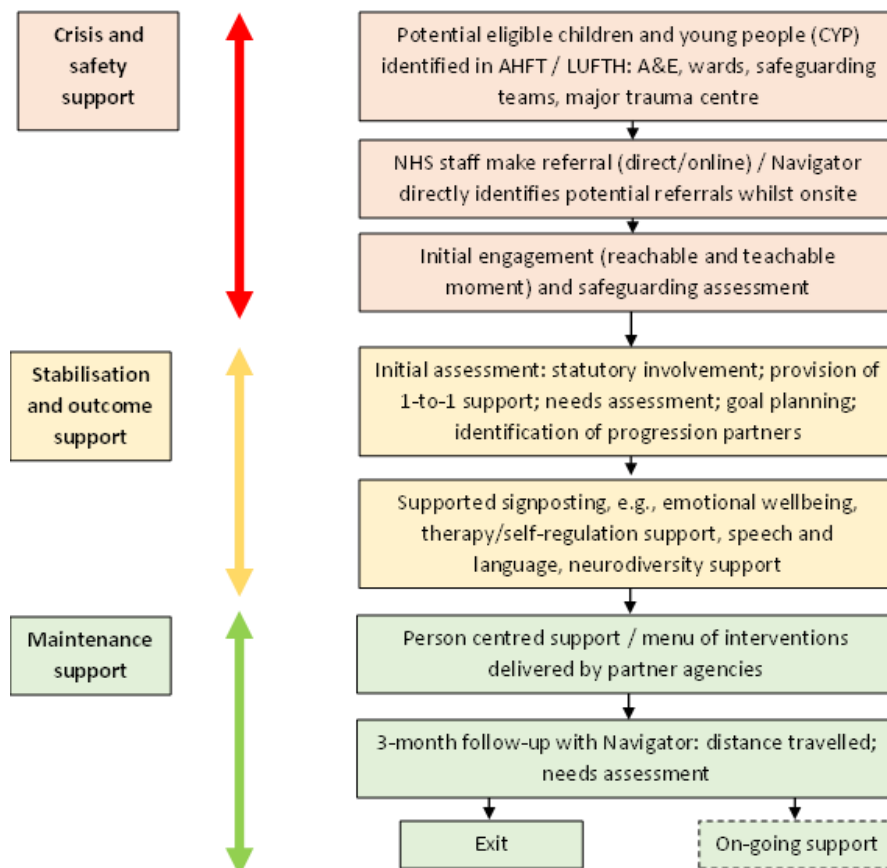


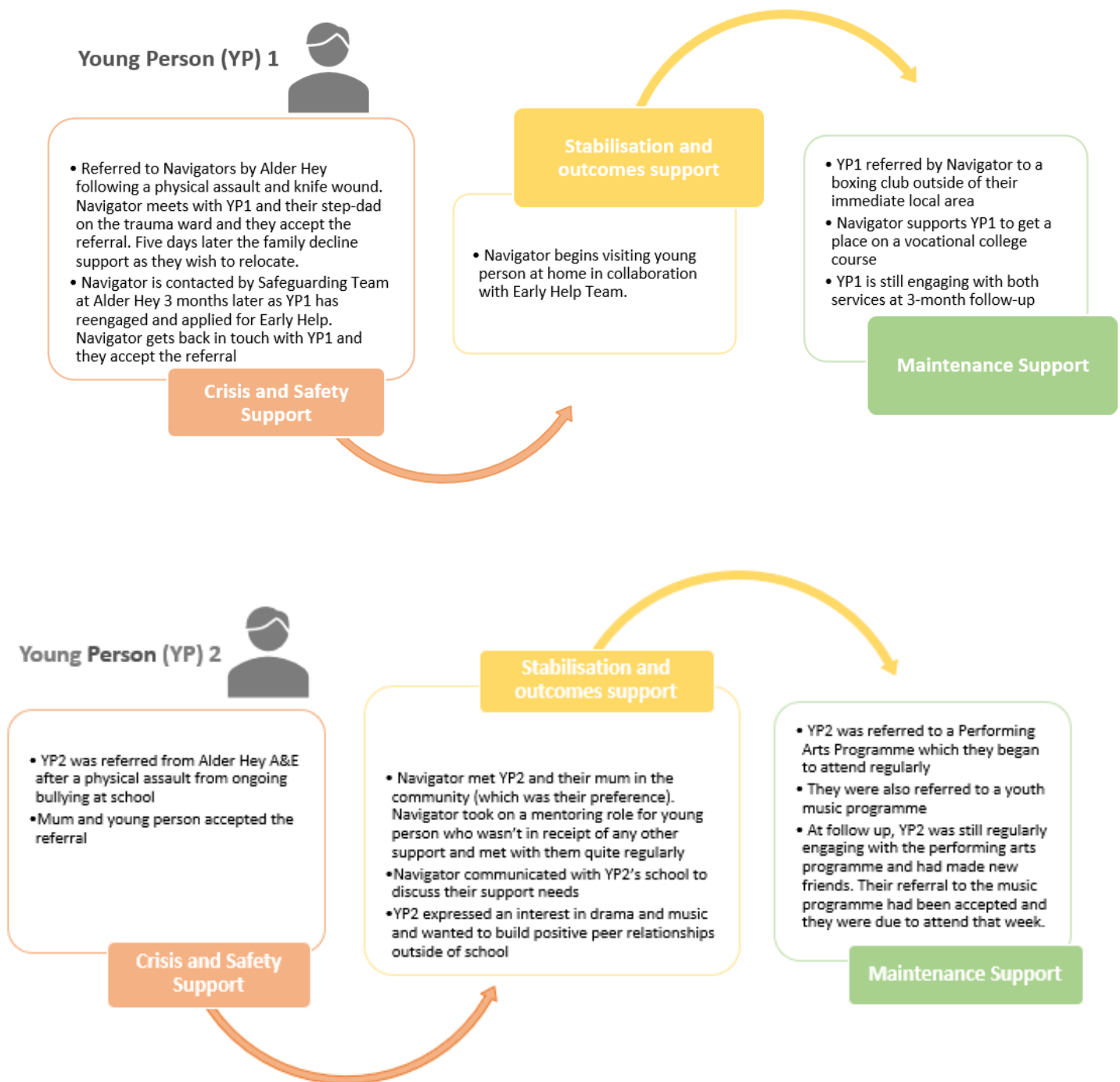
Table 1 provides a summary of the 209 young people referred to the Navigator programme between July 2022 and June 2023. As previously discussed, the majority of young people (n=154, 73.7%) had exited the programme at the crisis and safety support stage either due to being ineligible, declining support, or non-contact. Twelve young people were on the waiting list to access the service and seven had accepted a referral to the service but hadn't begun receiving support, eight were receiving stabilisation and outcome support and ten were receiving maintenance support. Eighteen young people have been closed to the service after signposting to support services or successful completion of the Navigator programme.

