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Service evaluation of the Merseyside Navigator Programme (July 2023-June 2024)

Chloe Smith, Jane Harris, Jennifer Germain, Zara Quigg

**MERSEYSIDE**



**NAVIGATORS**



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to live in Merseyside.  
Not in fear.

# Service evaluation of the Merseyside Navigator Programme

(Year 3 – July 2023 to June 2024)

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## About this report

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

Evaluation outputs are available on the MVRP website: [www.merseysidevrp.com/what-we-do/](http://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 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 the Merseyside Navigator programme. This report presents an update on the programme in year three, following on from the previous report published in year two (Harris et al, 2023).

### 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 224 young people referred to the programme between July 2023-July 2024 (and comparison to year 1 and 2). 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 eight young people accessing the programme (interviews=5, questionnaires=1, case studies presented by Navigators=2).
- Analysis of programme documentation and observation of key activities (e.g., steering group meetings).

### Findings:

- There were 224 referrals made to the Navigator programme between July 2023 and June 2024, a slight increase on the previous year (n=209).
- Programme data (available for n=210) reports that 66.7% 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. This is an improved level of engagement compared with the previous year, with 33.3% of referred young people engaging in some level of support from the Navigator programme between July 2023 and June 2024 (compared with 20.6% from July 2022 to June 2023).
- The Navigators have continued to maintain fidelity to the original model. This is the first year that the programme has had all four Navigators in post, which is allowing the Navigator programme to meet growing demand for the service. One of the four Navigators now works exclusively at Alder Hey Children's hospital due to the demand for the service.
- The development of trusted therapeutic relationships and the Navigator's flexible approach to providing support facilitated young people's engagement in the Navigator programme, which is consistent with previous evaluations. Navigators appreciated that taking a youth

worker approach allowed young people to feel at ease in their interactions with the Navigators.

- However, hospital staff capacity to make referrals to the Navigators and high staff turnover in the emergency department (ED) were recognised as ongoing challenges, which may impact referrals to the Navigator programme.
- As with previous evaluations, participating young people reported high acceptability of the Navigator programme and highlighted several positive outcomes including better opportunities for education and employment, increased confidence, improved physical and mental wellbeing, and a greater sense of hope for the future.
- Both stakeholders and participating young people felt it was important that the Navigator programme continues. Stakeholders viewed the Navigator programme as sustainable. It was felt that the model of delivery is working well and is embedded within the three hospitals, particularly now that all four Navigators are in post.
- However, stakeholders acknowledged that Merseyside VRP funding would no longer be available to support the programme after 2025 and discussed the uncertainty of the programme going forward. Stakeholders recommended several funding pathways that should be considered to ensure the programme is sustained.

## Recommendations

### Strategic

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

### Programme implementation

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

## Programme Monitoring and evaluation

- Routinely implement the adapted routine data collection processes (distance travelled tool) 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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## Introduction

Across the United Kingdom (UK), hospital-based violence prevention programmes (also referred to as Navigator programmes) have been implemented in various locations, as part of a broader suite of interventions developed in answer to a national focus 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; Sutherland et al, 2023). 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, measuring the impact of these programmes on young people is challenging and further evaluation is needed (Brice et al, 2020; YEF, 2022, Sutherland et al, 2023). In July 2021, the MVRP commissioned LJMU to conduct a service evaluation of the 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 three, following on from the full reports published in years one and two (Quigg et al, 2022; Harris et al, 2023). A final report, summarising all of the evidence gathered, will be published in December 2024.

### 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 three acute hospital settings (AHFT and Aintree and Royal Liverpool hospitals, LUHFT) 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, Navigators take a personalised approach to engaging and supporting children and young people. Critically, the role of the Navigator is to identify eligible children and young people, assess their needs and where relevant refer them for wider support in the community, and follow-up with children and young people 3-months post-initial assessment to assess progression and identify any wider support needs.

*“When you’re lost, you can turn to them and they can help you navigate your way back to freedom yourself” (YP5).*




## Evaluation objectives

The service evaluation has two core objectives:

- 1) To monitor and describe the early development and implementation of the programme.
  - To describe the implementation of the programme.
  - To explore the uptake of the programme 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:

	<p>Qualitative data from eight young people who had completed the programme from semi structured interviews (n=5), qualitative questionnaires (n=1) and case studies presented by Navigators (n=2).</p> <p>Semi-structured interviews (n=5) with Navigators and key stakeholders focusing on adaptations to the programme, outcomes, and sustainability.</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=224) and newly implemented outcome measures (n=37).</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 2023 to June 2024.</p>

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



## Findings

### Who is accessing Navigators? (Reach)

#### Key findings from the year one and two evaluation

- Throughout 2021/22, stakeholders implemented a number of measures to raise awareness of the Navigator programme through attending Trust management and staff meetings, using promotional materials within each hospital, and presentations at community conferences.
- To be eligible for the programme, children and young people must be aged between 10-24 years and identified by a hospital staff member 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 while 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.

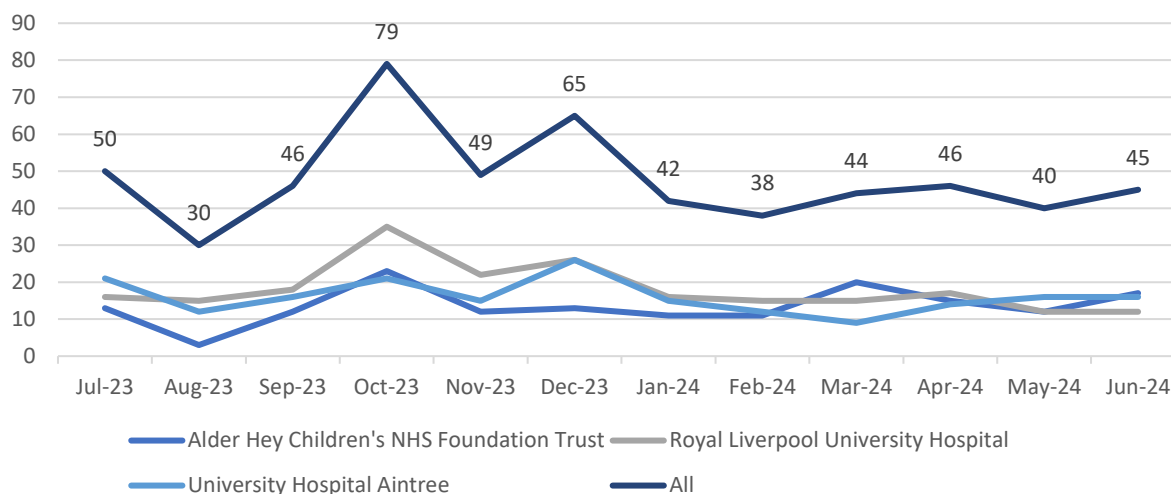
### Assault related attendances at LUFHT and AHFT, July 2023 – June 2024

Data collected by the Trauma and Injury Intelligence Group (TIIG) reports that there were 574 assault related attendances among 10–24-year-olds to AHFT and LUFHT between July 2023 and June 2024 (Alder Hey n=162, Royal Liverpool n=219, Aintree n=193). Young people aged 10-24 years accounted for 29.7% of all assault attendances at the two trusts. Overall, 75% of attendances were male (Alder Hey = 74%, Royal Liverpool = 75%, Aintree = 76%) and the mean age of attendances was 20 years (Alder Hey = 15 years<sup>1</sup>, Royal Liverpool = 20 years, Aintree = 21 years). Where recorded (n=530), 50% (n=267) of assaults occurred in a public place and 18% (n=96) took place in the home, 39% (n=254) reported “fist” as the weapon of assault and 5% a knife or sharp object (bottle, glass, bladed or sharp object). Just under half of assaults (47%, n=268) were discharged from hospital (27% discharged with no follow-up treatment and 20% discharged to GP), 14% (n=75) were admitted to hospital, and 13% (n=77) 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.

