# Delivering Hospital-Based Youth Work Guide

## Insights and good practice from practitioners

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## About this guide

The London Violence Reduction Unit (VRU) funds the Hospital-Based Youth Work (HBYW) programme, which places trained, specialist youth workers in A&E departments and Major Trauma Centres (MTCs) to support young people during moments of acute crisis. These commissioned services are delivered across 12 sites by three youth work providers: St. Giles Trust, Oasis Youth Service and Catch22's Redthread.

Social Finance was commissioned as a Learning Partner to the London VRU and the three youth work providers from October 2023 to June 2025. This resource is a final output from our Learning Partnership and reflects the expertise of providers, distilling key learnings and examples of good practice for effective HBYW delivery. The accompanying *Shifting Systems to Embed and Sustain Hospital-Based Youth Work* report explores the underlying systemic issues and offers eleven practical recommendations needed to embed HBYW more fully into local and national systems.

## Acknowledgments

We would like to thank the youth work providers, St Giles Trust, Oasis Youth Service, and Catch22's Redthread for their collaboration and openness throughout the partnership.

We are especially grateful to the hospital-based youth work practitioners for your honesty, thoughtfulness, and consistently sharing your valuable experiences and insights. This work would not be possible without your time and commitment. We hope this resource reflects the realities you face and honours the essential work you do every day with some of the most vulnerable and marginalised young people in our communities.

Finally, thank you to the London VRU, Lennina Ofori (Awareness Tap), Chloe Taylor-Gee (Social Finance), and sector partners who contributed to the external roundtable. Your insights and expertise were invaluable in providing check and challenge, and sharpening our understanding of what effective HBYW service delivery requires.

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# Introduction

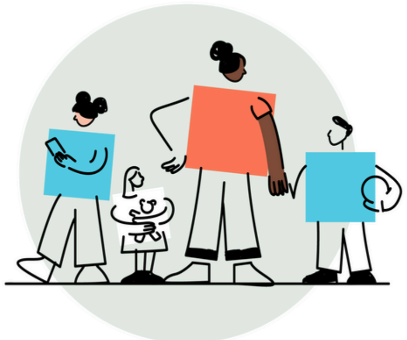
## What is the purpose of this guide?

This resource is based on insights gathered from working with the HBYW providers - Oasis, Catch22's Redthread and St. Giles Trust. It focuses on day-to-day delivery, summarising what practitioners told us works, what creates barriers, and practical tips for navigating common challenges. While this guide draws from London-based services, the learnings about working with young people impacted by violence and what's needed for effective service delivery are relevant in other contexts.

The guide reflects the expertise of providers and HBYW practitioners, distilling learning and examples of good practice for effective service delivery across three elements, which comprise the main sections of the guide:

1. Systemic factors
2. Service provider processes and practices
3. Stages of the service journey

Each section includes key insights, common barriers and good practice, which refers to approaches that have worked well and can be adapted to other contexts.



## Who is this guide for?

This guide is aimed primarily at practitioners and service providers delivering the HBYW, including service managers, team leads and practitioners. While providers use different titles for practitioners such as Specialist Case Worker, Youth Practitioners, or Youth Violence Intervention Practitioner, we will use practitioners as the common term going forward.

We recognise that effective service delivery involves a range of other roles within the service provider organisations, and also requires engagement with the wider support ecosystem for young people (YP).

The guidance may also be useful for:

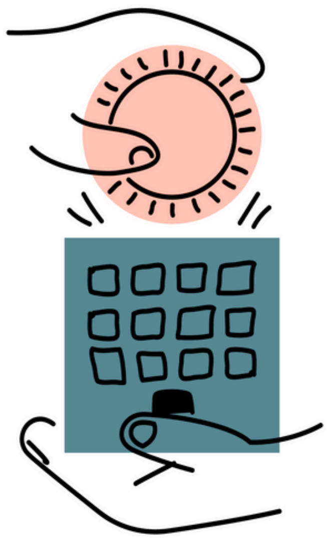
- Provider's internal staff (e.g., Data Coordinators, HR teams)
- Hospital staff seeking to support the integration of the service into clinical and safeguarding pathways
- Commissioners looking to understand implementation realities and support effective service design
- Researchers and evaluators seeking to understand practitioner perspectives

This resource can be used to support implementation whether you're refining existing practice, updating training resources, or setting up a new service. You might read it cover-to-cover during onboarding or refer to specific sections and service stages as needed. Each section contributes to a more complete understanding of the service, while also stands alone as a practical resource.