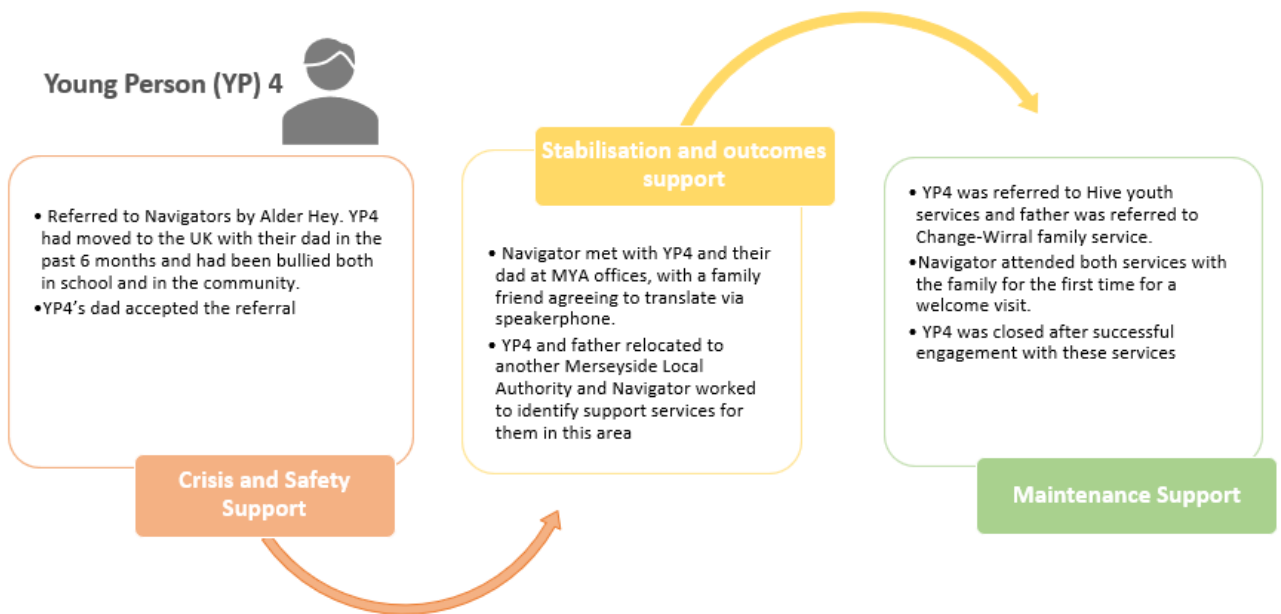
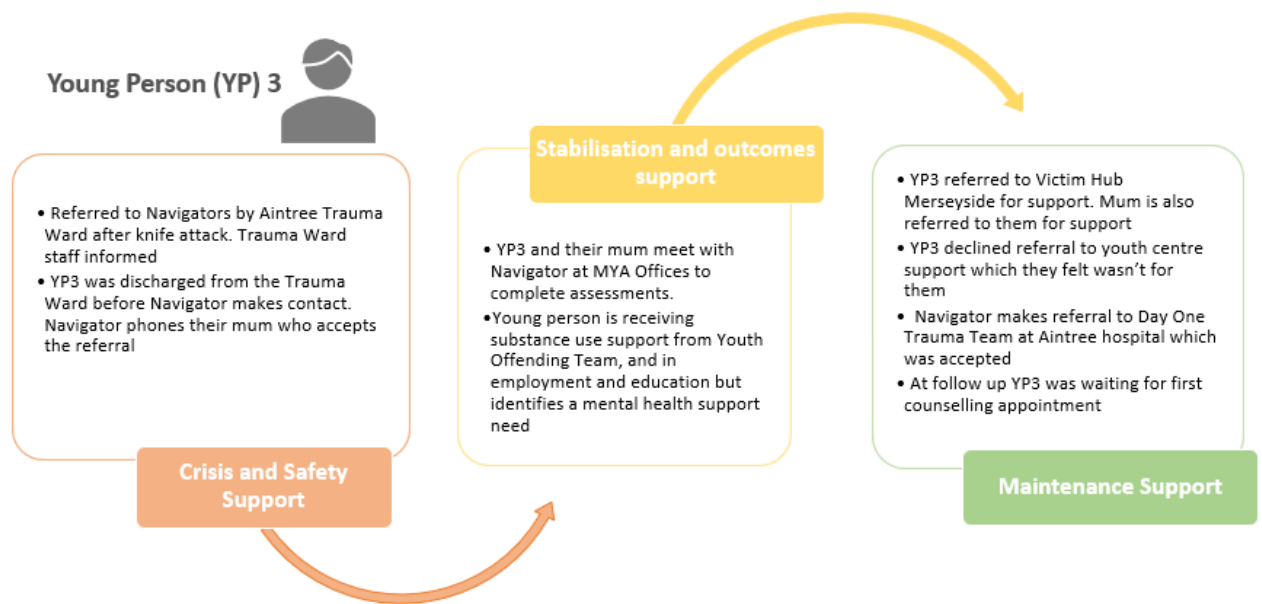
Table 1: Last stage of Navigator support recorded (June 2023) for young people referred into the programme July 2022-June 2023

| | Navigator Programme Stage | Number of | |
|--|---|------------|------------|
| | | YP | % |
| Crisis and safety support | Waiting list | 12 | 5.7 |
| | Referral Closed - Declined Support | 39 | 18.7 |
| | Referral Closed - No Contact | 84 | 40.2 |
| | Referral Closed - Non Engagement | 20 | 9.6 |
| | Referral Closed - Not Eligible | 11 | 5.3 |
| | Enter Navigators | 7 | 3.3 |
| Stabilisation and outcome support | Navigator Needs Assessment | 2 | 1.0 |
| | Navigator Hopes And Fears | 1 | 0.5 |
| | Family/ Social Life | 1 | 0.5 |
| | Fill Out Questionnaires And Goals | 2 | 1.0 |
| | Navigators On Hold More Information Required | 2 | 1.0 |
| Maintenance support | Enter Primary Intervention | 1 | 0.5 |
| | Navigator Referral Education Training or Employment | 1 | 0.5 |
| | Navigator Referral Mental Health | 2 | 1.0 |
| | Navigator Referral Social Support: Clubs | 2 | 1.0 |
| | Navigator 3 Month Review | 4 | 1.9 |
| | Referral Closed - Signposted To Support Services | 12 | 5.7 |
| | Referral Closed - Successful Completion | 6 | 2.9 |
| Total | | 209 | 100 |