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<sup>1</sup> All attendees at AHFT were aged between 10-17 years.

**Figure 1: Assault-related A&E attendances (aged 10-24 years only) by month and year, July 2023-June 2024**



### Number of referrals (July 2023-June 2024)

Between July 2023 and June 2024, the Navigator programme received 224 referrals (Alder Hey n=151, Aintree n=41, Royal Liverpool n=41). This was a small increase in the number of referrals seen in the previous year of the programme (n=209, July 2022 to June 2023). 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 2024. Over two thirds of referrals (67.4%) came from Alder Hey.

The majority (89.2%, n=200) of referrals were made online via Merseyside Youth Association’s online system (IAPTUS), with the remaining referrals received on-site in A&E or on the ward. The primary sources of referral were A&E (n=110, 49.1%) and Safeguarding (n=53, 23.7%), with the remaining referrals coming from the Trauma team (n=40, 17.9%), CAMHS (n=15, 6.7%) and other sources (n=2, 0.8%)<sup>2</sup>. The primary reasons for referrals (figure 3) recorded were ‘serious youth violence’ (n=79, 35.3%), ‘actuated physical injury’ (n=52, 23.2%), and ‘bullying’ (n=35, 12.9%). The remaining referrals with reason recorded<sup>3</sup> were due to ‘Child Criminal Exploitation’ (CCE, n=16, 7.1%), ‘domestic violence’ (n=14, 6.3%), ‘Child Sexual Exploitation’ (CSE, n=6, 2.7%), and ‘self-harm’ (n=5, 2.2%). Most young people referred identified as male (n=167, 79.5%)<sup>4</sup> and among those referred within the eligible age range<sup>4</sup> (n=206 92.0%), the mean age was 15 years.

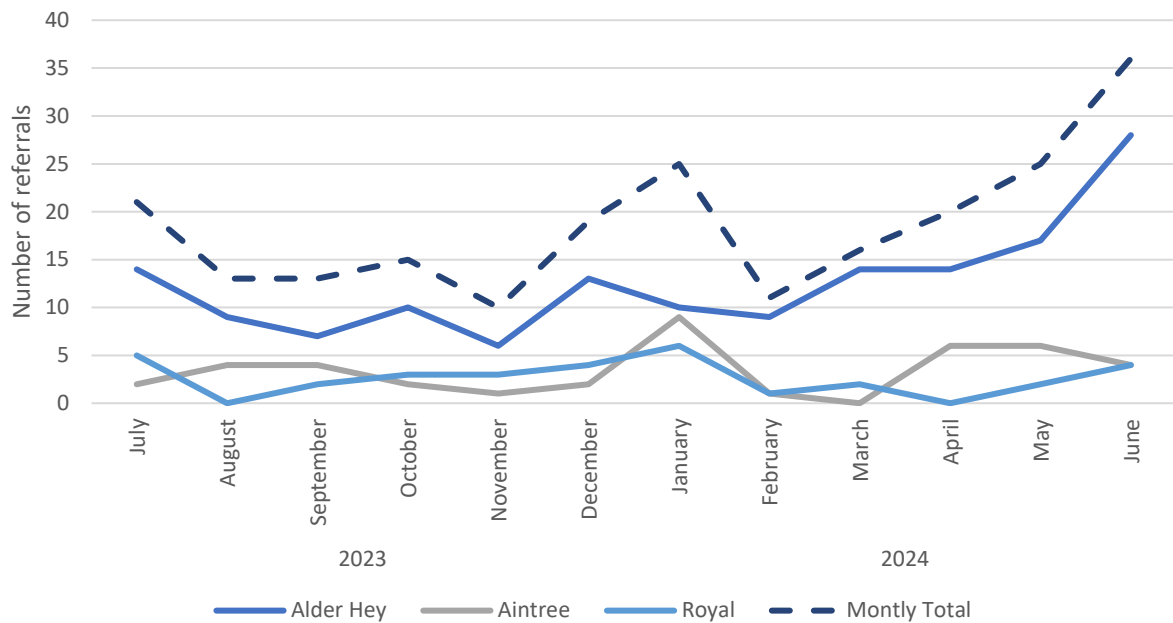
Interviewed stakeholders described how young people who are referred to the Navigators have a range of varying and complex needs, including poor mental health, gaps in education and employment, and low self-confidence. The Navigators also highlighted a substantial proportion of young people with disabilities or who are neurodiverse. They felt well equipped to deal with these needs, describing how their background in youth work gave them the flexibility to adapt their delivery to young people’s needs.

<sup>2</sup> Source of referral data was not available for 4 young people.

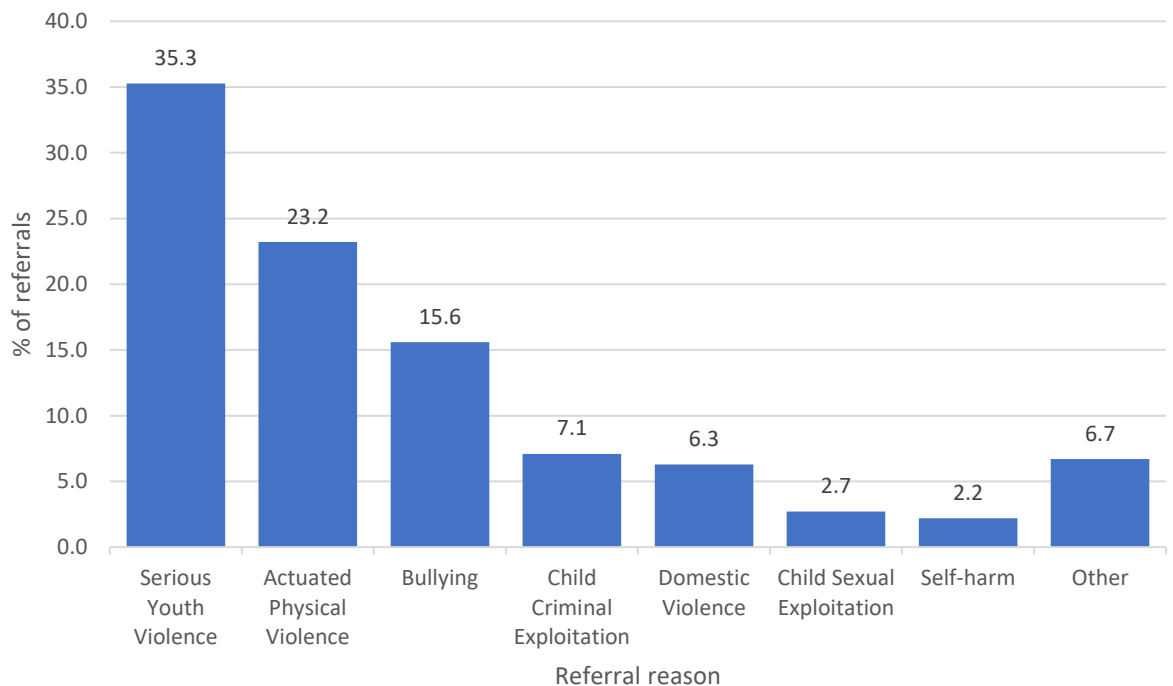
<sup>3</sup> Reason for referral data was not available for 2 young people.