# Systemic factors

## Hospital integration, and multi-agency and partnership working are two systemic factors that shape service delivery.

As these factors are deeply rooted in systemic structures and cultures, changes to funding, commissioning, and organisational policies and processes are required to shift the system. The good practice highlighted in this section do not replace the need for these strategic efforts. They are practical approaches that practitioners use to work with and around these challenges in their day-to-day work to maintain service quality and support young people. The good practices are grouped into themes to make the guide easier to navigate, though many overlap and contribute to multiple aspects of service delivery.



## Hospital integration

There are several factors that support hospital integration:

1. Access to hospital data systems (which refers to electronic health record (EHR) systems)
2. Dedicated office space and co-location
3. Training for hospital staff
4. Awareness-raising

Embedding the service into the hospital ecosystem takes time and requires building the right partnerships and shared ways of working with hospital staff from the outset.

### 1. Access to hospital data systems

**Barrier:** Limited access to hospital data systems creates challenges for practitioners to identify eligible young people and creates friction for overstretched hospital staff to make referrals.

**Good practice:**

- Set up referral boxes and forms in key departments (e.g., A&E), and ensure hospital staff and service "champions" are aware of them
- Establish straightforward email and phone referral process, and use pre-existing channels (e.g., communicating with nurses who are already using Microsoft Teams)
- Develop contact cards with practitioners' details and QR codes to enable direct contact that can be shared with professionals, YP or their carers

**Why this matters:** When practitioners have access to EHR systems, they can screen for eligible young people. Clinical staff can also add a service referral into the notes on a young person's file, which practitioners can view through the system and engage with the young person while they are on site. These streamlined processes reduce burden on hospital staff, increase referrals, and allow practitioners to focus on supporting young people.

### 2. Dedicated office space and co-location

**Barrier:** Lack or limited dedicated office space and co-location with hospital staff limits service integration and visibility.

**Good practice:**

- Perform regular “walk-throughs” in hospital areas (e.g., A&E, outpatient clinics, waiting areas) to maintain a visible presence
- Build relationships with hospital staff (e.g., receptionists, charge nurses) who can quickly inform practitioners when eligible young people are present

**Why this matters:** Teams with dedicated spaces that are co-located or located close to hospital teams have more organic opportunities to build relationships. These spaces also support safe and confidential case discussions, peer support, and other core responsibilities, while helping teams to remain visible and present on-site.

### 3. Training for hospital staff

**Barrier:** Some hospital staff may have limited experience working with young people who present with violence-related injuries and skills on how to engage with them appropriately.

**Good practice:**

- Deliver interactive training covering topics such as: contextual safeguarding, stereotypes, racial and cultural biases, how to communicate with this cohort of young people, and indicators of grooming and exploitation
- Ask participants what topics they would like training to cover. Requests have included: understanding referral pathways, referring to service on the hospital data system, weapon awareness, and county lines

**Why this matters:** Practitioners shared that these sessions help staff see a young person as a whole person, beyond the context of their injuries, and treat them with greater compassion and empathy. They also help to build positive perceptions of the service and foster respect for practitioners and their expertise.

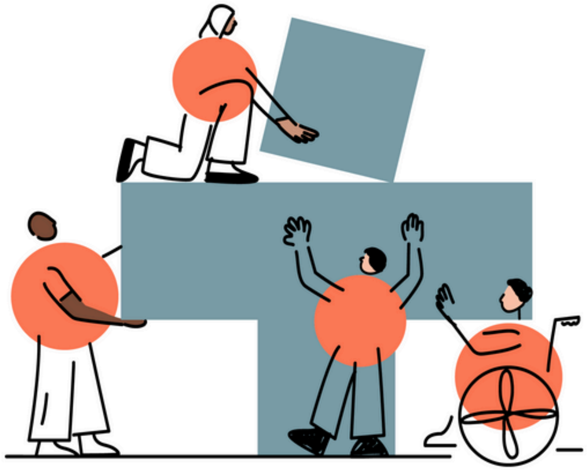
### 4. Awareness-raising

**Barrier:** Staff turnover in hospitals means practitioners must regularly re-introduce the service and raise awareness among hospital staff.