Figure 7 uses qualitative data from the seven young people (interviews, questionnaires, and case studies) to illustrate young people's progression through the Navigator programme. The case studies illustrate the *"bespoke"* (Navigator 1, Interview) nature of the Navigators engagement with young people *"they come from different places, they have different drivers, they have different social aspects...it's just one million shades of grey"* (Navigator 1, Interview). As the case studies illustrate, *"sometimes young people...they're already engaged in lots of services and sometimes they've got no support"* (Navigator 2, Interview). For example, YP3 was already working with a Youth Offending Team officer who was supporting them with their substance use but they had an unmet need for mental health support. So, in this case, it was the Navigator's role to avoid *"duplication of work...and dig a little deeper at the beginning so we know who else is involved...and if they think there's any gaps for the young person"* (Navigator 2, Interview). In contrast, YP2 had no other services involved and so the Navigator took on *"a mentoring role...meeting her...linking in with school...and support with mum as well"* (Navigator 2, Interview).

Figure 7: Examples of young people’s progression through the Navigator programme from qualitative data





Young Person (YP) 5



- Referred to Navigators by Safeguarding at the Royal. YP5 had been physically assaulted by a group of young men at a house after they had been deliberately befriended by one of the young men online.
- Navigator visited YP5 on the ward and they accepted the referral.

Crisis and Safety Support

- Navigator visited YP5 on the ward and later at home
- YP5 had a diagnosed learning disability and chronic health condition for which they were receiving support but was lacking opportunities for positive social interactions with other young people
- Navigator discussed keeping themselves safe and positive social relationships with YP5 and also looked for opportunities for positive social interactions

Stabilisation and outcomes support

- Navigator referred the YP5 to a youth performing arts programme but YP5 declined the referral
- After three weeks trying to re-engage with YP5, their case was closed

Maintenance Support

Young Person (YP) 6



- YP6 was referred to Navigators by Aintree Trauma Ward after a severe knife injury
- YP6 was visited by the Navigator on the trauma ward and they accepted the referral.

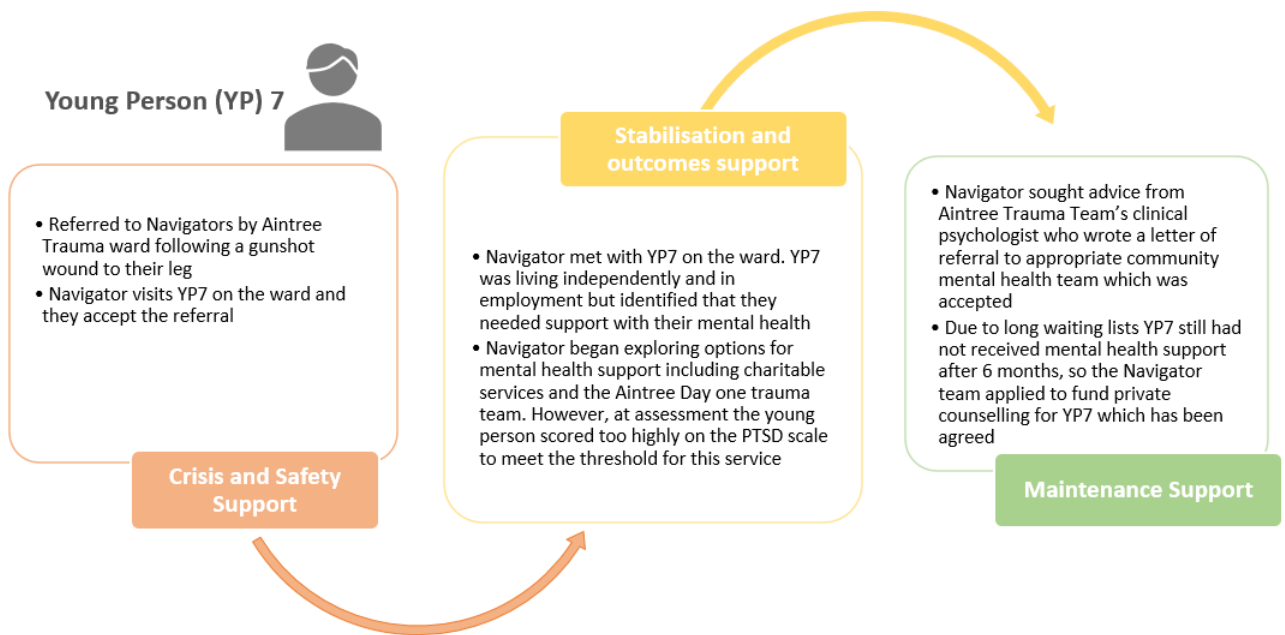
Crisis and Safety Support

- Navigator continued to meet with YP6 on the trauma ward over a 6 week period to support them as they underwent surgery
- A week before they were discharged, YP6 expressed an interest in boxing to aid their physical recovery and Navigator began to look for appropriate clubs within their local area.

Stabilisation and outcomes support

- Navigator continued to look for appropriate boxing referral in Local Authority area but had challenges identifying a suitable club that would accept the referral. During this period they continued to meet YP6 at home.
- Navigator began to look at alternative referrals that could be made for YP6 and identified the Talent Match programme. Navigator discussed this with the young person who felt they were not at a good stage in their physical recovery to engage with boxing but wanted employment and counselling support and accepted the Talent Match referral.
- This will be reviewed at his three month follow up meeting

Maintenance Support



Fidelity

In line with the previous year, the participating Navigators reported that the programme had been delivered largely as intended and that there had been no significant changes to their role. However, since initiation, the programme has never run with all four Navigators in post, and the impacts of this upon programme fidelity are discussed in the barriers section below. The Navigators highlighted three minor adaptations they had made to the delivery of the programme. Firstly, the Navigators were no longer holding a follow-up review with young people at a fixed three-month period as this limited the feedback they received from young people. They had amended this to *“just kind of check in with them when was an appropriate time...six weeks later or if it is the full 12 weeks, it's kind of our professional judgement when the best time is”* (Navigator 2, Interview). Navigators felt it was beneficial to have follow-up reviews occurring closer to the young person's last engagement with their Navigator because it was easier for the young person to recall and give feedback and was more personal for the young person *“especially as you spent all that time building up a relationship with them”* (Navigator 1, Interview). Secondly, the Navigators had amended their online referral form to only include key information after feedback from hospital staff that their referral form was *“quite lengthy”* (Navigator 2, Interview). The facilitators and barriers which impacted upon programme fidelity are discussed in further detail below.

