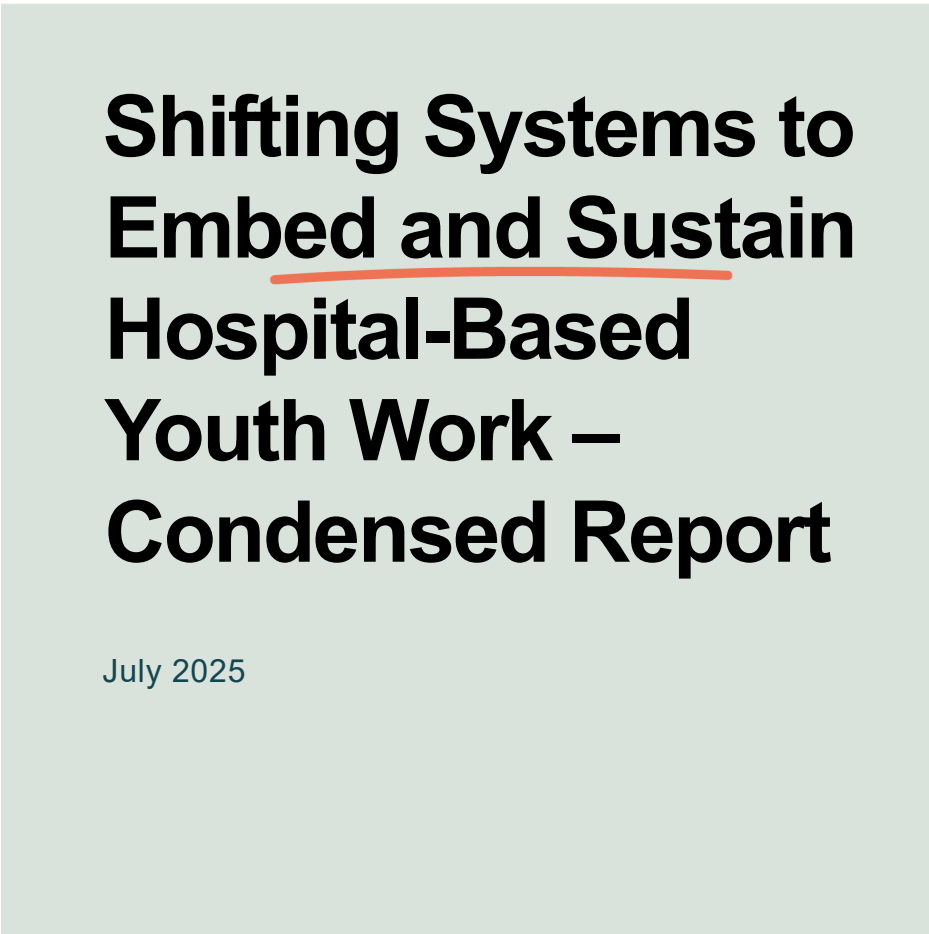


Shifting Systems to Embed and Sustain Hospital-Based Youth Work – Condensed Report

July 2025



About this report, and acknowledgements

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 services.

Based in A&E services:

- Newham University Hospital
- Queen Elizabeth Hospital
- Croydon University Hospital
- University Hospital Lewisham
- Whittington Hospital
- North Middlesex Hospital
- St Thomas' Hospital
- Homerton University Hospital

Based in Major Trauma Centres:

- Kings College Hospital
- St George's Hospital
- St Mary's Hospital
- The Royal London Hospital

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 paper is a final output of that partnership, developed alongside the *Delivering Hospital-Based Youth Work Guide*, which summarises good practice. Drawing on workshops, data reviews, and cross-sector engagement, it outlines how HBYW can be better embedded and sustained within the systems it operates in. It identifies the underlying systemic root issues limiting integration and offers eleven practical recommendations to embed HBYW more fully into local and national systems. Applying a systems change lens, it complements existing guidance with the intention of making HBYW a vital part of support for young people affected by violence. While grounded in London's context, the insights have broader relevance.

Authors and acknowledgments

The paper has been written by **Venecia Laylor** (Associate, Social Finance) and **Tanveer Sian** (Associate Director, Social Finance).