**Good practice:**

- Attend morning and evening handovers in key departments to provide overview of the service aims, eligibility criteria, referral pathways, and other important information
- Offer brief support to non-eligible young people on hospital staff’s request when they are struggling to engage with them. This also helps to build trust with the staff and credibility of the service
- Display posters about the service in the A&E department and/or add referral and service contact information in shared staff spaces (e.g., whiteboards, staff rooms, bulletin boards)

When the previously outlined factors that support hospital integration are in place, these awareness-raising practices help sustain visibility of the service. However, they are unlikely to be as impactful as standalone efforts.



## Multi-agency and partnership working

Multi-agency and partnership working is essential for HBYW. Practitioners must engage and coordinate with professionals across health, social care, education, justice, housing, and voluntary and community sector (VCS) organisations to advocate for and support young people. The barriers to building effective partnerships are related to several deeply interlinked factors, summarised in the two core barriers in this section.

**Barrier:** Limited understanding of the service's purpose and value can lead to misaligned expectations, delayed communication and blurred boundaries around practitioners' responsibilities.

**Good practice:**

- Clearly outline "what you do, who you engage with and why" at the start to frame the relationship and to set expectations
- Adopt a relational approach by using language that resonates with the professional's context and by building genuine relationships that see them as whole people and not only in relation to the work
- "Polite perseverance" and consistency (e.g., persistently following up, or involving the HBYW service manager/professionals' managers as needed) are important for sustaining relationships and for ensuring accountability so professionals follow through on their statutory duties to young people
- Identify and support "champions" in hospital and across agencies, who believe in the service and can help raise awareness within their teams
- Allow external partners to visit the site and shadow practitioners, and/ or offer to meet over coffee or in-person to "break out of email mentality"
- Offer training (e.g., during team meetings), and use as a space to share what practitioners and professionals find useful to support each other

**Why this matters**: Clear communication that sets expectations from the outset is essential to help professionals understand what the service offers and the practitioner's role. A relational approach helps to shift the underlying dynamics between practitioners and professionals, build trust and foster respect for practitioners' expertise and the value of the service.

**Barrier:** Differing priorities, safeguarding approaches, and staff capacity across agencies make it difficult to build and maintain effective working relationships

**Good practice:**

- Establish and maintain links with contacts within local authorities such as Children Social Care, Community Safety, VAWG and Intelligence
- Ensure agreed processes around information-sharing including the specific details of what will be shared (e.g., time, date, and location of incident, injury, and Computer Aided Dispatch (CAD) number)
- Maintain a list of agencies and organisations with named contact(s), so practitioners can easily coordinate with relevant professionals
- Attend safeguarding, local partnerships, and operational multi-agency meetings (e.g., attending integrated gangs and exploitation team meetings)
    - Practitioners who are present in hospital, and engaging with young people and professionals on a day-to-day basis are best placed to attend as they have the relevant and updated information to share with other professionals. When team leaders or service managers attend, provide thorough feedback and encourage practitioners to shadow these meetings, so they can gradually own the relationships over time.
- Exercise duty of care by being proactive and initiating processes to build partnership (e.g., sharing real-time info about incidents with partners)

**Why this matters**: Regular presence in key meetings and interactions with professionals from different agencies and organisations helps teams to build the HBYW service's profile, integrate contextual safeguarding principles into advocacy discussions about YP's needs, and provides an opportunity to stay updated on changes in staffing, policies or processes. This is especially important in the context of high staff turnover across partner agencies, which often requires practitioners to "start from scratch" to build new relationships.