Thirdly, following discussion between the Navigators and the evaluation team about the difficulties capturing outcome data with young people, a new process was agreed upon. This was to reduce the burden of paperwork on young people, and to capture some level of outcome data for young people who did not engage with a follow-up review. The Navigators reported that young people really didn't like the Strengths and Difficulties Questionnaire as it was too long and the questions were intrusive. Navigators also felt that completing the tool wasn't used to inform support provision in the same way which the Outcomes Star was. Thus, it was decided to drop this measure completely. For the outcomes Star, Navigators use their professional judgement and where appropriate, complete it with the young person at baseline and at case closure. To supplement this young person-reported data, the evaluation team developed a number of additional measures which the Navigator will complete at baseline and at case closure for each individual. This involves Navigators scoring the young person across a range

of measures including risk of future harm and involvement in different types of violence, wellbeing, behavioural issues, relationships, education and employment, engagement with services etc., (see Appendix 1 for full list of measures). As discussed in the outcomes section, the completion of these measures remains low as they had only been implemented in May 2023.

Acceptability and outcomes

Key findings from the year one evaluation

- The Navigator programme was positively received and had made significant progress in being embedded into NHS Trusts.
- The intended outcomes of the Navigator programmes were that young people recognise the seriousness/vulnerability of their situation, their needs are identified and supported, and they are navigated towards more positive life experiences. Intended impacts were: reduction in violence victimisation/perpetration; reduction in re-attendance/re-injury; improved mental and physical wellbeing; reduction in presentation in police custody suites, health and other criminal justice services; and reduction in healthcare costs.
- Practitioners in year one felt it was too early to evidence short- and long-term impacts but were seeing emerging outcomes, including: the identification of hidden or unmet support needs, community issues, and safeguarding concerns for young people and their families; young people accepting referral to and engaging with additional support services; and, de-escalating tensions/aggressive behaviours within the hospital setting.

Acceptability

In agreement with the stakeholder perspectives captured in the year one evaluation, participating young people generally reported high acceptance of the Navigator programme. Participants reported high willingness to engage with the Navigator programme when they were first approached *“I was really keen...I just thought it would help me so”* (YP3, Male, Interview) and that they welcomed further support *“I just thought it’s something I want to do...to get me more, like into more like different things”* (YP2, Female, Interview). All of the participants had been happy with the support sessions they’d received and with the services they had been referred to *“I am very happy with the services as I have received a great amount of support”* (YP4, Male, Questionnaire). The two questionnaire respondents strongly agreed that the Navigator programme was useful and that it was delivered in a way that was easy to understand.

“Well, I didn’t even know what it was, so I didn’t really mind, do you know what I mean? As long as it would help me... But like, I’m glad that I was a part of it do you know what I mean? Because it’s made me feel better in myself.” (YP1, Male, Interview)

Outcomes

Interviews and questionnaires with four young people demonstrated a number of positive outcomes for young people who had completed the Navigators programme. Across all four participants the most commonly discussed outcome was increased confidence, which brought several benefits. Firstly, as quoted below, there was a sense from young people’s responses that having the consistent support of a Navigator brought an increased feeling of safety *“knowing a place is out there available keeps me at ease”* (YP4, Male Questionnaire). Some young people also reported a growing sense of independence as a result of their increased confidence *“They have helped me to stand on my feet”* (YP1, Male, Questionnaire). Participants also felt that this had brought positive impacts for their families who were described as happier, less stressed *“It’s probably made her less stressed and all*

that” (YP3, Male, Interview), with improved family relationships “just like closer...do more stuff together” (YP1, Male, Interview).

“When we came here, we were lost and worried. Having [Navigator name] had a great impact on our mental health and made me feel more confident and safe.” (YP4, Male, Questionnaire)

“She was glued to my side...It used to be ‘mum, come with me’, ‘mum, do this’, ‘mum do that’...I mean in the dark I can understand but when it’s lighter nights ‘mum, it’s alright, I’ll bring myself home.’ It’s just that confidence, which is what you wanted wasn’t it?” (Parent of YP2, Female, Interview)

Participants also reported improved physical and mental wellbeing as a result of both support from the Navigators and from the activities and services they had been referred to. Positive impacts from engaging with the Navigators included feeling *“healthier and happier”* (YP1, Male, Questionnaire), less stressed (*“less stressed and, you know, I have someone to talk to”*, YP3, Male, Interview), less anxious (*“it helped like get my mind off things”*, YP2, Female, Interview), and more able to open up and share how they were feeling (quoted below). Young people discussed several services they were engaged in as a result of referrals from the Navigators, including a further education college course, boxing, drama and music programmes, and counselling. Outcomes from these activities included improved physical fitness, increased confidence, reduced stress, new friendships, and new experiences. Participants who had referrals accepted felt they would continue to engage with these activities in the future.

“Yeah, at the time I didn’t feel myself, now I just feel, like he [Navigator] said, more open up and like better in myself, like better and more confident and stuff like that, do you know what I mean...Just, it doesn’t make you as scared or as nervous or as worried or stuff like that” (YP1, Male, Interview)

“Well now, I’m more fitter. I go boxing because he got me into boxing. I feel more confident in myself like I feel like more energetic and like I feel better in myself, do you know what I mean?... it [boxing] just makes me happy when I do it...it just takes everything off my mind, or if I’m stressed... I was nervous like shy at first but then like a week or two, I just got into it. I just got my head down and started doing it.” (YP1, Male, Interview)

“I’ve always like, I’ve loved drama, and music, and musical theatre. And I think doing this kind of pushed me out of my comfort zone so I’m doing more things with new people, and it gives me something to do instead of just sitting there and not knowing what to do.” (YP2, Female, Interview)

It was clear from participant interviews that engagement with the Navigator programme had given them a greater sense of hope for the future. Participants described it as giving *“support in the right direction”* (YP2, Female, Interview) and *“lead [sic] you a path in life and, like, get you further”* (YP1, Male, Interview). As illustrated in the quotes below, participants described how they had felt isolated and lacked energy and direction when they first engaged with the Navigator programme, but that they now felt more motivated to engage in positive experiences. Two of the participants described longer term positive trajectories for the future as *“just to live a happy life, isn’t it? Like have a nice job, have a nice house”* (YP1, Male, Interview) and *“like thinking about like, what I want to do next... to get a job. And then eventually, like, get my own place”* (YP2, Female, Interview). As one parent summarised *“something horrible happened, but some positives come out of that horribleness. That’s what I said to you wasn’t it? And she said that’s one way of looking at it”* (Parent of YP2, Female, Interview).