We are grateful to **Lennina Ofori**, systems change consultant and founder of the Awareness TAP, who was a consultant on this project and whose systems, ethnographic research, and storytelling expertise helped frame this work in a way that honours lived experience and challenges structural barriers with clarity.

Thank you to the **youth work providers – St Giles Trust, Oasis Youth Service, and Catch22's Redthread** – for their insight, openness, and patience throughout 18 months of collaboration, and their commitment to delivering a service that gives vulnerable young people such valuable support.

We appreciate the **London VRU** for their commitment to learning and their strategic focus on creating the system conditions needed for a more embedded and sustainable HBYW service.

Thanks also to the **external roundtable participants – including representatives from ICBs, NHS trusts, social work, the voluntary and community sector, and the Metropolitan Police** – whose cross-sector insights sharpened our understanding of what meaningful integration requires.

Finally, to the hospital-based youth work practitioners who shared your frontline experiences: your honesty, thoughtfulness, and commitment shaped this work. We hope this paper 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.

Background to Hospital-Based Youth Work

Hospital-based youth work (HBYW) places trained youth work practitioners in A&E departments and Major Trauma Centres (MTCs) to support young people during moments of acute crisis – most often following incidents of serious violence. It is built around the concept of the “reachable moment”: a window of heightened receptiveness after trauma, when a young person may be more open to support from someone who understands their world and offers a non-judgemental presence.

The model provides trauma-informed, relational support to young people who often distrust statutory services or face multiple barriers to safety, stability, and opportunity. Practitioners, bringing lived experience, cultural competence, and deep system knowledge, help young people navigate complex and impersonal systems with empathy and consistency.

HBYW reflects a public health approach to violence, treating it as a preventable outcome of social and structural factors. Since its early development in the UK in the mid-2000s, it has become a recognised intervention, commissioned by VRUs across the country. Though known by different names (such as “A&E Navigators”) with various iterations, the core model remains consistent.

Despite its impact, HBYW remains on the margins of the systems it operates within. Delivery often depends on the presence of local champions, and access to hospital systems varies widely. Practitioners’ ability to deliver effective support is frequently shaped by external factors beyond their control. Put simply, HBYW is not yet consistently embedded or recognised as a core component of health, social care, and violence reduction efforts.

The “system” around Hospital-Based Youth Work

Throughout our learning partnership, we have applied a systems lens to explore the enablers and barriers of the HBYW service, and the interconnected root issues that drive them. We define the “system” through the lens of young people accessing the service, as their experiences are central to understanding how the system around them functions. While the service being located in the hospital could be seen as a system itself, holistic support for young people relies on a wider ecosystem including their peers, families, schools, social care, police and other partners.

The HBYW system includes both **formal** and **informal** components. **Formal** structures include protocols, policies, and the role of specific organisations such as commissioners, NHS trusts, and voluntary and community sector (VCS) organisations. **Informal** components such as cultural perceptions, unwritten rules, and relational dynamics influence how formal structures operate and shape the quality of interactions between them. The boundaries between different parts of the system are fluid – decisions and behaviours in one area are often influenced by pressures from another. Viewing the service through a systems lens shows that embedding the service effectively requires change across the wider system, beyond the service itself.

Systems change refers to the process of addressing entrenched problems to achieve sustainable outcomes. It involves reforming policies, funding, strategy, culture, mindsets, and relationships to create the deep shifts needed for better results. Embedding HBYW more fully into local systems requires changing the underlying conditions that shape behaviour and decision-making – how practitioners are perceived, how individuals and organisations interact, and how relationships are built. Addressing violence that impacts young people is a system-wide challenge. While hospital-based youth work reaches young people at critical moments, its long-term impact depends on coordinated efforts across health, education, social care, policing, and other sectors. Below we have a diagram of the system through the lens of a young person accessing the service.