<sup>4</sup> Age and gender data was not available for 14 young people, 4 young people were aged over 24 years.

**Figure 2: Number of referrals by month and hospital site (July 2023- June 2024)**



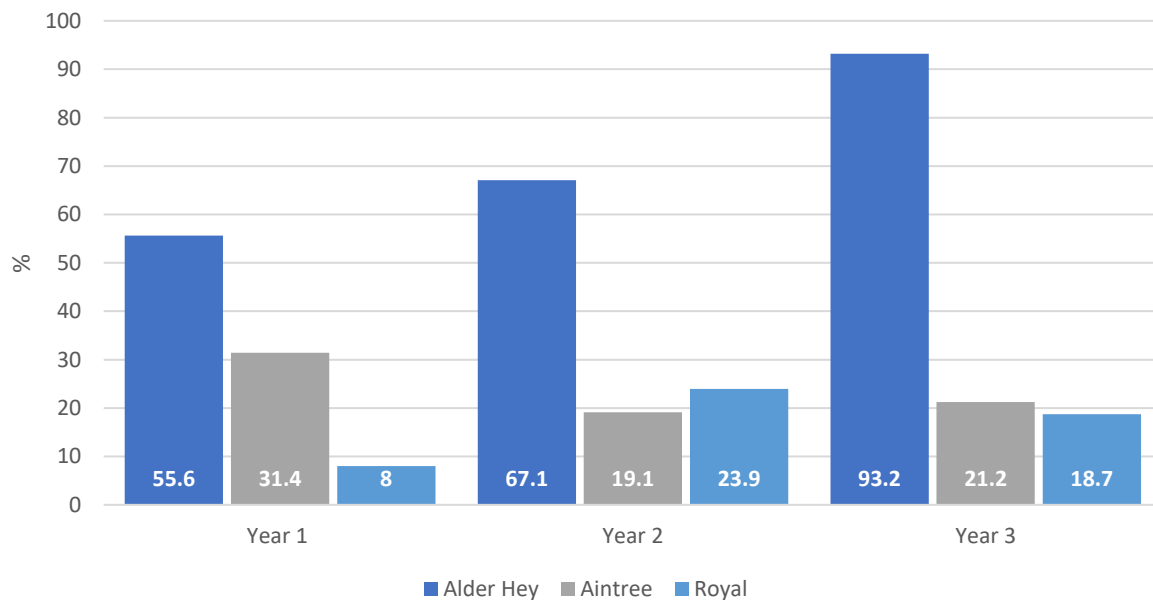
**Figure 3: Reason for referral (July 2023 to June 2024)**



Referral data from the Navigator programme was compared with TIIG data for 10–24-year-olds from the same period to calculate a referral rate for each hospital site (figure 4). The referral rate was highest at Alder Hey where 93% of eligible young people were referred to the Navigator programme, followed by 21.2% at Aintree, and 18.7% at Royal Liverpool. This represents considerable increase in referral rate at Alder Hey where 67.1% of eligible young people were referred the previous year. The referral rate at both Aintree and Royal Liverpool have seen slight decreases from the previous year

(Aintree =23.9%, Royal Liverpool =19.1%). The reasons for these varied referral rates are discussed in the facilitators and barriers section below.

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



### Level of engagement

Engagement data was available for 210 of the 224 referrals made, and 140 were closed either due to no contact (n=66, 29.5%), non-engagement (n=15, 6.7%), the young person being ineligible (n=4, 1.8%), or because the young person declined support (n=55, 24.6%). In total, 33.3% (n=70) of young people referred (for whom data was available, n=210) engaged with the Navigator programme, which was a higher level of engagement compared with the previous year (20.6%, n=43).

The Navigator programme works on voluntary engagement, thus *“it’s completely down to whether they [the young person] want to participate in it or not” (S1)*. Stakeholders identified several factors that influenced young people’s engagement in the Navigator programme. Engaging with young people whilst they are in hospital was seen as a facilitating factor, providing a *“reachable, teachable moment” (S2)* where face-to-face engagement could encourage the development of trust between the Navigators and the young people. As one stakeholder explained, *“being able to see someone face-to-face and explain who you are and what it [the Navigator programme] is, it’s much more positive towards in terms of positive engagement” (S3)*.

In contrast, young people or parents/guardians who are contacted via phone after hospital discharge *“might be a little bit more inclined to just say, Oh, no, it’s okay... we don’t need this, or we don’t want that” (S2)* due to a distrust in services. It was also recognised that it can be difficult to maintain contact with a young person after they have been discharged from hospital - *“Liverpool is just notorious, people have a new phone number every week...regularly, we get referrals for all sorts from A&E and then I’ll ring up and check and it’s the wrong number” (S3)*. Stakeholders felt that even when a young person declined support, meeting a young person in the hospital was *“still an opportunity to have that*

*reachable, teachable moment” (S2) by increasing young people’s awareness of support available should they need it in the future.*

*“You’ll kind of ring them, they don’t know you, so they’re less likely to engage just because they don’t know who you are and there’s trauma there. And there’s often distrust in services...if they’ve met you, they’re a lot more likely to kind of answer the phone and go ‘oh, its [navigator name], we met him in ED, he was alright.” (S1)*

## 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 5. Throughout all stages, a personalised approach to engaging and supporting children and young people is offered/provided.

### Key findings from the year one and two 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 week) 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 years one and two, the programme had been delivered largely as intended apart from some delays in implementation and staff recruitment. Navigators had piloted different shift times to increase referrals and uptake. Year two of the programme saw minor changes to delivery, including taking a more flexible approach to scheduling follow-up reviews with young people (rather than a fixed three-month period) to maximise engagement, shortening their online referral form to facilitate easier completion, and a new method to capture outcome data with young people (replacing the Strength and Difficulties Questionnaire with the in-house designed distance travelled tool measure).