“Well at first, I weren’t as confident and like I weren’t feeling myself, do you know what I mean? Like I weren’t doing nothing, I was just like sitting in my house, bored, just on my phone or something, on the game. Like just doing nothing basically and feeling proper down and having no energy and stuff, yeah... Well now... I feel more confident in myself... like I feel better in myself, do you know what I mean?” (YP1, Male, Interview)

“Through [Navigator name] and then her referring me to [service name] has brought out like more confidence and like I don’t know... a lot different... [before Navigators] I wouldn’t like, speak to new people, I’d just like stay with people that I know and then I wouldn’t go out as much. I’d just like stay in the house like stay in, whatnot.” (YP2, interview, female)

Baseline data of the Outcomes Star was available for 29 young people at the time of writing, with data for five young people available at baseline and case closure⁴. The Outcomes Star consists of five scales measuring motivation, skills, aspirations, belonging and resilience. Each scale is made up of two statements which young people score on a scale of 1 (low) – 10 (high) (see Figure 8). Means and ranges for each subscale at baseline is provided in Table 2, in addition to the proportions of young people who scored low (>10) on each scale. In particular, the measure of resilience was low at baseline for over a quarter of young people, and almost one in five scored low on the measure of aspirations (Table 2).

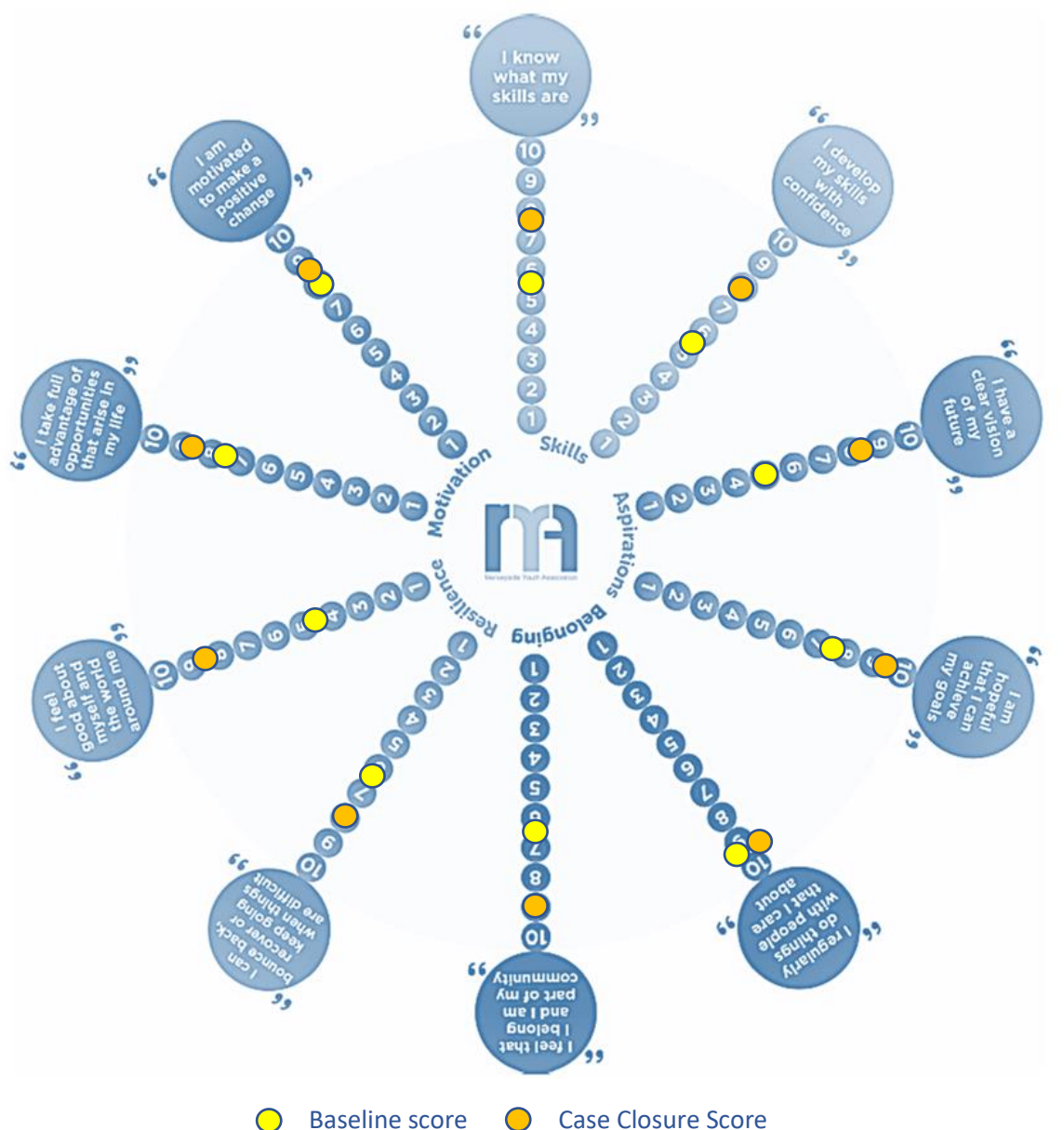
Table 2: Outcomes Star scale data at baseline (n=29 young people)

| Scale | Mean | Range | % score >10 |
|--------------------|------|-------|-------------|
| Motivation | 14.0 | 7-20 | 3.4 |
| Skills | 13.2 | 2-20 | 10.3 |
| Aspirations | 13.2 | 5-20 | 17.2 |
| Belonging | 14.1 | 4-20 | 10.3 |
| Resilience | 11.9 | 5-20 | 27.6 |

Numbers were too small (n=5) to conduct statistical analysis to measure whether there were significant changes from baseline to case closure on any of the individual statements or scales. However, for all statements the mean score was higher at case closure compared to baseline for the five young people for which data was available (Figure 8). Furthermore, for each scale the mean score was higher at case closure compared to baseline: (Motivation: pre, 15.6; post, 17.2); (Skills: pre, 11.6; post, 15.6); (Aspirations: pre, 12.6; post, 17.8); (Belonging: pre, 16.0; post, 18.2); (Resilience: pre, 10.8; post, 16.4). At the time of writing baseline and case closure data of the newly developed Navigator reported measures (see Appendix 1) was only available for one young person so these data are not presented here.