The "System" Surrounding Young People in the HBYW Service

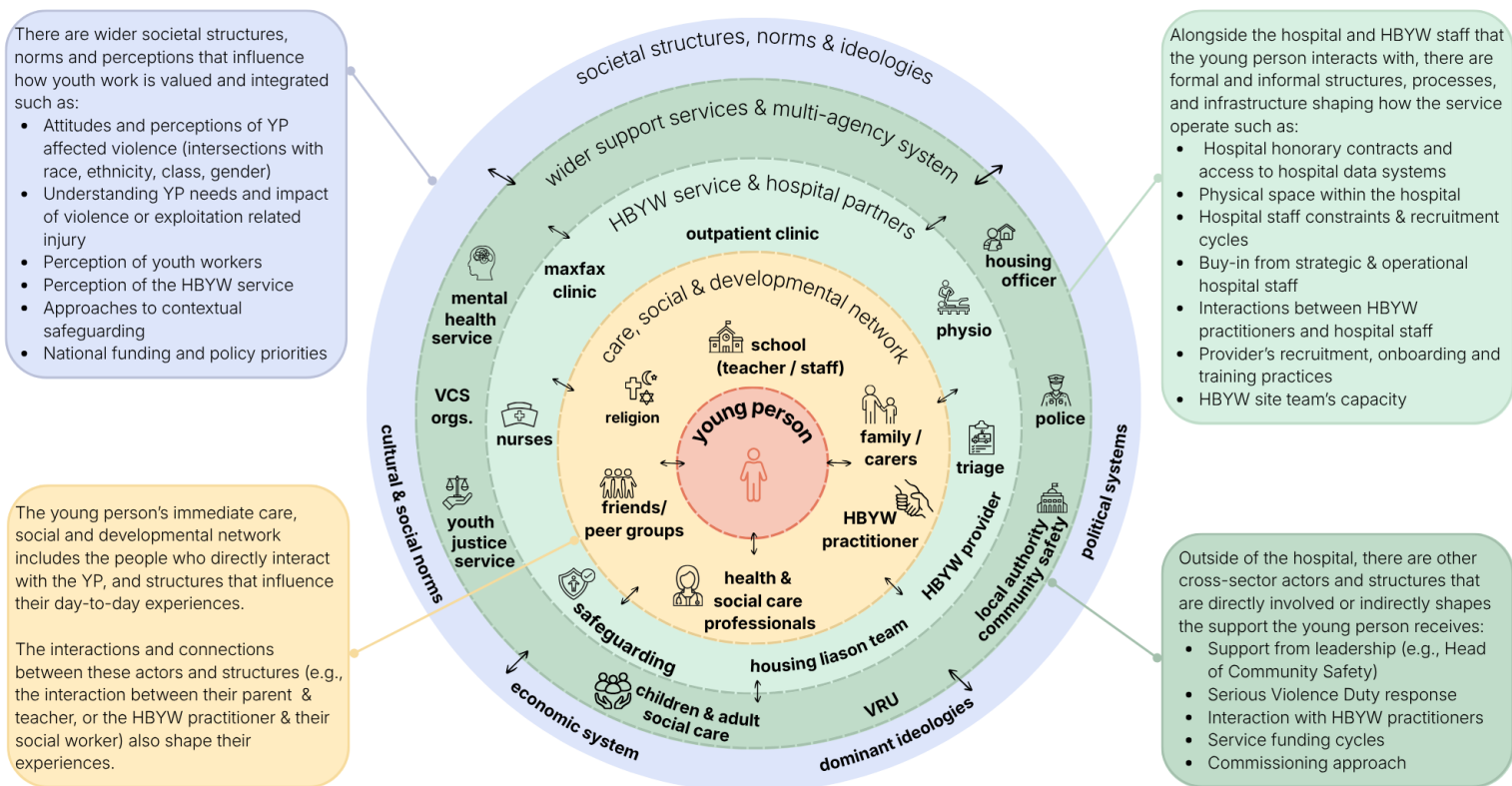


Figure 1: The HBYW System¹ – Mapping the organisations, individuals and relationships around a young person in the HBYW service, and the informal structures that influence them. The partners that young people engage within and outside of the service will vary across sites and depend on their support needs. This mapping reflects the breadth of partners that interact with young people across the HBYW Programme.