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

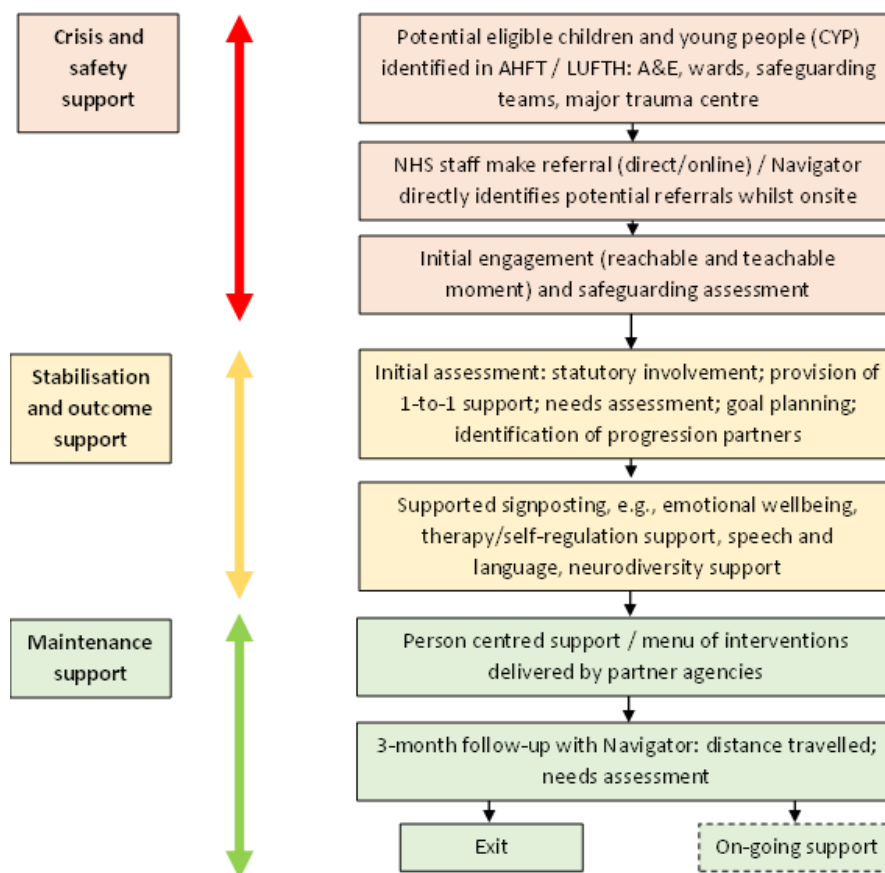


Table 1 provides a summary of young people referred to the Navigator Programme between July 2023 to June 2024, for whom data was available (n=210). As previously discussed, the majority of young people (n=140, 66.7%) had exited the programme at the crisis and safety support stage either due to being ineligible, declining support, or non-contact.

**Table 1: Last stage of Navigator support recorded (June 2024) for young people referred into the programme July 2023-June 2024**

	Navigator Programme Stage	Number of	
		YP	%
<b>Crisis and safety support</b>	Referral Closed - Declined Support	55	24.6
	Referral Closed - No Contact	66	29.5
	Referral Closed - Non Engagement	15	6.7
	Referral Closed - Not Eligible	4	1.8
	Enter Navigators	11	4.9
<b>Stabilisation and outcome support</b>	Navigator Needs Assessment	2	0.9
	Navigator Hopes And Fears	2	0.9
	Family/ Social Life	4	1.8
	Navigators On Hold More Information Required	5	2.2
<b>Maintenance support</b>	Enter Primary Intervention	1	0.4
	Navigator Referral Education Training or Employment	2	0.9

	Navigator Referral Mental Health	2	0.9
	Navigator Referral Social Support: Clubs	1	0.4
	Navigator 3 Month Review	1	0.4
	Referral Closed - Signposted To Support Services	28	12.5
	Referral Closed - Successful Completion	11	4.9
<b>Total</b>		<b>210</b>	

The case studies below illustrate the journey of two young people through the Navigator programme. As the case studies show, Navigators will tailor support to the young person's needs to create a bespoke package of support. These case studies also demonstrate the complexity of young people's needs, with Navigators often having to work outside of their remit to provide support. As demonstrated in case study 2, some young people referred to the Navigators will already be receiving support from other professionals. Navigators described how they connect with any professionals already working with the young person to discuss how they can best complement this ongoing work and prevent duplication of support. As the case studies illustrate, examples included engaging with schools, universities, CAMHS workers and attending family in need meetings. Working collaboratively with professionals already supporting a young person also allowed the Navigators to gain a deeper understanding of the young person's needs and background and provide more tailored support and signposting - *"because of the way we meet them, we're kind of coming up with like, 25% of the knowledge until we, we can do a little bit of digging around"* (S1). As illustrated in the quote below, in some cases this may lead to the Navigator withdrawing support if they felt the young person's needs were already being met through existing avenues of support.

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

Navigators are flexible with the setting in which they will see the young person to facilitate engagement including home, school and via telephone. For example, one stakeholder highlighted that young people who are neurodiverse may find *"meeting in an office can be a bit overwhelming for them, and that's when you kind of offer your home visits or meeting in the community where it's easier for them [if] they recognise the place"* (S1). Young people liked that they had a choice of where the programme was delivered. One young person decided that meeting the Navigators face-to-face at their offices worked best for them as *"phone calls are a bit difficult. By the end of the phone call, I can't remember the beginning"* (YP4), whereas another young person liked that they could speak to the Navigators over the phone as *"I'm really lazy so I don't like getting out of bed most of the time"* (YP2).

Navigators often accompany young people when they attend new services for the first time to encourage their engagement - *"I'll take them to it, introduce them to the staff there, that type of stuff. And then it gives them the opportunity then to just settle and then over time, I'll gradually reduce how much I'm there and then kind of just keep checking in"* (S1). Many young people expressed that they felt anxious before attending a new service but having their Navigator with them eased their nerves and encouraged their engagement- *"I wouldn't want to go on my own"* (YP4).



## Case study 1 (Interview)

Young person 2 (YP2) was referred to the Navigator programme following a suicide attempt. He had a cocaine addiction and had been expelled from university due to being deemed not fit to study. YP2's mother passed away when he was 10 years old, and he did not have a good relationship with his dad. He did have an aunty and uncle; however, he did not have a strong relationship with them. At the time of the referral to Navigators, YP2 was not in receipt of any support. As a result of being expelled from university, YP2 was no longer allowed to stay at his accommodation and without any family to support him, he became homeless. YP2 was initially hesitant to accept support from the Navigators as he felt he was not emotionally or mentally ready to consider the offer of support. Once he was discharged from hospital, the Navigators followed up on their offer of support via phone, which YP2 accepted.

The Navigator took an advocacy role for YP2, for example attending meetings with the university to appeal the expulsion. As a result, the university agreed to a suspension on the condition that YP2 complies with the referrals that the Navigators put in place. It was acknowledged that although the university knew the circumstances, they did not provide any support or guidance for YP2. Without the support of the Navigators, YP2 recognised that he would have had no support - *"He did not have anybody to turn to. I'm glad we were there" (S2).*

The Navigators also worked to reduce the risk of YP2 sleeping rough. YP2 was referred to Whitechapel, housing options, Property Pool Plus, and Powerhouse. The Navigator attended meetings with these organisations to ensure YP2 was appropriately supported. It was acknowledged that it can be difficult for rough sleepers to get in touch with the appropriate services, with up to a two hour wait to speak to a professional who can support them with finding accommodation for the night and often not enough accommodation to house everyone. Due to these complex systems, on one occasion, the Navigators paid for YP2 to spend the night in a hotel to avoid YP2 from sleeping rough. YP2 has also had a night in a hotel from Careline and has self-funded several nights in a hotel. More recently, Whitechapel have been able to put him in a hotel until a hostel is available. YP2 highlighted that without the Navigators, he would not have known where to go - *"I wouldn't have known what to do if I didn't have Navigators" (YP2).*

YP2 has a part-time job, which was affected by his circumstances. YP2 was not allowed to have his phone with him during shifts, which made it difficult when trying to find accommodation for the night as he would have to ring services and could be on hold for long periods. The Navigator advocated for YP2 and rang the employer to explain the situation. Following this, YP2 was granted a period of leave by his employer. More recently, YP2 has been able to return to work and increase the number of shifts he works, due to feeling more stable as a result of the support received by the Navigators.