⁴ This includes all young people who completed the Outcomes Star since the beginning of the programme in 2021.

Figure 8: Mean baseline and case closure scores for each statement on the Outcomes Star, (n=5 young people)



Stakeholders from hospital trusts acknowledged that the Navigator programme did not currently have a way to measure longer term outcomes for young people such as recidivism and health, wellbeing, and criminal justice outcomes in adulthood (*“the fruits of this will come out in years to come, about recidivism and health”* Stakeholder 2). However, stakeholders were cautious that a focus on quantifiable outcomes did not capture the full impact of the Navigator programme (*“the true value and effect it shouldn’t just be questionnaires and numbers. This should be the human effect.”* Stakeholder 2). Stakeholders felt that even though the programme only met a relatively small group of young people, they were the right young people who were most in need of Navigator support (*“if it’s only five, it’s really important for those five”*, Stakeholder 1).

Facilitators and barriers

Key findings from the year one evaluation

- Key facilitators to the implementation of the Navigators programme identified in year one were: having a senior NHS lead with responsibility for supporting the embedding of the programme within each trust; regular engagement with hospital staff through meetings, informal discussion and promotional materials; delivering the programme through an already well-established third sector organisation (MYA); taking a flexible approach to implementation; staff supervision to ensure safeguarding and wellbeing needs are being met; and financial and strategic support through the Merseyside VRP and a multi-agency steering group.
- Barriers to implementation experienced during year one included: concurrently filling all the Navigator posts and setting up NHS contracts; mixed understanding of the referral criteria and processes across trusts and departments; and varied levels of engagement from children and young people and parents/guardians.
- Considerations identified for future development and sustainability included: young people's ability to immediately engage due to the severity of their injuries; maintaining the boundaries of the Navigator role for complex cases; further integration of Navigators across teams/hospital departments; importance of face-to-face contact at teachable moments; pressures on NHS services; the ability to measure longer term impacts; and expansion of the programme to consider underlying risk factors for violence.

Facilitators

From young people's perspectives, their relationship with their Navigator was the most frequently highlighted facilitator of a positive experience. Participants described how their Navigator *"made us feel safe"* (YP4, Male, Questionnaire), was *"friendly"* (YP2, Female, Interview), listened to how they were feeling (quoted below), was *"down to earth"* (Parent of YP2, Female, Interview) understood their experiences and *"make you feel comfortable...and who understands you"* (YP1, Male, Interview). These qualities developed a better therapeutic relationship between the Navigator and young person where they felt more able to share their experiences openly *"because if like I didn't understand [Navigator name]...didn't feel comfortable by him, I wouldn't tell him like as much...wouldn't really like get as close to him"* (YP1, Male, Interview). As illustrated in the second quote below, Navigators also felt that when they build successful and open relationships with young people, they felt more able to support them to build positive outcomes.

YP1: "They explained like what they're gonna help me with...like improving and stuff like that. And like he was just like talking about my feelings, how I am and stuff like that, to like make me feel better... like I don't mind talking about feelings like, do you know what I mean?"

I: "What was the difference afterwards? How did you feel?"

YP1: "It was off my chest. That's what it felt like, yeah"

"...he wasn't in a very good place in the first instance. So, it was quite difficult. But certainly, from my perspective, I immediately liked him and the reason why I like him is because he's dead open, and he's dead honest like and he wanted things to get better...he wanted to move forward in a positive way...immediately I was like, well here's a young man that I can really work with that can make a positive impact on, do you know what I mean?" (Navigator 1)

Participant discussions also touched upon the flexibility and responsiveness of the Navigator programme to their needs. Two participants mentioned how they had wanted support but would not necessarily have known how to access this had the Navigator not approached them and that *“was good to have something that quick”* (YP3, Male, Interview). Both of these participants at the time of the interview were waiting for support to begin from services which they had been referred to (counselling and a youth music programme – although this young person was already engaged in a drama group), demonstrating that Navigators was an important transition service at a time when they would otherwise have been without support. Participants also gave examples of how the Navigator programme had responded to their choices and preferences, for example, one participant who had experienced bullying did not want their school to be contacted by the Navigator so that they had *“like a safe space away from school”* (Parent of YP2, Female, Interview). Similarly, the quote below from a Navigator describes how they listened to a young person’s preferences when identifying a suitable counselling service.

“I just think, you know, from when you came in, you’ve been like chatty and open to support, but you’ve also been vocal about like declining things that we’ve mentioned as well so he hasn’t just said yeah to everything, he’s been happy to say no I’m not comfortable with that, which I think is a big part of it, it’s making sure that the young people feel safe enough to say yes or no and there were some things we talked about that he just wasn’t comfortable with like there was... [at] the women’s organisation but it was like male counselling, but I think because women’s organisation name is all over it as well, it can seem like a little bit like would that be for me as like a young male? So, we went down other avenues for the counselling support.” (Navigator 2)

Navigators attributed these responsive and positive relationships with young people to the service being youth worker-led. One participant suggested that youth worker-led Navigator delivery models were more effective than clinician led models due to the youth workers ability to be *“like on the ground...to get that engagement from that young person”* (Navigator 1, Interview). They felt youth workers were well equipped to support young people in crisis, well positioned to refer them to a range of different suitable services and could achieve higher levels of engagement.