Insights on enablers and barriers for Hospital-Based Youth Work

Over the course of the learning partnership, we gathered a wide range of insights on what it takes to deliver hospital-based youth work effectively. These insights reflect both the day-to-day realities of frontline delivery and the broader systemic conditions that influence how well the service is embedded and sustained. To make sense of this complexity, the findings have been grouped into four thematic areas that reflect the different layers of the system in which HBYW operates.

These four themes are: **Practice and Delivery**, focussed on the quality and adaptability of frontline work; **Hospital Infrastructure and Processes**, looking at how hospital systems and policies support or hinder delivery; **Culture and Legitimacy**, which explores how the service and its practitioners are perceived and integrated; and **Strategic Ownership and Alignment**, which considers the commissioning, funding, and policy environment that shapes the service's long-term viability.

¹ This system map was developed based on Bronfenbrenner's Ecological Systems Theory (1997). Simply Psychology. (2025). Access here: <https://www.simplypsychology.org/bronfenbrenner.html>

1. Practice and delivery

Delivering hospital-based youth work is highly demanding – practitioners must demonstrate emotional resilience, cultural understanding, and the ability to build trust with young people during some of their most traumatic moments. The role also demands confidence and relatability, as practitioners often become a key “trusted adult” in a young person’s life. Effective recruitment, clear communication about the role, and strong organisational support are essential to finding and nurturing the right talent.

Engagement with young people requires creativity and care, especially when initial contact happens over the phone or involves navigating family dynamics. Practitioners must be adept at navigating complex systems – advocating within hospitals, liaising with housing and social care, and managing cases that often involve overlapping needs such as mental health, SEND, and exploitation. Despite the complexity, access to the broad set of training required is often limited, which does not fully prepare practitioners for the breadth of challenges they face.

Peer-led training and a culture of shared learning are key enablers of good practice. Some youth work providers have developed strong internal practices for sharing techniques and supporting staff’s development, but these approaches aren’t consistent. Encouraging collaboration through supportive commissioning structures would help practitioners learn from one another and improve the overall quality and consistency of delivery.

2. Hospital infrastructure and processes

The integration of hospital-based youth work into hospital environments is heavily influenced by visibility and physical presence. Practitioners without a designated space in hospitals often miss referrals and face challenges in building relationships with clinical teams. Being on-site enables informal conversations, quicker referrals, and stronger collaboration – especially when practitioners are co-located with key internal teams like safeguarding. Where integration is strong, practitioners are seen as part of the team, which enhances trust and credibility. Conversely, when they are perceived as external, the referral process becomes overly formalised and less effective.

A major barrier to integration is the delay in issuing honorary contracts, which are essential for practitioners to access hospital systems and work independently with patients. These delays can last months, leaving staff unable to perform their roles. The process is often inconsistent across hospitals and depends on internal champions to move things forward. Additionally, because contracts are hospital-specific, practitioners cannot work across sites, limiting flexibility and sharing of practice.

Access to hospital data systems is another critical issue. Even with honorary contracts, the level of access varies widely, affecting the ability to identify and engage young people in a timely manner. Some practitioners can view real-time and retrospective data – others receive referrals primarily by email, which can be less reliable. Access to NHS data is essential not just for referrals, but for evaluating the long-term impact of HBYW. Linking the data of young people accessing the service with hospital records like readmissions and bed days requires NHS numbers and robust data-sharing agreements. Overall, the hospital infrastructure and processes play a pivotal role in determining how embedded and effective HBYW can be.

3. Culture and legitimacy

HBYW practitioners often face challenges related to how they and the young people they support are perceived within hospitals and broader systems. Some practitioners report experiences where they felt disrespected or dismissed by some of the other professionals they engaged with, describing themselves as “second class citizens” in the network of support. Their distinct approach – relational, informal, and culturally appropriate – is sometimes misinterpreted as unprofessional, especially given their status as externally commissioned staff. This perception reinforces a professional hierarchy that can exclude them from key decision-making spaces, limiting their ability to advocate effectively for young people.

