

Shifting Systems to Embed and Sustain Hospital-Based Youth Work – Executive Summary

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Background to Hospital-Based Youth Work and our Recommendations

Hospital-based youth work (HBYW) places trained, specialist youth workers in A&E departments and Major Trauma Centres (MTCs) to support young people at moments of acute crisis – most often after incidents of serious violence. It centres on the idea of the reachable moment: the period following a traumatic event when a young person may be more open to support and more willing to engage with someone who understands their world and offers a non-judgemental way forward.

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.

Since its development in the UK in the mid-2000s, HBYW has become a recognised and valued intervention for young people, reflecting a public health approach to violence. While the service's impact at the individual level can be transformative, HBYW is too often 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.

What this paper aims to do

Since October 2023, Social Finance has been working as a learning partner to the London Violence Reduction Unit (VRU) and the three delivery organisations – St. Giles Trust, Oasis Youth Service and Catch22's Redthread services – with support from systems change advisor and founder of the Awareness TAP, Lennina Ofori. Our role has been to explore what helps and hinders HBYW in day-to-day delivery and in the broader systems it sits within. Over the course of the partnership, we've:

- Run workshops with frontline practitioners and service managers
- Supported youth work providers to improve how they collect and use data
- Led quarterly performance reviews, using data analysis to inform learning and planning
- Helped embed a culture of continuous reflection and improvement
- Engaged with partners across health, local government, policing and more to understand how HBYW is experienced and perceived within the wider system

Through this work, we've surfaced the practical barriers that practitioners face and the deeper system dynamics that drive them: how policy, funding, perception and relationships shape the effectiveness of HBYW. This paper brings those insights together to provide the basis for long-term system change. We identify five root issues and offer a set of eleven practical recommendations for VRUs (particularly the London VRU) as lead co-ordinators in embedding public health approaches to violence in their regions, local authorities, NHS trusts / ICBs, youth work providers and national government. While these recommendations are grounded in our work with the London VRU many of them will be highly relevant and applicable for VRUs and partners working outside of London. This paper is a final output, developed alongside the *Delivering Hospital-Based Youth Work Guide*, which credits providers' expertise and distills learning and examples of good practice. It complements existing resources, including the *Youth Endowment Fund's A&E Navigator Programmes* report¹ and the Violence Reduction Programme London's *In-Hospital Violence Reduction Services: A Guide to Effective Implementation*².

¹ Youth Endowment Fund, (2021). A & E Navigators Programmes Implementation Resource.

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

Five root issues affecting the embeddedness and sustainability of hospital based youth work

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

HBYW is often seen as a peripheral, VRU-led initiative rather than a core part of health, young people and violence reduction strategies, limiting its integration with key agendas like the NHS 10 Year Health Plan, Prevention Partnerships and Young Futures Hubs. The lack of clear articulation of the service's cross-cutting value contributes to its current position of being under-recognised and impacted by short-term funding and commissioning cycles.

Root issue 2: The commissioning model limits cross-sector partnerships and sustainability

The London VRU's commissioning approach promotes long-term learning and collaboration, but in practice, the model may encourage too much competition between providers and lacks accountability for hospitals and local authorities. Without formal mechanisms to hold partners account and long-term funding commitments, the current commissioning model hinders the full potential impact of the service.

Root issue 3: Trusts do not consistently and formally integrate the service into the hospital

Many 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. Key processes often rely on informal workarounds, making delivery inconsistent, and overly dependent on individual relationships. Without full integration into hospital systems, HBYW remains peripheral and vulnerable to leadership changes, staff turnover, and shifting priorities, which undermines its long-term impact.

Root issue 4: Professionals have differing approaches to supporting young people affected by violence

HBYW practitioners use a flexible contextual safeguarding approach focusing on the broader social realities young people face. In contrast, professionals in hospital and local authorities often have to work within rigid, risk-averse systems focussed on immediate risk and compliance. This can lead to broader risks being missed and requires practitioners to play an advocate-type role within the system.

Root issue 5: Unspoken beliefs and hierarchies influence collaboration and decision-making

Assumptions about young people and youth work can often limit how partners engage with HBYW, reflecting sector hierarchies that exclude HBYW practitioners from key decisions and require them to prove their legitimacy. However, there are signs of change and in many areas, stronger relationships and greater curiosity from professionals are helping to shift perceptions, showing the service's potential to reshape how young people are understood and supported.

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. **National Government and VRUs** should use emerging evidence and increasingly aligned policies to make the case for a stable funding settlement that enables consistent, trauma-informed support.



Recommendation 2: Strengthen accountability by embedding hospitals and local authorities in commissioning structures from the outset. **VRUs, NHS Trusts / ICBs and Local Authorities** should actively co-develop mobilisation processes and the VRU as lead commissioner should set clear expectations of partners on the infrastructure, data access, and safeguarding required to ensure service readiness and consistent delivery across sites.



Recommendation 3: Support Local Authority engagement to strengthen joint working and continuity of care. **Local Authorities, Youth Work Providers, and VRUs** should work closely to ensure HBYW is embedded within local safeguarding systems through consistent partnership working, information sharing and co-commissioning aligned with local prevention priorities.



Recommendation 4: Shift to a relational commissioning model that enables collaboration, shared accountability, and youth work provider influence over long-term strategy. **VRUs, Youth Work Providers, NHS Trusts / ICBs, and Local Authorities** should contribute to a commissioning model that is strategic, long-term and learning-oriented. Embedding collaboration into the commissioning model would clarify roles and expectations and will support youth work providers to be able to collaborate more and share learnings within a less competitive dynamic.



Recommendation 5: Integrate contextual safeguarding approaches and youth work expertise into multi-agency safeguarding forums. **NHS Trusts / ICBs, Local Authorities, Youth Work Providers, and VRUs** should pilot adapted safeguarding protocols that embed contextual safeguarding principles, drawing on HBYW practitioners' insights and supported by best practice across the sector.



Recommendation 6: Use peer-to-peer learning to build core skills across the HBYW workforce, starting with system navigation. **Youth Work Providers** should lead practitioner-led sessions to share expertise on key skills such as bedside engagement, engaging young people and families over the phone, and, particularly, navigating statutory systems.



Recommendation 7: Develop system-level outcome measures to assess genuine adoption of the public health approach. **VRUs** should collaborate nationally to create indicators that evaluate how well the public health approach to violence is being embedded in an area. Cross-sector collaboration, early intervention investment, and trauma-informed practice would all be potential indicators.



Recommendation 8: Codify and champion positive police-practitioner-young person relationships. **Police, VRUs, NHS Trusts / ICBs, and Youth Work Providers** should document effective models of police engagement in hospitals and promote practitioners' role in de-escalation and building trust between young people and police to support trauma informed engagement.



Recommendation 9: Establish a cross-site learning forum for hospital leads and commissioners nationally. **VRUs, NHS Trusts / ICBs, and Youth Work Providers** should convene national quarterly forums to share best practice, identify and problem-solve systemic challenges and align how hospitals work with youth work providers.



Recommendation 10: Improve data collection, quality and infrastructure to demonstrate the full impact of the service. **Youth Work Providers, VRUs, and NHS Trusts / ICBs** should strengthen data collection, quality and infrastructure to demonstrate the full impact of the service and ensure high quality data is readily available for robust evaluation.



Recommendation 11: Reframe and rebrand the HBYW practitioner role. **VRUs and Youth Work Providers** should develop consistent messaging that showcases practitioners' trauma-informed expertise, cultural competence, and ability to navigate complex systems on behalf of young people to have practitioners recognised as essential partners in early intervention and violence reduction.

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