Navigators also highlighted that they had continued their work to promote the Navigator service within hospitals over the past 12 months and that they were now seeing a positive impact associated with this. The team had continued attending team meetings and huddles (short clinical meetings which occur at shift handover) but had also undertaken several new engagement activities including junior doctor talks, safeguarding meetings, safeguarding promotion weeks, and a promotional shoot outside the hospital which was included in the LUFHT hospital newsletter. The Navigators felt this engagement had led to high awareness of the Navigator service among Trust staff *“I can’t remember the last time I said to a clinician...‘do you know what a Navigator does?’ Everyone knows what we do...which is a testament to the work that we’ve put in”* (Navigator 1, Interview) and increased referrals to the programme *“our referral rates gone right up...that is a product of the hard work we’ve put in as a team to promote and educate within the hospital environment”* (Navigator 1, Interview). The team continued to receive support from leadership within the trust, as highlighted within the previous year’s report, and Navigators noted that they had received additional support from a senior clinician at Aintree Hospital over the past 12 months by integrating them into trauma ward rounds and weekly emails.

Barriers

Participating Navigators identified two implementation barriers which were continuing to impact effective delivery of the programme. Firstly, the Navigators felt that potentially eligible young people were *“falling between the gaps”* (Navigator 1, interview) particularly those with more minor injuries who could be suitable for early intervention work. At Alder Hey, which had the highest estimate referral rate, the Navigators received regular referrals from Safeguarding and A&E and had access to the hospital IT system which allowed them to *“jump on and see who’s sitting in A&E and for what reason. So that really helps us proactively identify referrals”* (Navigator 2, Interview). At LUFHT the Navigators did not have a dedicated desk within the Royal A&E, which meant the Navigators were *“dependent on clinicians to refer”* (Navigator 1, Interview) and on the safeguarding team. At Aintree Hospital, Navigators had been given access to the trauma wards and daily handover emails, which had improved their ability to access eligible young people.

“...the ward where people are much more patients who have been injured and have been admitted are reachable, they’re reflective...they want to talk...the Navigators now have access to not just my ward, but a number of wards around the hospital where patients who have been injured because of serious violence have been admitted. The second thing is I’ve created an electronic system for the Navigators to be to have a copy of the daily handover lists for patients who’ve been admitted as a victim of violence and they can crawl through those lists...it’s working smarter.” (Stakeholder 2)

Staffing level and continuity of funding also presented a barrier to successful implementation of the Navigator programme. The programme has never had all four Navigator posts filled and one Navigator left their post in June 2023, leaving the programme currently at half the intended staffing level. The Navigators felt that short term contracts and perceived lack of job security had impacted on their ability to recruit and retain staff and staff wellbeing. The year-by-year nature of the Navigator programme funding also impacted on their ability to advertise for new posts. Navigators felt this barrier had a growing impact on their delivery due to the increased number of referrals they had received over the past 12 months. The Navigators had recently had to implement a waiting list but were concerned that their ability to engage with young people quickly *“to be able to engage that young person faster would be massively positively impacted”* (Navigator 1, Interview) and the amount of time they had for each person on their caseload was impacted. Stakeholders also felt that consistency in staffing was also important to help the programme sustain the relationships built within the three hospital sites and with young people (*“I think it’s that consistency...it is about relationships, this type of work and particularly from AED perspective”* Stakeholder 1).

“...whereas last year we might have had like 12 to 18 in the month and a couple of them might not have wanted to see us, whereas now we’re getting 20 to 25 every month and they wanna see us. So, the engagement levels have risen. But now there’s only two of us on the team. We’ve now had to like do a waiting list because even though we’ve got, say 20 last month, we’re still having open caseloads of like 15 each year from January, February that we’re still working with. So, it’s a bit of a backlog. So, whereas when there was all three of us in post and we had 20, it might be manageable. Now it’s not because the engagements have picked up and there’s two of us.” (Navigator 2, Interview)

Sustainability

As previously discussed, the short-term nature of VRP funding was a major barrier to the sustainability of the Navigator programme. However, participants generally felt that the programme could and should be sustained. Participating young people felt the Navigator programme should be sustained to

help young people who found themselves in similar situations as a result of violence. As illustrated in the quotes below, the Navigators felt that they had a working model of Navigator provision that was now well embedded within the two hospital trusts. The Navigators reported feeling confident that if they had a fully staffed team of Navigators, then they could work effectively to meet the demand and provide appropriate support to young people. They also felt there was scope to expand the service provision to other Merseyside hospital trusts such as Whiston and Arrowe Park.

“The actual services that is up and running...So it's mainly, the issue is funding it past 2025...as far as everything else is concerned, it's already in place, we've already got a fully functioning service that is embedded...if they wanted to expand the team and move into the hospitals, obviously the funding would go up, but you know, there are other hospitals. You could move it into Whiston. You could move it into Arrowe Park.” (Navigator 1, Interview)

“The way we kind of work it is, you'll do a couple of days across the hospitals and you'll have like...an admin day where you can catch up with your admin, do home visits or visit out in our community. You mix it up so. I feel like four Navigators across three hospitals...you would have a Navigator in the hospital most days of the week...you would cover more ground and that would pick up the face-to-face of the referrals as well. So, I think that that side would help a lot with the programme impact”.
(Navigator 2, Interview)

Summary and recommendations

This evaluation presents an update on the year one evaluation of the Merseyside Navigator programme provided in 2021/22. The Navigator programme has seen an increase in the number of referrals over the past 12 months with 209 referrals made between June 2022 and July 2023. Navigators felt their continued work to actively promote their service within the two hospital trusts had facilitated this increase in referrals. Comparison with TIIG data suggests that the Navigator programme is currently receiving referrals for 32.5% of young people presenting at AHFT and LUHFT hospital trust. Of young people referred to the Navigator programme, 73.7% of young people are discharged before reaching the “Stabilisation and Outcome Support” stage. This trajectory through the Navigator programme is comparable with previous studies which reported approximately one third of young people referred to Navigator services did not participate due to factors including distrust, fear of police involvement, and reluctance to disclose the cause of their injury (Goodall et al, 2017; Gaffney et al, 2021). Communication log data from the Navigator team highlights that a proportion of young people’s first contact with the Navigator service is via text or letter, with the Navigators making multiple attempts to engage each young person. Our evaluation suggests a number of service level barriers may be compounding young people’s non-participation including reduced staff capacity (as the programme is not running at full staffing level), which was limiting the Navigator’s ability to make a face-to-face first contact for all young people. Previous research in the West Midlands found that more young people who first met a Navigator face-to-face (85.0%) went on to successfully engage with the programme when compared to those who were first contacted via telephone (54.6%) or via another method (20.7%) (Butler et al, 2022b).