These perceptions can reflect broader assumptions about young people affected by violence, who are often viewed through a lens of risk or aggression rather than vulnerability and trauma. This can lead to adultification and less compassionate care. However, practitioners have often helped shift perceptions – showcasing promising, more empathetic and constructive approaches among clinicians and police. Still, the inconsistency in how practitioners are included in multi-agency meetings and safeguarding processes highlights the need for cultural change across institutions.

HBYW is grounded in a trauma-informed, contextual safeguarding approach that considers the broader environments in which young people live. While this model is gaining traction, many statutory services are less ahead on that journey, with their more rigid, risk-averse frameworks clashing with the flexibility and relational depth of youth work. This tension is especially visible in housing and discharge planning, where practitioners often struggle to secure safe outcomes for young people due to systemic constraints. These cultural and structural barriers must be addressed to fully legitimise and embed HBYW within the systems that surround it.

4. Strategic ownership and alignment

One of the most persistent challenges facing HBYW is funding uncertainty. Short-term contracts and delayed funding decisions create instability for youth work providers, making it difficult to plan, retain staff, or take on new cases. This instability directly impacts frontline practitioners, who may be forced to seek more secure employment, disrupting continuity of care for young people and weakening the overall resilience of the service.

London’s VRU has provided strategic leadership and its role as a regional body provides oversight and connection across the city. It plays a vital role in both commissioning and championing HBYW, but their leadership alone is not enough. Over-reliance on VRUs can lead other key stakeholders – such as NHS Trusts, Integrated Care Boards (ICBs), and local authorities – to view the service as only the VRU’s responsibility. This disconnect is particularly problematic given that HBYW operates within NHS settings but is funded and managed externally, limiting its ability to align with health system priorities and embed fully into hospital infrastructure.

As the NHS shifts toward prevention and community-based care, HBYW is highly relevant. The service is already designed to support the reduction of hospital re-admissions, de-escalate crisis situations and support safer discharges. However, to realise its full potential, HBYW must be recognised as a core component of the NHS’s Neighbourhood Health agenda and other cross-governmental agendas. VRUs and youth work providers have a critical role to play in coordinating delivery in hospitals across regions and advocating for this integration – ensuring HBYW is not seen as an add-on, but as an essential part of a coordinated, preventative system of care.

Root issues and strategic leverage points

The above insights are broad, and we want to identify the common underlying root issues that drive them to focus system change efforts. While these are often deeply entrenched, they also represent clear opportunities for intervention. Below we outline five core and overlapping root issues.

1. HBYW is seen as peripheral by key stakeholders, despite its alignment with their priorities and its grounding in the public health approach

Although hospital-based youth work is a government manifesto commitment, with Violence Reduction Units securing funding to deliver the programme in 2025–26, it continues to be perceived by many key stakeholders, including the NHS, as a peripheral initiative. This perception is rooted in a lack of clarity about where the service fits within existing systems. Its positioning across health, youth services, and violence reduction means it often falls between institutional remits, making it difficult to anchor within national and local strategies.

This ambiguity is not helped by short-term and fragmented investment, which has left the service disconnected from major health agendas such as the NHS 10 Year Health Plan, Neighbourhood and Community-Based Care, and efforts to reduce health inequalities. The absence of a clear, system-wide narrative about the value of hospital-based youth work contributes to its under-recognition and vulnerability to short-term commissioning cycles. Yet there are clear opportunities to shift this, including alignment with cross-government initiatives like Prevention Partnerships and Young Futures Hubs.

2. The commissioning model limits cross-sector partnerships and sustainability

The London VRU's commissioning approach is intentionally long-term, reflected in its partnerships with Social Finance and the Behavioural Insights Team. It emphasises performance through peer learning and encourages youth work providers to share insights – aligning with the VRU's role as a strategic commissioner.

However, the current model doesn't fully reflect these principles. In London, where multiple providers are contracted, competition can discourage collaboration and limit influence on long-term strategy. The model also lacks accountability for hospitals and local authorities, with no formal mechanisms to support active mobilisation or address delivery barriers – such as integration of practitioners, delayed communication, limited involvement in multi-agency meetings, or access to honorary contracts. Short-term contracts and funding cycles further hinder relationship-building and staff retention.