Additionally, the Navigator referred YP2 to counselling and a local drug and alcohol service, We Are With You. YP2 initially felt that he wanted to address his drug use himself and felt shame about accessing support; without the support and encouragement from the Navigators, he wouldn't have engaged with this support.

Once support was established, the Navigators took a step back to allow YP2 independence in managing his support. Since then, the Navigators have been in contact with YP2 at least every other day via phone, with face-to-face meetings weekly. The Navigators are hoping to keep YP2's case open over the summer period and potentially go with him for his first few days of university to ease the transition back into education and allow for the Navigators to update teaching staff on YP2's situation. It was felt that keeping the case open would also enable the Navigators to know that they have provided adequate support before closing the case. YP2 acknowledged that he feels positive about returning to university. He recognised that the Navigator programme had prevented him from being expelled from university and had significantly improved his life - *"[Without the Navigators], I don't even want to think about it... my life would have been a lot worse" (YP2).*



## Case study 2 (Navigator case study)

Young person 7 (YP7) was referred to the Navigators by ED staff following an assault. At this point, he was placed on the waitlist and the Navigator made contact after he was discharged from hospital. An initial meeting was set up between the Navigator and YP7, however, this had to be rescheduled due to family matters. The Navigator was flexible to the needs of the young person and at a more appropriate time, the Navigator met with YP7 where they did an assessment of basic needs. Through this, they identified that YP7 needed support with mental health and wanted to improve his physical health. Through further conversations with YP7's mother, it became apparent that YP7 has autism and was in the process of getting an Education Health Care Plan (EHCP).

To support YP7's mental health needs, the Navigator linked in with CAMHS. Following a period of time on the waitlist, YP7 was assigned a CAMHS worker who began to work with him and provide support. To improve YP7's physical health, the Navigators signposted him to a series of recreational activities, including a local boxing gym, football and a youth club. YP7 decided to engage with the local boxing gym but was not interested in the football club or the youth club. YP7 also wanted to learn how to ride a bike and he was signposted to BikeRight, which he began engaging in.

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

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

## Fidelity

As with the previous two years, the Navigator programme has continued to be delivered as intended, with no significant changes to the programme or the role of the Navigators. However, for the first time since implementation, all four Navigators are now in post. This remedies the barrier to delivery identified in the year two evaluation. Stakeholders explained that this has prevented waitlists and allowed Navigators to be more visible within the ED. As a result, it was felt that hospital staff are more aware of the Navigators leading to more referrals and fewer cases being missed.

*“Things were slipping through the net so at least we’ve got that capacity to catch them.” (S5)*

The increase in the number of Navigators from two to four has enabled one Navigator to be exclusively based at Alder Hey as *“a presence who could offer support to medical teams to provide assistance to the young person or their family members” (S4)*. Stakeholders explained that as a result hospital staff have become more familiar with the Navigator programme within Alder Hey, thus *“referrals have increased and definitely the waiting time has gone down. Things are being picked up almost immediately and followed up” (S3)*.

*“It allows me to have some relationships with the staff that I feel I wouldn’t have [had] if I wasn’t there as much. And it’s worked in sense of young people I may have missed...when I’ve been kind of around in Alder Hey, someone’s pulled me [and] gone I don’t know whether to make this referral, what do you think? And that’s sort of a referral that they wouldn’t have made if I wasn’t there.” (S1)*

## Acceptability and outcomes

### Key findings from the year one and two evaluation

- In years one and two, 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 a 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 referrals and engaging with additional support services; and de-escalating tensions/aggressive behaviours within the hospital setting.
- Year two of the evaluation demonstrated a number of short-term positive outcomes for young people who had completed the Navigator programme, including increased confidence, increased feelings of safety, improved family relationships, improvements to physical and mental health, better ability to express their emotions and a greater sense of hope for the future. Outcomes from engaging in services that the Navigators had signposted to included improved fitness, reduced stress, new friendships, and new experiences.

### Acceptability

As with previous evaluations, participating young people reported high acceptance of the Navigator programme. Young people expressed some initial reluctance to engage with the Navigators due to

unfamiliarity with the service and negative previous experiences with other support services - *“I didn't want to come at first” (YP4)*. Young people often found being in hospital a stressful and overwhelming situation and did not always feel they were able to make an informed decision regarding their participation in the programme. One participating stakeholder similarly reflected on whether the hospital environment was always the most appropriate “reachable moment” for young people who have experienced trauma - *“for those people who are sitting there, like waiting to see the Doctor whose arm's really killing them... You can't count that as a reachable moment” (S5)*. As illustrated in the quotes below, some participating young people felt more able to understand the benefits of the Navigator programme and were more willing to engage when they had left hospital, highlighting the importance of consistent follow up after face-to-face meetings with Navigators.

*“I didn't really know much to be honest. I was really tired and stuff, because I had an IV in my arm. But yeah, I looked into it when I'd like, went back to my accommodation...and then he rang me a few days later ... yeah, I was a bit overwhelmed at the time.” (YP2)*

*“I was confused. I was more confused about what they were. Yeah, just didn't understand it.” (YP5)*

Nonetheless, young people felt that once they understood the service more, they were happy to engage – *“I got the chance to ask more questions, and then understand more” (YP5)*. All young people were glad that they decided to engage with the Navigators and were complimentary of the support that they had received. Young people felt that the sessions were an appropriate length of time and were easily accessible - *“Like it's easy to get to and it's not too long, not too short” (YP4)*.

*“It's been helpful with me in basically every category. There's not much I've really needed help with that they couldn't help.” (YP5)*

## Outcomes

All young people recalled seeing positive impacts as a result of engaging with the Navigator programme. In the short term, young people highlighted that having someone there to listen to them and advocate for them was a positive outcome of the programme - *“it's nice to know we've got someone in your corner I suppose, and I'm not used to feeling like that. So, yeah, it's nice” (YP2)*. Young people spoke at length about how the Navigators have encouraged them to engage in services that they otherwise would not have accessed, acknowledging that they would have felt too much shame to access support, or that they wouldn't have known where to go - *“I didn't want to ask for help. It was the shame of it as well, you know” (YP2)*. Several young people highlighted that although their parents had suggested services for them to engage with previously, it wasn't until they had support from the Navigators that they felt able to engage. Young people discussed the various activities they were engaged in as a result of referrals from the Navigators, which included boxing, youth clubs, a pony sanctuary, counselling, support for housing, drug and alcohol support, and attendance at career events.