The Navigators have largely maintained fidelity to the original Navigator model with amendments made to the length of their referral form, recording of outcome measures and a more flexible approach taken to the time-lapse before follow-up appointments. For young people, their engagement with the Navigator programme was facilitated by a trusted therapeutic relationship with

their Navigator and the flexibility and responsiveness of the service to their needs, with young people being linked to services they felt they would not have otherwise accessed. Navigators felt that being a youth worker-led service was key in achieving this responsiveness and trust. This agrees with previous research that suggests forming a connection with the young person and offering a range of modalities, facilitated successful implementation of Navigator programmes (Gaffney et al, 2021). However, funding restrictions meant the Navigator programme has never successfully recruited to the four proposed Navigator posts, with only two Navigators in post at the end of the reporting year. This is impacting upon the Navigator programme's ability to meet the growing demand for their service.

Qualitative data from participating young people suggests high acceptability of the Navigator programme and young people reported several positive outcomes as a result of their engagement including: increased confidence, safety, and independence; improved physical and mental wellbeing; and a greater sense of hope for the future. The Navigator team have worked to increase the available evidence on successful outcomes for young people engaging with the programme by using a bespoke distance travelled tool (which has been designed by the Navigator team) to collect outcome data. This is complemented by practitioner-reported measures, questionnaires and interviews with the evaluation team at follow-up, and development of case studies. However, these still remain in low numbers and limit the conclusions which can be drawn about the effectiveness of the Navigator programme for participating young people. This aligns well with the existing literature, where evidence of the impact of Navigator programmes on preventing further violence and crime comes entirely from the US and Canada (Brice and Boyle, 2020). Conversely, UK based programmes tend to have small, qualitative samples and focus on programme implementation rather than outcomes (Goodall et al, 2017; Castro-Bilbrough et al, 2021; Butler et al, 2022b; Wavehill, 2022; Newbury, 2022). Similar to the experiences of the Merseyside Navigator programme, previous research has identified that engaging with young people to explore impacts once they have been discharged from Navigator programmes and are no longer in a "teachable moment" can be challenging (Goodall et al, 2017; Castro-Bilbrough et al, 2021; Wavehill, 2022; Newbury, 2022). The Navigators implemented new self-reported outcome measures in collaboration with the evaluation team in May 2023, and it is anticipated that these measures should improve the evidence on the effectiveness of the programme over the coming year.

Overall, the findings from year two of the Navigator programme suggest positive progress in implementing the Navigator programme in LUFHT and AHFT with growing awareness of the programme and increased referrals. The Navigator programme has been largely successful in embedding their service within the two hospital trusts but insufficient are preventing the programme from reaching full fidelity. Participating young people reported high acceptability of the programme and there is emerging qualitative evidence of positive outcomes. However, the lack of outcome data limits the conclusions that can be made about the effectiveness of the programme within this evaluation.

Recommendations

Strategic

- Develop a strategy for identifying and securing long-term funding for the Merseyside Navigator programme, to ensure the programme is running as intended (with all Navigators

roles filled) and there is adequate 'full intervention' delivery time (e.g., 24 months) to establish, implement, and assess outcomes, and if relevant expand to wider NHS settings.

- Continue to develop and consistently implement a strategy for monitoring and measuring outcomes and impacts, including impacts for children and young people, and wider beneficiaries and services (including repeat attendances to healthcare settings across the region), and commission an on-going process and impact evaluation.
- Liaise with other Hospital Trusts within Merseyside to scope the demand and need for Navigators within their hospital sites.

Programme implementation

- Ensure the Navigator programme is fully staffed (four navigators in post) to relieve case load pressures and allow accurate assessment of programme fidelity and feasibility.
- Use support from the Steering Group to ensure accurate identification of eligible young people within the trust.
- Build processes for embedding Navigators within the A&E at the Royal Liverpool Hospital to ensure accurate identification and prompt engagement with eligible young people on site.
- Using a responsive approach to follow-up (which may be shorter than the 3-month period), ensure that feedback is collected from all young people exiting the Navigator programme.
- Consider the value of each hospital trust providing safeguarding supervision and psychological support for Navigators in light of the complex and emotionally challenging work undertaken.

Programme monitoring and evaluation

- Routinely implement the adapted routine data collection processes (distance travelled tool and practitioner completed Strengths and Difficulties Questionnaire) to ensure processes of implementation, outcomes, and impacts can be fully captured and evidenced.
- Ensure the client journey captures the 'light touch' pre-engagement work that Navigators implement for some patients, prior to initial assessment (considering also that some may not go on to engage in the initial assessment). This pre-engagement work should be considered in programme monitoring. The implications of this for future impact evaluation should also be considered.

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Appendix 1: Navigator reported outcome measures for young people at baseline and case closure

Score each of the below on a scale of 0 – no risk identified, 1 - low risk, 2- medium risk, 3- high risk, 4 very high risk

- Risk of young person of experiencing violence/abuse from others
- Risk of young person participating in violence/abuse towards others
- Risk of exploitation (criminal, sexual, grooming)
- Risk of young person experiencing non-violent criminal behaviour from other others
- Risk of young person participating in non-violent criminal behaviour
- Risk of young person continuing a lifestyle that exposes them to further harm/injury

Score each of the below on a scale of 0 – never, 1 - sometimes, 2- often, 3- always, or don't know

- Young person frequently experiences low mood and/or poor sense of self-worth
- Young person describes or demonstrates hyper-impulsivity / hyper-impulsive behaviours
- Young person demonstrates or describes self-neglecting behaviours
- Young person is currently or recently self-harming(ed)
- Young person is experiencing poor mental health (e.g. anxiety, paranoia, depression)
- Young person is experiencing poor sleep
- Young person uses alcohol/substances
- Young person feels unsafe

Answer the below questions with yes, no, don't know – for the baseline assessment this will relate to any time prior to engaging with the navigators, whilst for the case closure assessment this will related to any time since they engaged with the navigators.

- Young person has or is recently going missing
- Young person has previously attended hospital for adversity related injury (apart the current incident)
- Young person is not engaged/not willing to engage with professionals or agencies
- Young person is not in education, training, or employment
- Young person does not identify positive or healthy relationships with peers
- Young person does not identify positive relationships within their family
- Young person is experiencing instability in their home life
- Young person associates with people who carry weapons and/or have previously been assaulted (shot/stabbed)
- Young person is not registered with a GP
- Young person has experienced violence/abuse from others
- Young person participated in violence/abuse towards others
- Young person experienced non-violent criminal behaviour from other others
- Young person participated in non-violent criminal behaviour