3. Trusts do not consistently and formally integrate the service into the hospital

Some NHS trusts could go further in adapting their infrastructure to support hospital-based youth work – not doing so can leave the service without the visibility, access, or support it needs. Operational enablers like co-location with internal teams or access to NHS systems vary widely. Key processes, such as issuing honorary contracts or managing referrals, are often informal and reliant on individual goodwill.

This lack of structure forces practitioners to navigate systems on a case-by-case basis, relying on personal relationships and workarounds. While some succeed, this approach is fragile, inconsistent, and diverts focus from supporting young people. Without formal integration, HBYW remains peripheral in many hospitals – vulnerable to leadership changes, staff turnover, and shifting priorities.

4. Professionals have differing approaches to supporting young people affected by violence

HBYW practitioners are experts in contextual safeguarding, offering a flexible, relational approach that reflects the complex realities of young people's lives. In contrast, professionals in hospitals and local authorities often have to work within rigid, risk-averse systems focused on immediate risk and compliance. This creates a disconnect. Youth workers have historically focussed on (and had the freedom to focus on) broader social dynamics – like community threats, peer networks, and housing instability – that are often overlooked in statutory decisions. Given this lack of contextualisation, young people, especially those from racialised backgrounds, may be adultified, with their vulnerability underestimated. As a result, practitioners must often advocate strongly, leading to inconsistent support experiences across systems.

5. Unspoken beliefs and hierarchies influence collaboration and decision-making

Professionals' assumptions about young people and youth work can limit how they engage with the HBYW service. Young people may be judged by their behaviour rather than recognised as vulnerable individuals with complex needs, which affects referrals, information-sharing, and safeguarding decisions. These assumptions often reflect unspoken hierarchies across sectors, where youth workers are excluded from key decisions and spaces, signalling whose expertise is valued. Practitioners frequently have to prove their legitimacy before they can effectively advocate for young people.

Still, there are signs of progress, which are evidenced by these mental models being challenged and broken down. In some sites, relationships are strengthening and professionals show greater curiosity and empathy in their approaches with young people. Nonetheless, shifting mental models is one of the hardest parts of system change.

Eleven strategic recommendations to embed and sustain hospital-based youth work

The eleven recommendations in this paper address the root issues limiting the sustainability and impact of hospital-based youth work. They aim to reposition HBYW as a core, cross-cutting public service rather than a peripheral intervention. Each recommendation offers a practical lever for systemic change aimed at the broad set of stakeholders involved with the service.

They also highlight the importance of clearly articulating HBYW's value to key stakeholders, including its role in reducing hospital pressures, enabling safer discharges, and preventing violence. The London VRU is positioned to lead this shift, using its convening power to reframe HBYW as a preventative, neighbourhood-based public health intervention.

These recommendations are designed to build on the progress made by allied partners in the space. For example, the Violence Reduction Programme London has been a key partner in establishing violence as critical public health challenge and championing a public health-based approach to reducing violence. This is articulated in the In-Hospital Violence Reduction Services: A Guide to Effective Implementation². Additionally, the Youth Endowment Fund have and continue to produce evidence and guidance, including the A&E Navigator Programmes report³. These recommendations encourage partners to build on successes thus far, taking a similar approach to reframe HBYW in alignment with wider system priorities at a strategic level.

² Violence Reduction Programme London's (2022). In-Hospital Violence Reduction Services: A Guide to Effective Implementation

³ Youth Endowment Fund, (2021). A & E Navigators Programmes Implementation Resource.

Eleven strategic recommendations to embed and sustain hospital-based youth work



Recommendation 1: Build on the growing evidence base and policy alignment to secure long-term governmental funding

Relevant partner(s): National Government, VRUs

To embed hospital-based youth work sustainably, long-term funding must replace short-term cycles that undermine service continuity. The service aligns with national priorities on community health, early intervention, and violence reduction – as reflected in the Government’s commitment to place youth workers in A&Es^{4,5}, the long-term aim of the *Safer Streets* mission to reduce serious harm⁶, and the Young Futures Hubs programme which intends to establish a network of Young Futures Hubs and Young Futures Prevention Partnerships⁷. The Home Office and VRUs should use this alignment to make a compelling case for a long-term settlement, supported by emerging evidence from the Youth Endowment Fund and the Behavioural Insights Team. Stable funding would allow providers to retain skilled staff, maintain visibility in hospitals, and deliver consistent, trauma-informed support to young people.



