

# Capabilities required of a learning partner to embed learning effectively



1. **Impact-led design of learning activity.** Ability to shape and adapt the mix of learning activities based on the objectives and priorities of the learning partnership.



2. **Curious inquiry.** Strong analytical capability to identify barriers and enablers at all the relevant levels, alongside the relational skills needed to engage partners openly and credibly.



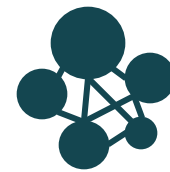
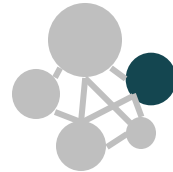
3. **Iterative, real-time learning.** Ability to work iteratively, translating learning and insight into action as the work progresses, rather than capturing learning only after delivery has concluded.



4. **Convening and influence.** Ability to bring partners together to surface shared learning, support collective reflection, and create the conditions for collaboration and system-level influence.

# Components of the Hospital-based Youth Work Learning Partnership

Learning partnerships can support both service improvement and a wider understanding of how services operate within their surrounding system. Through our learning partnership with the London VRU, we aimed to engage at three levels: with individual providers, across the provider group, and at the wider system level in which the service sits.



	Individual HBYW providers	Network of HBYW providers	Systems surrounding HBYW
Learning and improvement focus	<ul style="list-style-type: none"> <li>Identifying practical enablers and barriers to delivery</li> <li>Improving service quality and consistency</li> <li>Using data to inform improvement, and improving data quality to do so</li> </ul>	<ul style="list-style-type: none"> <li>Strengthening connections to support shared learning across HBYW providers</li> <li>Surfacing learning from both front-line delivery and management practice</li> </ul>	<ul style="list-style-type: none"> <li>Developing understanding of the broader system that enables or stifles HBYW</li> <li>Informing longer-term strategic commissioning decisions</li> </ul>

# Components of the Hospital-based Youth Work Learning Partnership

This surfacing of learnings sat across five different workstreams over the three years.

Workstream	Description	Impact
<b>Improving data quality</b>	At the beginning of the contract, SF reviewed the providers' data practices and worked to develop a clear set of data definitions for evaluation	Cleaner data for the evaluation, plus improved understanding of how data capture varies across the providers which informed the rest of the contract
<b>Quarterly meetings</b>	Quarterly meetings with providers to discuss data and impact, moving away from review towards learning and problem-solving. Lightened during the extension year.	Brokering and shifting the commissioner-provider relationship, problem-solving through understanding intricacies of the service
<b>Learning events</b>	Conducted a number of in-person and online learning events, with both frontline practitioners and with management	Learning shared across providers – positive feedback from each of the events
<b>Broader strategic learning</b>	Development of the Systems Paper, presented publicly on multiple occasions, plus the follow-up note	Resources and guidance for national-level lobbying and supporting the VRU as a strategic leader in the space
<b>Recommissioning support</b>	Support on developing the specification and quarterly data return for the recommissioned HBYW service, expected to be recommissioned in late 2026 for start in the 27/28 FY.	Embedding strategic learning into recommissioning design, both in relation to commissioning and data capture

# Balancing tensions within a learning partnership

Learning partnerships require the management of balance. They aim to improve service delivery while remaining alert to wider system effects; to support action and impact while protecting space for reflection; and to operate as a constructive partner in learning conversations while recognising the commissioner's role in setting direction and accountability. Whether led by a learning partner or by commissioners themselves, this work requires navigating a set of core balances, set out below.

Balancing points	Approaches taken in this learning partnership
<b>1. Impact on Service vs Systems</b>	Alongside improving local delivery, the VRU has a broader strategic aim to influence the national conversation on hospital-based youth work and promote a public-health approach to violence. This learning partnership intentionally worked across both levels, with activity focused on strengthening individual services while also generating learning to inform wider system influence.
<b>2. Delivery vs Reflection</b>	Providers' primary focus is rightly on frontline delivery. At the same time, creating space to reflect on practice and system dynamics is essential to allow services to adapt and improve. The learning partnership sought to balance this by keeping learning activity proportionate, targeted, and clearly linked to tangible improvements in day-to-day delivery.

# Balancing tensions within a learning partnership

Balancing points	Learnings and approach taken in this learning partnership
<b>3. Commissioner vs Partner</b>	The VRU has a formal role in holding providers to account for delivery against the contract. At the same time, service improvement depends on trust, openness and the ability to problem-solve collaboratively. Within the learning partnership, this balance was supported by adjusting the focus and tone of quarterly meetings to create space for joint reflection and learning, alongside contractual oversight.
<b>4. Collaboration vs Competition</b>	Competitive tendering can drive performance, innovation and fairness, but it can also limit collaboration and shared learning across providers. While providers value opportunities to work together and share resources, they are cautious about exposing intellectual property in a competitive environment. The learning partnership sought to balance this by creating structured, time-limited opportunities for collaboration through learning events, focused on shared challenges and areas of mutual benefit.
<b>5. Uniformity vs Flexibility</b>	Consistency and uniformity support performance management and system-level comparison. However, providers bring different delivery models and strengths, and overly prescriptive commissioning can limit professional judgement and responsiveness. The approach taken balanced this by recognising differences in provider delivery while maintaining a shared framework for measurement, and by informing recommissioning discussions that protect space for flexibility alongside agreed system expectations.