# Service provider processes and practices

Practitioners highlighted several service provider driven processes and practices that are essential for maintaining quality and consist support for young people. These include:

1. Recruitment, onboarding, and training
2. Staff well-being and safety
3. Connecting frontline delivery and strategy
4. Local context

It is important to acknowledge that some of these (e.g., recruitment processes) are shaped by wider systemic conditions such as contract length, commissioning structures or trends in the youth work sector.

This section focuses on what providers can plan for and adapt in how they design and deliver the service.

## Recruitment, onboarding and training

The HBYW practitioner role involves working in psychologically demanding environments, which require a mix of resilience, strong relational skills, and professional judgement. Challenges such as short-term funding cycles, salary constraints, and workforce shortages can make it harder to attract and keep the right people. Delays with DBS checks and honorary contracts with the hospital can also create barriers during onboarding and induction.

Developing thorough recruitment, onboarding and training processes, helps to create the conditions that support and retain staff, and ensure practitioners feel confident and prepared to effectively deliver the service.

### Recruitment

- Regularly review and update the job specification so it clearly reflects the role, including the emotional demands and navigating complex systems
- Review pay scales to ensure they are in line with market trends
- Consider having team leaders and service managers lead or play a central influencing role in the recruitment process, even when managed by HR
- Adopt scenario-based questions in the application and interview stages, and consider a pooled recruitment process when filling multiple roles
- Involve young people through an interview panel or a role-play scenario, and coordinate at least 1 hospital site visit or "walkthrough" to introduce the candidate to the hospital context

**Onboarding** (stages from accepting an offer to the first day)

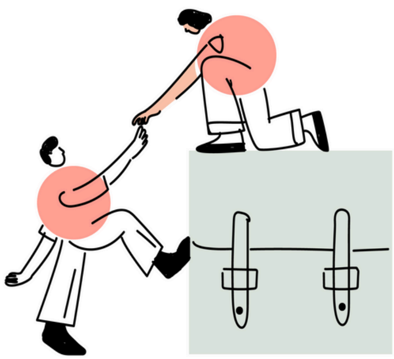
- Identify contacts in the hospital HR team, and among the operational and clinical leads to support with hospital onboarding
- Start onboarding processes as soon as an offer is accepted (e.g., DBS checks, honorary contracts)
- After a completed DBS check, service managers to complete a recruitment risk assessment with new practitioners to identify any potential areas of vulnerability, and co-create a support plan if needed

**Induction** (period in the first few weeks following the first day)

- Provide a structured induction (e.g., 2-4 weeks) with regular line manager check-ins to build confidence working across hospital and community settings before practitioners begin taking on cases independently
- Consider demands on team leaders facilitating induction, and the impact on other responsibilities, particularly when hiring multiple roles
- Include activities such as: shadowing experienced practitioners and other sites, intentional time and structure for relationship-building with the team and professionals, guidance for completing assessments and case management, and core training modules

### Training and professional development

- Offer ongoing, specialised training on young people's complex and changing needs such as SEND (including Autism and ADHD), conflict resolution and de-escalation techniques, first aid and mental health first aid, and CYP exploitation
- Explore opportunities for horizontal development (e.g., taking on additional responsibilities, contributing to training, mentoring others) where vertical progression may be limited
- Foster safe, reflective, professional spaces within teams and across sites for peer learning, solidarity and support, where practitioners can share ideas and practice



## Staff well-being and safety

Hospital-based youth work involves unpredictable cases and community risks, which can lead to burnout and affect practitioners' wellbeing and safety. Proactive processes are essential to support staff to sustain resilience and continue providing effective support.

- Use apps or messaging platforms (e.g., WhatsApp) to track practitioners' location during community visits, particularly when working in areas with known violence
- Build in regular supervision and reflective spaces to process difficult cases or experiences, and access to additional therapeutic support for practitioners
- Keep detailed and accurate case notes including interactions with other professionals and services to ensure transparency and to protect both practitioners and young people

## Connecting frontline delivery and strategy

Strong internal communication helps bridge frontline delivery, operational management, and strategic decision-making. This alignment fosters a team culture where everyone feels connected to the purpose, priorities and direction of the service.