Recommendation 2: Strengthen accountability by embedding hospitals and local authorities in commissioning structures from the outset

Relevant partner(s): VRUs, NHS Trusts / ICBs, Local Authorities

NHS Trusts / ICBs and local authorities must be active partners in commissioning HBYW. VRUs as lead commissioners should set clear expectations of the required infrastructure, data access, staff onboarding processes, and safeguarding participation. A mobilisation process – including workshops and implementation guides – should be co-developed with NHS Trusts to identify and address gaps before service launch. A similar approach should be taken with relevant local authority teams, particularly social care, housing and youth justice services.

⁴ House of Commons Written Question UIN 22371 (Whittome to Home Office) Youth Work: Accident and Emergency Departments. Tabled 7 January 2025. Answered 15 January 2025.

⁵ Labour Party, (2024). Change: Labour Party Manifesto.

⁶ National Government, access here: <https://www.gov.uk/missions/safer-streets>

⁷ House of Commons Written Question UIN 28305 (Mayer to House of Commons Commission) Children and Young People: Protection. Tabled 3 February 2025. Answered 14 February 2025.



Recommendation 3: Support Local Authority engagement to improve joint working and continuity of care

Relevant Partner(s): Local Authorities, Youth Work Providers, VRUs

Local authorities play a key role in the wraparound support hospital-based youth work depends on. Despite statutory duties like the Serious Violence Duty⁸, practitioners may face barriers such as exclusion from multi-agency and safeguarding meetings, delayed or withheld information and unclear guidance about statutory pathways.

LAs should take a more active role in embedding HBYW into local safeguarding systems through structured collaboration, timely information-sharing, clear escalation routes, and inclusion in multi-agency forums. Co-commissioning the service could align it with local prevention priorities and improve sustainability. The London VRU can support this by helping LAs adopt best practices from across the city.



Recommendation 4: Shift to a relational commissioning model that enables collaboration, shared accountability, and youth work provider influence over long-term strategy

Relevant partner(s): VRUs, Youth Work Providers, NHS Trusts / ICBs, Local Authorities

The VRU should adopt a relational commissioning **model** that reflects its strategic, long-term, and learning-oriented **approach**. This model would support youth work providers to collaborate, share insights, and shape service development. Exploring more relational frameworks could foster joint accountability across providers, hospitals, and local authorities, reducing competitive dynamics and encouraging openness. Embedding collaboration into commissioning structures would clarify roles and expectations, improve delivery conditions, and enable learning partners to drive real-time service improvement. Setting this precedent in terms of a relational commissioning model could have a broader impact beyond London, and likely beyond HBYW.



Recommendation 5: Integrate contextual safeguarding approaches and youth work expertise into multi-agency safeguarding forums

Relevant partner(s): NHS Trusts / ICBs, Local Authorities, Youth Work Providers, VRUs

HBYW practitioners bring deep contextual safeguarding expertise from working across hospitals, statutory services, and communities. We recommend adapting existing multi-agency safeguarding meetings – such as discharge planning – to embed contextual safeguarding principles, including assessing extrafamilial risks. With VRU support, up to three pilot hospital sites would co-develop protocols with youth work

⁸ Home Office, (2023). Serious Violence Duty – Statutory Guidance. <https://www.gov.uk/government/publications/serious-violence-duty>

providers, drawing on learning from innovations such as the Risk Outside the Home⁹ pathway and the Swansea CMET Panel¹⁰. These pilots would broaden safeguarding conversations and be shaped by youth workers' insights. The VRU would convene regular peer learning sessions, with the aim of scaling this model across hospital and local authority forums.