*“I have offered him stuff but obviously mum asking you to do stuff is not really cool is it? And then not having the male role model, once he's got that, he has engaged more in doing them things.”  
(Parent of YP1)*

Young people shared how they have increased their attendance at school and achieved positive employment outcomes as a result of the support that they have received from the Navigators. Several young people were out of education and employment when they first engaged and the Navigators

were able to support them to reengage in education, whether that be by supporting a young person transferring schools or appealing an expulsion - *"I'm back in school now, which is good"* (YP1). Without the support of the Navigators, one young person explained *"I just would of been kicked out [of university]"* (YP2). In terms of employment, one young person had been supported to attend an army recruitment centre and another was encouraged to speak with a professional working in the NHS regarding a future career in nursing. Both felt as though these experiences increased their opportunities for future employment. For one young person, the Navigators advocated for them by contacting their employer to explain the young person's situation and why they may feel demotivated with work or miss shifts. Following this, the young person was granted a leave of absence from their workplace. Since then, the young person explained that the Navigators have helped to stabilise aspects of their life so that they were able to increase the number of shifts at work *"because I'm not as unreliable"* (YP2). The Navigators also helped young people to navigate complex systems; in one instance, a young person was supported to access emergency accommodation to prevent homelessness and rough sleeping - *"I was like looking at flats and I had no idea what to do...So I wouldn't have known what to do if I didn't have Navigators"* (YP2).

*"I've been able to move schools faster, and I've been able to meet new people and be out often and have an excuse to actually be outside."* (YP5)

In turn, young people felt that the programme has positively impacted their mental health and wellbeing, with several young people explaining how the support they have received has helped their mood. One young person explained, *"I was like angry and that at first...how zen I've been over the past couple of days is unreal"* (YP4). This finding is consistent with previous evaluations, where participants also reported improved physical and mental wellbeing as a result of both support from the Navigators and from the activities and services that they had been referred to. Additionally, the positive effects of the programme on family relationships observed by young people during the second-year evaluation were also reported by the participants in this year's evaluation. Parents explained that they felt relieved knowing that their child was able to get out of the house under the supervision of the Navigator, who was seen as a trusted adult. One young person explained how the support from the Navigators has helped her relationship with her dad by reducing anger and arguments - *"I was like flipping out all the time, he'd get like stressed over me punching things, so he'd start like moaning at me and cos I'd be angry...it would just cause an argument between us. But now that I'm not doing any of that... like these past couple of weeks I've proper been getting on with him"* (YP4).

*"It was also a break for me because...he was out and he was with someone that was you know, responsible, grown up, he was safe and I didn't have to worry about where he was or what he was doing."* (Parent of YP1)

*"I always like to think that when they've been discharged, they're naturally a lot happier, involved in kind of more things that they enjoy, and then kind of in much better position to be going through adulthood based on the age I work with...they're in a much less violent environment and generally in better spirits."* (S1)

Young people explained that engaging in the services that the Navigators have signposted them to had *"been a chance to blow off steam"* (YP1) and *"it helped my mental health and kept me motivated"* (YP6). Furthermore, young people felt that engaging in the programme *"boosts your confidence"* (YP3), made them feel safer, and encouraged them to socialise and get out of the house more- *"It's good getting stuff out instead of just bottling it up."* (YP2).

## Outcome data

Baseline distance travelled tool data was available for 37 young people (during July 2023 to June 2024) with measures taken at both baseline and case closures available for 12 young people. The distance travelled tool is a bespoke tool developed by the Navigator team and consists of five scales measuring motivation, skills, aspirations, belonging and resilience. Each scale is made up of two statements which young people score on a scale of 1 (low) – 10 (high) (see Figure 5). Means and ranges for each subscale at baseline are provided in Table 2. The lowest mean scores were recorded for skills (mean=12.6) and resilience (mean=13.1). Young people scoring between 1 and 6 on a distance travelled tool statement can be considered to have higher levels of need in that particular area. Table 2 also provides data on the number of young people having higher levels of need at baseline for each statement. Overall, 78.4% of young people (n=29) began the Navigator Programme with higher levels of need on at least one statement (range 1 statement to 9 statements). 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. Over half of young people reported a score of less than 7 in relation to *having a clear vision of their future* (51.4%) and *feeling good about themselves and the world around them* (51.4%).

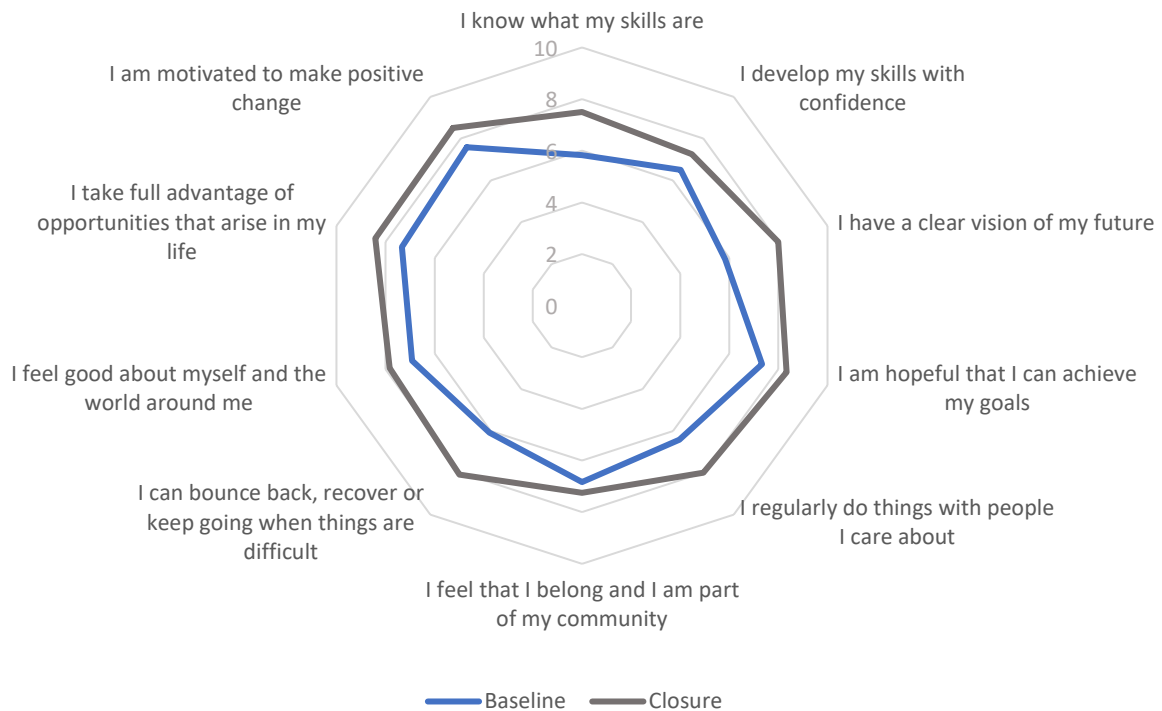
**Table 2: Distance travelled tool data at baseline (n=37)**