- Hold weekly case management meetings to discuss active cases, surface challenges, and share learnings across the team
- Use monthly one-to-one case reviews between practitioners and team leaders to provide tailored support and identify areas for further training and development
- Schedule monthly meetings between service managers and team leaders to bridge insights between the frontline delivery and operational decision-making
- Share key learning and insights from monitoring reports and meetings with frontline teams to increase awareness of priorities at the strategic level and how it relates to frontline delivery

## Local context

Variations in local dynamics, such as deprivation, demographics, history and levels of violence and the nature of peer networks, influence the types and severity of hospital presentations. MTCs often have a large catchment area and receive more complex cases that require intensive crisis planning than A&Es ("locals"). Practitioners' contextual safeguarding expertise enables them to understand these dynamics, use them to assess extrafamilial risks, adapt support and deliver tailored, trauma-informed care for young people.

- Build knowledge of the local context and partnerships with VCS organisations
- Develop processes for managing confidentiality and safeguarding when supporting YP in the same or conflicting peer networks
- Coordinate with hospital security, triage teams, and clinical and operational staff to manage safety when multiple young people from the same incident are present
- Anticipate and plan for additional staff resource and specialised support following serious local incidents

# Stages of the service journey

> "Use language that shows you understand their needs and experiences. “I want you to win. I’m on your team.”"

## Core principles of engagement

Across all stages of the service, practitioners highlighted several core principles that underpin meaningful engagement with young people - from the initial point contact to the follow up conversation.

**Language matters!**

Use language that mirrors the young person’s own words and shows you understand their needs and experiences (e.g., “I want you to win. I’m on your team”). Avoid over-promising (e.g., “it’s possible, we can try…”). Be transparent, honest and set realistic expectations.

**Be yourself!**

Young people value honesty and can see through practitioners who put on a persona. Practitioners must be confident in their authenticity and able to assert themselves, and “keep it real.”

**Meet young people where they are.**

Avoid making assumptions or comparisons. Be mindful of the “lanyard effect” - how your role and presentation can affect how young people perceive the service. Many young people will have faced stigma, been criminalised or otherwise feel misunderstood or judged. Be empathetic, take a genuine interest in each young person, and adapt your approach based on their situation, needs, and readiness to engage.

**Be consistent and follow through on commitments.**

Do what you say you will do, and carry out actions young people were informed would be taken. This helps to build trust, especially for young people who may have had previous negative experiences with professionals.

| Key service stages | Referral and identifying eligible YP | Initial contact and offering the service | Intervention (engagement and support delivery) | Planned case closure and completion | Follow-up |
|---|---|---|---|---|---|
| Young person’s journey | Young person (YP) presents in hospital | YP seen in hospital or contacted by phone | YP receives support from practitioner based on risks and needs | YP and practitioner works collaboratively on planned closure | Follow-up conversation between YP and the practitioner |

## Referral and identifying eligible young people

There are two main routes to identify eligible young people:

1. Referrals by hospital staff via putting a note on a young person's file, referral forms, email, phone or in-person.
2. Proactive identification by practitioners via screening hospital data systems or hospital "walk-throughs."

**Good practice**

- Consistent daily screening helps to identify YP who are still on site and who have not yet been referred
- Schedule time to screen data systems retrospectively, e.g., the next morning and/or Mondays to identify YP who presented overnight or on weekends
- Establish structure to inform new hospital staff of the service and referral criteria to support appropriate, high-quality referrals
- Monitor number of referrals across the year to identify trends e.g., increasing during back-to-school periods or after local incidents, and occasionally dropping over summer holidays

## Initial contact and offering the service

Once a young person has been identified or referred, practitioners aim to establish direct contact to offer the service. This can happen face-to-face while the young person is still in hospital or by phone after discharge. In "locals," young people are often discharged quickly before initial contact occurs and are more likely to be contacted by phone. Whereas in MTCs, young people are often present longer or admitted, creating more opportunities for face-to-face engagement. Practitioners have highlighted that offering the service in person often has a higher likelihood of young people deciding to engage.