Recommendation 6: Use peer-to-peer learning to build core skills across the workforce, starting with system navigation

Relevant Partner(s): Youth Work Providers

Youth work providers should embed peer-to-peer learning as a central part of workforce development, recognising the deep expertise practitioners hold in engaging young people affected by violence. Short, practitioner-led sessions should spotlight key skills – such as bedside engagement, engaging young people over the phone, and navigating multi-agency meetings. A priority focus should be the latter, which is essential for new staff learning to operate across hospital, safeguarding, and statutory systems. This approach should complement formal training on complex needs like SEND and mental health.



Recommendation 7: Develop system-level outcome measures to assess genuine adoption of the public health approach

Relevant Partner(s): VRUs

To move beyond surface-level changes, VRUs across the country should work together to develop practical, system-level outcome measures that help local areas assess whether they're genuinely adopting a public health approach to violence reduction. These should go beyond individual outcomes for young people and evaluate how well local systems are working together to address root causes of violence. Individual outcomes for young people do not necessarily reflect whether fundamental blockers in the system have been challenged and place responsibility for those outcomes almost entirely on service youth work providers.

Indicators might include robust data-sharing agreements being in place, joint commissioning being used effectively, investment in early intervention, and measuring trauma-informed training across sectors. Measuring system-level progress would shift accountability from youth work providers alone and provide a clearer picture of whether stakeholders are collectively addressing structural barriers.

⁹ Contextual Safeguarding, (2024). Risk Outside of the Home Child Protection Pathways: Phase 2 Pilots.

¹⁰ Liverpool John Moores University (2024) Violence prevention in Wales: Swansea case studies report.



Recommendation 8: Codify and champion positive police-practitioner-young person relationships

Relevant Partner(s): Police, VRUs, NHS Trusts / ICBs, Youth Work Providers

HBYW practitioners often work as trusted intermediaries between young people and the police, helping to de-escalate situations and provide critical context. However, this role is not always recognised or supported. The VRU, police, and NHS trusts should document and promote effective models – such as the Royal London Hospital Police Trauma Support Team – that demonstrate how trauma-informed responses can improve outcomes. Codifying these approaches would help build stronger partnerships, reduce conflict, and ensure young people feel seen and supported. It would also reinforce the value of youth workers in multi-agency teams and support safer, more constructive engagement between young people and police.



Recommendation 9: Establish a cross-site learning forum for hospital leads and commissioners nationally

Relevant Partner(s): VRUs, NHS Trusts / ICBs, Youth Work Providers

A national forum should be convened quarterly by regional VRUs for hospital leads and youth work providers to share learning in relation to systemic challenges. This should build on similar precedents such as Redthread's HIVE conferences. This space would support open reflection on what enables HBYW, from data access and honorary contracts to embedding the service in safeguarding processes. It would also allow sites to explore flexible staffing models and build a shared understanding of strong practice. Over time, the forum could expand to include local authorities and community safety leads, helping to align hospital and community responses and build a national picture of what effective, embedded HBYW looks like.



Recommendation 10: Improve data collection, quality and infrastructure to demonstrate the full impact of the service

Relevant Partners (s): VRUs, Youth Work Providers, NHS Trusts / ICBs

Youth work providers should collect data that captures the full scope of hospital-based youth work, including how practitioners build trust, reduce risk, support access to services, and contribute to safeguarding and hospital decision-making. VRUs should set clear data expectations during commissioning to support service development and strengthen the evidence base. Data should also help practitioners demonstrate their value to hospital staff and partners. For long-term evaluation, infrastructure must enable evaluators to link provider data with health datasets, such as the Emergency Care Data Set (ECDS), to grow understanding of the service's broader impact.



Recommendation 11: Reframe and rebrand the HBYW practitioner role

Relevant Partner(s): VRUs, Youth Work Providers

VRUs and youth work providers should work together to reframe how the HBYW practitioner role is understood across systems. This includes developing clear, consistent messaging that highlights the practitioner's trauma-informed expertise, cultural competence, and ability to navigate complex systems. Public-facing communications should showcase the value of the role, while internal messaging should help professionals – such as clinicians and safeguarding leads – recognise practitioners as essential partners in early intervention and violence reduction. Rebranding the role would build legitimacy, improve collaboration, and ensure practitioners are respected and supported as core contributors to young people's safety and wellbeing.

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