Scale	Statement	Mean	Range	Higher level of need (score <7)
Motivation	<i>I take full advantage of opportunities that arise in my life</i>	6.9	1-10	40.5%
	<i>I am motivated to make positive change</i>	7.5	3-10	35.1%
	<b>Scale total</b>	<b>14.4</b>	<b>7-20</b>	
Skills	<i>I know what my skills are</i>	6.2	1-10	48.6%
	<i>I develop my skills with confidence</i>	6.4	1-10	48.6%
	<b>Scale total</b>	<b>12.6</b>	<b>2-20</b>	
Aspirations	<i>I have a clear vision of my future</i>	6.1	1-10	51.4%
	<i>I am hopeful that I can achieve my goals</i>	7.4	1-10	35.1%
	<b>Scale total</b>	<b>13.5</b>	<b>2-20</b>	
Belonging	<i>I regularly do things with people I care about</i>	6.9	1-10	35.1%
	<i>I feel that I belong and I am part of my community</i>	6.9	1-10	43.2%
	<b>Scale total</b>	<b>13.8</b>	<b>2-20</b>	
Resilience	<i>I can bounce back, recover or keep going when things are difficult</i>	6.6	1-10	37.8%
	<i>I feel good about myself and the world around me</i>	6.4	1-10	51.4%
	<b>Scale total</b>	<b>13.1</b>	<b>3-20</b>	

The number of distance travelled datasets available at both baseline and case closure (n=12) was too small to conduct statistical analysis to ascertain if there were any significant changes. As illustrated in Figure 5, the mean score for all statements increased from baseline to case closure. The biggest increases were seen in aspiration (baseline=13.2, closure =16.3), followed by resilience (baseline=13.0,

closure=15.9), belonging (baseline=12.8, closure=15.9), skills (baseline=12.3, closure=14.8), and motivation (baseline=14.9, closure=16.9).

**Figure 6: Mean distance travelled tool statement scores at baseline and closure (n=12)**



## Facilitators and barriers

### Key findings from the year one and two 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.
- In year two, the most frequently highlighted facilitator of a positive experience by young people was the relationship that they formed with their Navigator. Other facilitating factors included the flexibility and responsiveness of the Navigator programme to young people’s needs and Navigators taking a youth-worker led approach.
- 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.
- In year two, barriers included a potential gap in referrals, particularly for young people with more minor injuries who could be suitable for early intervention work; and Navigators not having a dedicated desk within the Royal A&E.



- Considerations identified for future development and sustainability in year one 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; the 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.
- The year two evaluation highlighted that the working model of Navigator provision was now well embedded within the two hospital trusts, however, a fully staffed team of Navigators was needed to provide sustainability. It was also felt there was scope to expand the service provision to other Merseyside hospital trusts.

## Facilitators

As with previous evaluations, relationships built with the Navigators was the most frequently highlighted facilitating factor amongst both young people and stakeholders. During interviews, young people stated that their Navigator was *"friendly and, you know, open and stuff with people, and like, actually willing to help"* (YP2) and *"He's just like one of the lads isn't he"* (YP1). Young people felt that being able to trust their Navigator was key to the success of the programme *"cos like if you don't feel like the person is understanding you or you don't feel comfortable then you can't really talk about nothing and nothing changes"* (YP4). Several young people compared the relationships that they had formed with their Navigator to those developed with other professionals who had supported them in the past. These young people felt that the Navigators were *"not like most others"* (YP5) and that their Navigator cared about them more than other professionals had, which allowed young people to develop better, more trusting relationships with their Navigators - *"they're someone who actually cares and stuff"* (YP2). As highlighted by one stakeholder, *"I don't think the job would work if we didn't have the ability to build relationships"* (S1).

Both stakeholders and young people acknowledged that the development of these connections was facilitated by the Navigators' adoption of a friendly and laid-back approach, which was also a key finding in the year two evaluation. It was noted that *"there's such a distrust with young people of professionals in general"* (S1) and that the Navigators' informal approach, which includes wearing a casual uniform, allows young people to feel at ease in their interactions and overcome any initial distrust. Stakeholders explained that being able to take a youth worker approach, whilst delivering *"in a very casual way"* (S1) is also key to the success of the programme - *"It's good that it's kind of youth work... I think we do a really good job of being professional but differentiating from professionals"* (S1).

*"I think as well, the uniform plays a very big part in that it's a very casual uniform, it's quite a casual sort of role in that sense and that's kind of how we can build the relationships a lot of the time"* (S1)

Support from parents/carers was also highlighted as facilitating young people's engagement. As the quote below demonstrates, if a parent/carer can support their young person to attend an initial meeting, the Navigators can attempt to form a relationship and break down any potential barriers to engagement. For example, one young person discussed how support and encouragement from their dad encouraged them to attend their first session and led the young person to recognise that the Navigator programme was not like other support that she had accessed. The relaxed nature of the programme allowed her to feel ready and willing to engage, which also reinforces that an informal approach facilitates engagement.

*“The young person might sit there and go ugh, but the parent will bring them here...I always see it as I'll have like an hour with them. Because the parent's chosen to give me that hour. And that's my chance to build the relationship so that the young person wants to see me.” (S1)*

The Navigator team's effort to raise awareness of the programme among referring staff in the three hospital trusts continued to be a key facilitator. One stakeholder acknowledged that *“I think they [the Navigators] are more recognised in Alder Hey and in Aintree and it's improving in the Royal” (S5)*. Stakeholders recognised the efforts made by the Navigators and key members of staff from within the hospital to promote the programme, for example by regularly promoting the programme in Safeguarding Team communications and attending daily huddles, which has been facilitated by having a full cohort of Navigators for the first time.

## Barriers

Stakeholders discussed several barriers to programme delivery. One of the most significant barriers was the capacity of hospital staff to be able to refer young people to the Navigators - *“They're so busy, so stretched that, you know, sometimes they're making their clinical decisions. It's easy to bypass things” (S4)*. Although it was recognised that the Navigators are more recognised across all hospitals and that referrals have been increasing, there was still a perceived gap in the identification and referral of eligible young people, particularly at the Royal. This was underpinned by high staff turnover in the ED, where new members of staff are not aware of the programme – *“you're always getting new cohorts of doctors coming in” (S3)*. Stakeholders acknowledged this as a continuing challenge across all hospitals and aimed to mitigate this by attending daily huddles and using brochures and leaflets to raise awareness.

*“I'll speak to staff about the Navigator Project and they're like, what's the Navigator Project? ...and then the next day I go down and there's a different set of staff on.” (S2)*

A lack of capacity within external services that the Navigators signpost to was also acknowledged as a barrier to programme delivery. Long wait lists for services such as CAMHS and YPAS prevent the Navigators from putting together a package of support for the young people that suitably meets their needs.

*“CAMHS or YPAS or other organisations, there are waiting lists within each one of them. Which can be frustrating, you know, if you're setting up a little bit of a package and you're trying to refer in...but I think it's just, again, it's how things are at the moment.” (S2)*

A significant barrier discussed by stakeholders was the continuity of funding in terms of service delivery but also staff retention. Stakeholders acknowledged that the current short-term contracts and perceived lack of job security could impact staff wellbeing and the ability to retain staff, as demonstrated in the quote below. This is a concern that has consistently been identified in previous evaluations, however, stakeholders were increasingly mindful that VRP funding would cease in March 2025 and that a pause in programme delivery could be damaging to the work that had been done to fully staff and embed the programme.