**Good practice**

- Aim to contact YP promptly within 2-3 days of referral or identification, and making several attempts (e.g., 3x) if the first call is unsuccessful
- Use tools to track which YP need to be contacted e.g., office whiteboards that notes which YP are admitted vs. discharged; or by a spreadsheet or the CMS
- Connect with YP's family, school or existing professional network if contact details are missing or incorrect, or to help with establishing contact
- Gather as much background information about the young person including knowledge of their injuries, appointments, ACEs, and other support needs
- Clarify who you are and what you do (e.g., "I am not from statutory services.") as YP tend to see practitioners as an extension of social care
- When meeting YP in hospital, ask open-ended questions that are not only focused on why they are in hospital but also ask "what do you need/want?"
- If offering over the phone, ask about injuries in such a way that empowers the YP to "teach" about their injury and recovery
- Create structure for new practitioners to shadow more experienced practitioners doing "cold-calls" to develop skills for contacting YP by phone
- Make a follow-up call if a YP declines support initially as they may be reluctant after the experience and may need time recover before engaging
- Offer short-term advocacy or "minimum intervention" if a YP declines ongoing engagement but is open to brief support, when appropriate, (e.g., refer to services, follow up on referrals, accompany YP to appointments)
- **Restricted team size adaptation**: If the team is at capacity, focus contact efforts on young people assessed at high risk and connect lower risk referrals to other services, where safe and appropriate to do so.

### Service adaptation: After-hours Service

Effective HBYW requires flexible delivery that is responsive to young people's needs, their realities and meets them where they are.

One example is the **"after-hours" service** where practitioners work flexible shifts including evenings and weekends to engage young people who present outside of typical working hours. Offering after-hours support helps to reach young people who might otherwise be missed and increases opportunities for engagement. Extended service hours may not be suitable for all sites or at all times, and should be determined based on local need and team capacity.

## Intervention (engagement and support delivery)

After a young person has consented to engage, practitioners aim to meet them within 1-2 weeks. This first meeting is flexible and can take place in various settings, especially for older young people to accommodate school, training or work commitments. It can take 2-3 meetings to build a rapport between the young person and the practitioner, and for the young person to understand the practitioner's role and how they can support them. Practitioners emphasise that this relationship-building phase, which also involves addressing the young person's immediate needs, is critical for enabling and sustaining engagement.

**Good practice:**

- Support provided varies and depends on the young person's needs and whether they have an existing professional network, but can include:
  - Mentoring and modelling prosocial behaviours to help YP build goals, consequential thinking, proactive mindsets, resilience and confidence
  - Practical support such as attending appointments, helping with housing applications, accessing benefits, and safe travel to and from school
  - Advocacy and system navigation involves acting on behalf of YP to influence or coordinate with schools, statutory agencies, VCS partners
- Contact frequency will change throughout from twice weekly or biweekly meetings during initial stages then reducing depending on the YP's needs
- Align practitioner specialised skills to the young person's needs (e.g., mental health, domestic abuse, family support), where possible
- Consider assigning a different practitioner to work with a YP if the initially assigned practitioner is not a good fit and the YP doesn't connect with them
- Adapt support plans over time as YP often disclose other support needs as they develop trust with the practitioner
- **Restricted team size adaptation**: If the team is at capacity, practitioners focus on supporting current cases and incoming referrals assessed as high risk. For YP deemed lower risk, they identify the supports needed and connect the YP to other services to ensure continuity of care. If there is a team leader vacancy, service managers help to maintain safe and supportive spaces for the team and support with wider case management.

## Planned case closure (completion of intervention)

Planned case closure (or "completion") occurs when support needs have been met and the practitioner and young person go through a structured process to end the intervention together. This is different from an unplanned closure, where a young person disengages before this process takes place. Planned closures creates an opportunity to reflect on the young people's journey, capture their feedback and allows practitioners to see the impact of their work.