*“We could lose the staff...although everyone's saying, oh, look, this looks really great. No job security for the staff, they'd leave. Then they'll be in the process of having to recruit to a new programme and start again.” (S5)*



## Sustainability

As with previous evaluations, all stakeholders agreed that the Navigator programme model of delivery is working well and is embedded within the three hospitals, particularly now that all four Navigators are in post. Stakeholders discussed the potential of the VRP funding ending and the threat that this poses to the sustainability of the programme. Possible avenues for funding to embed the programme into wider systems were discussed by stakeholders who suggested looking for funding through the hospitals that they deliver in, through conversations with the PCC, and whether MYA would be able to run the programme as a core programme - *“So it's about... them sort of trying to future proof themselves moving forward” (S5)*. As the quotes below highlight, stakeholders recognised that the longevity and sustainability of the programme are dependent on the hospital Trusts understanding the benefits of the programme, demonstrable evidence of impact, and continuing to adapt service delivery to meet the needs of the young people - *“it's going to have to adapt as things change” (S1)*.

*“The hospitals have got to buy in with all that and go...if that was withdrawn then there's a considerable chunk of need, we're not gonna respond to. We can only do so much. And I guess that's where you kind of see, the hospitals, are they understanding that picture? Do the hospitals see it as a as a need?” (S4)*

*“I think the funding comes with how well we do. The better we do and the more we can show...the evaluation of everything. You know, the number of young people that we've worked with, the number of positive outcomes, number of caseloads, case studies.” (S2)*

All stakeholders and young people felt it important that the programme continues to run. As the quotes below demonstrate, the young people felt that the Navigators was an important programme of support for young people in Merseyside *“because there's not many people that actually like care about young people nowadays so it's good that they have it” (YP1)*. As highlighted in previous years' evaluations, stakeholders felt that the programme has the potential to expand into other hospitals in Merseyside in the future – *“I think we can grow and build” (S2)*.

*“I assume there's a lot of people like me who...seemingly have no one in their corner and have no one to advocate for them, so it's very important, you know. There's probably like hundreds, if not 1000s of young people in Merseyside and across the country in similar situations, and you might never know about them. But to have like, you know, that safety net there is very important in my opinion.” (YP2)*

## Summary and recommendations

This evaluation presents an update on the year two evaluation of the Merseyside Navigator programme provided in 2022/23. Quantitative monitoring data and qualitative interviews with young people referred into the programme during year three of the evaluation (July 2023 to June 2024) provided additional perspectives on programme reach and acceptability. Interviews with stakeholders were used to monitor the implementation of the programme including fidelity to the original Navigators model of delivery and the feasibility and sustainability of the programme. Distance travelled tool data, interviews with young people and case studies presented by Navigators were used to demonstrate the impacts and outcomes of the programme. A final report, published in December 2024, will collate the findings from the three-year evaluation to make final recommendations.

Referrals to the Navigator programme continue to increase with 224 referrals made between July 2023 and June 2024 (compared with 209 in the previous year). Over two thirds of referrals (67.4%) to the programme come from Alder Hey. Comparison with A&E attendance data provided by the Trauma and Injury Intelligence Group (TIIG) suggests that a proportion (40.6%) of eligible young people attending A&E are not being referred to the programme. Previous years' evaluations have highlighted a number of factors which could impact upon the differing referral rates at hospital sites including staff capacity to make referrals, the physical location of the Navigators at each hospital site (A&E at Alder Hey versus Safeguarding Offices at Aintree and the Royal) and the high turnover of staff within A&E departments. Navigators described the work they continue to undertake to sustain awareness of the programme across all three hospital sites, which was viewed as a strength of the programme. This aligns with evidence from existing evaluations of Navigator programmes which highlight awareness and prioritisation of these programmes by NHS staff as a key moderating factor (Sutherland et al, 2023). In line with our findings, the YEF toolkit recommends locating Navigators within A&E departments to increase awareness and improve communication between Navigators and other staff (YEF, 2022).

Aside from minor adaptations to shift patterns, referral form length and follow-up review periods outlined in the previous yearly evaluation reports (Quigg et al, 2022, Harris et al, 2023), the Navigator programme has been implemented as initially designed. In this year's evaluation, the Navigator programme reached full model fidelity for the first time since implementation with all four Navigators in post. This has allowed for a dedicated Navigator to be based in Alder Hey. Uptake and engagement with the Navigator programme have increased over the past 12 months, with 33.3% of young people referred engaging in some level of support from the Navigator programme between July 2023 and June 2024 (compared with 20.6% from July 2022 to June 2023). This trajectory through the Navigator programme is comparable with previous studies, which report 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). Participating young people and stakeholders highlighted that distrust of services was a significant barrier and that the Navigators' friendly, laid-back approach, facilitated engagement through the development of trusting relationships. This echoes findings from previous research and evaluations, which suggests that Navigators having a relational, tailored, and holistic approach is a key moderating factor in the successful implementation of Navigator programmes (Sutherland et al, 2023; Gaffney et al, 2021; Harris et al, 2023). This year's evaluation also highlighted that in some cases, parents/carers played an important role in supporting young people to begin engaging with the Navigators which has also been highlighted in a previous multi-site evaluation (Sutherland et al, 2023).

Navigator programmes are designed to engage young people in hospital at a "*reachable and teachable moment*" with previous research suggesting that young people may be more receptive to support and advice after being a victim of violence (Gaffney et al, 2021). However, young people participating in our evaluation did note that they found the experience of being in hospital stressful and overwhelming. Young people did not always feel able to make an informed decision about participation in the programme until they had left hospital, highlighting the importance of consistent follow-up after initial face-to-face contact in hospital. Once young people had engaged in the programme, they reported high acceptability of the support received. Numerous positive outcomes were reported in the qualitative interviews and case studies including increased attendance in school, achieving positive employment outcomes, improved mental health and wellbeing, improved mood, and increased confidence. The Navigator programme introduced new outcome measurement in May

2023, using the distance travelled tool to measure young people's self-reported aspiration, motivation, skills, belonging and resilience and baseline and case closure. The data provided for July 2023 to June 2024, showed increases in young people's mean scores across all five distance travelled scales, however, due to the small number of measures completed at baseline and closure (n=12) it was not possible to ascertain if these changes were statistically significant. These findings reflect existing UK-based Navigator programme evaluations, where programmes are being implemented within naturalistic settings and thus tend to produce smaller samples and qualitative outcome data (Goodall et al, 2017; Castro-Bilbrough et al, 2021; Butler et al, 2022b; Wavehill, 2022; Newbury, 2022). Evidence of the impact of Navigator programmes on preventing further violence and crime currently comes entirely from randomised control trials conducted in the US and Canada (Brice and Boyle, 2020).

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

## Recommendations

### Strategic

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

### Programme implementation

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

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

## Programme Monitoring and evaluation.

- Routinely implement the adapted routine data collection processes (distance travelled tool) 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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