**Good practice:**

- Hold monthly case reviews led by team leaders to help practitioners identify cases nearing closure and to guide them with closure planning
- Use prior experience and professional judgement to decide when case closure is appropriate and consider factors such as:
  - Risk of harm is mitigated or YP has increased awareness of their risks
  - YP's specialised needs are best met by another service
  - YP is showing independence and self-advocacy to access support
  - YP is making informed decisions, signaling a shift in mindset
  - YP engaged in positive activities e.g., back into ETE or taking the steps
- Introduce the idea about case closure early in support delivery to set expectations about the relationship, and remind YP so they are aware
- Build closure planning into reviews of the support plan, and highlight "how far they have come" to empower YP to step away from support
- Agree the timeline together with the YP so they have some control in the process (e.g., "How do you feel about planned closing sessions over the next 4 weeks?")
- Review safety plan and risk assessment, and consider: does the practitioner and YP's perception of risk and level of safety align?
- Plan a closure session that celebrates the YP's progress by reflecting on their "wins" and achievements throughout the intervention (e.g., going for lunch or bowling), and helping the YP set goals to take forward
- Reassure young people "case closure isn't good bye", and while the focus is empowering them to be independent, they can reconnect if they need further support later on

## Follow-ups

Follow-ups take place after a planned closure, and provide an opportunity for practitioners to show consistency in "turning up for young people," understand where they are at and reflect on their progress since case closure. In either scenario, whether young people have progressed or share new support needs, follow-ups demonstrate impact and the value of the service by evidencing positive development and/or showing that young people trust the service enough to ask for help, which is preventative in itself.

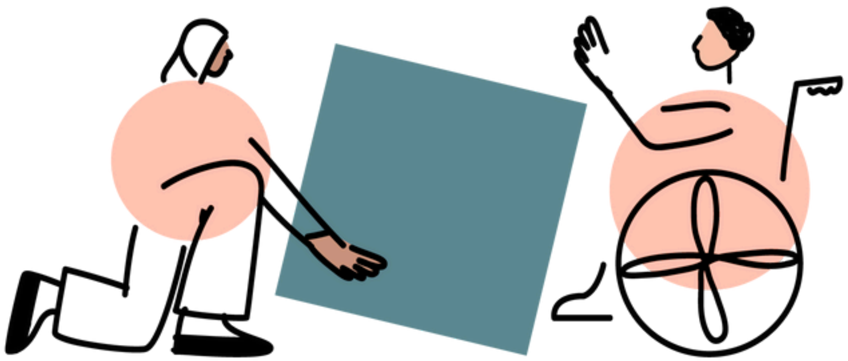
**Good practice:**

- Adapt timelines depending on the nature of the case. Consider cases where follow up may not be appropriate or a 3-month follow-up for short cases or 6-months may be appropriate for long-term cases
- Inform YP in advance and in closing session that there will be a follow up
- Schedule a date together and add to the calendar in the young person's phone so they'll be reminded of the follow up and expect the call
- Consider texting YP at consistent intervals after closure for particularly complex cases (e.g., sexual abuse), so follow-up is not / less retraumatising
- Occur most frequently by phone, but can also occur in person or in the community (e.g., if a YP is attending appointments in hospital)
- Explore different routes to establish contact with YP (e.g., siblings, other YP, professionals, parent, home visits) where safe and appropriate
- Create lists or share team calendar invites of upcoming follow-ups or use dashboards to track them to ensure team and management oversight
- Block out dedicated time over an afternoon for follow-ups so they remain prioritised and ensure enough time is allocated to speak with each YP
- Practitioner who worked with the YP should make the call but if unable to, ensure closure notes are comprehensive so another practitioner has the context to re-engage effectively
- Make several attempts (e.g., 3x) on different days and times if the first attempt was unsuccessful
- Consider that follow-ups can sometimes lead to re-referrals, where needs emerge that are within the service's remit

### Service adaptation in response to outgoing staff

Plan ahead when a practitioner is leaving the service to minimise service disruption:

- Review open cases to close those where needs have been met, refer the young people to external services where appropriate, or reassign cases to another practitioner. Cases are never closed at an inappropriate point, and continuity of support for young people is always prioritised.
- Avoid allocating new long-term or high risk cases to the outgoing staff.
- Arrange a 3-way handover meeting for any cases being reassigned between the young person, outgoing practitioner and the new practitioner, where appropriate. A similar process is applied if the young person is referred to external service.
- Notify the young person's professional network about the staff change.



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