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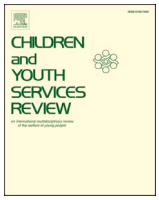

Evaluation of the Merseyside Navigator Programme: A hospital-based violence intervention programme for young people affected by or at risk of violence

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ABSTRACT

Youth violence is a major public health issue with profound effects on children, families, and communities. Hospital Navigator Programmes typically combine brief in-hospital interventions with intensive community-based case management to reduce risk factors for reinjury while cultivating protective factors. Such programmes are built on the concept of a "teachable moment" – periods following violent injuries when individuals are more likely to be open to adopting risk-reducing behavioural changes. Evidence for Hospital Navigator programmes is limited, and there is a lack of robust estimates of their impact within the UK context. This study aimed to describe the reach, effectiveness, adoption, implementation, and maintenance of the Merseyside Navigator Programme; a hospital-based violence intervention programme for young people affected by or at risk of violence at three hospital sites in Merseyside, England. Data was collected using qualitative interviews (n = 16) and a focus group (n = 1) with programme implementers and wider partners (n = 20). Young people (n = 14) participated through semi-structured interviews (n = 11) and qualitative questionnaires (n = 4). Online or phone interviews were conducted with parents/carers of young people (n = 3). Our findings suggest that Hospital Navigator programmes can effectively engage some young people at critical moments, increasing access to support services and improving physical and mental wellbeing, educational and employment outcomes, family relationships, and future aspirations. Key facilitators included a youth worker-led model, parental engagement, safeguarding support, flexible working hours, and ongoing awareness activities among hospital staff. Integrating Hospital Navigator Programmes into hospital structures and cultures requires significant preparatory work, complicated by UK-specific factors like short-term funding and commissioning cycles, and financial and staffing pressures within the UK health service.

1. Introduction

Youth violence is a major public health issue with profound effects on children, families, and communities. Globally, approximately 193,000 homicides occur annually among individuals aged 15–29 years, representing 40 % of the total number of homicides worldwide each year (WHO, 2024). In 2023, a survey by the Youth Endowment Fund (YEF) of 7,500 children in England and Wales revealed that 16 % of 13 to 17-year-olds were victims of violence in the past 12 months, with 68 % of these victims sustaining physical injuries. Additionally, 44 % witnessed violence, and nearly half (47 %) had either been a victim or a witness to violence in the past year (YEF, 2023). Over the past decade, the number of young people losing their lives to violence and the number being admitted to hospitals for knife assaults England and Wales has increased (ONS, 2025). In 2023–2024, 53 young people aged 13 to 19 in England and Wales were killed with a sharp object (ONS, 2025), while 655 children in England received hospital treatment for assault by sharp object – an increase of 38.2 % compared to a decade earlier (NHS Digital, 2015; NHS Digital, 2024).

Young people who visit the accident and emergency department (A&E) for assault-related injuries face a significantly higher risk of experiencing another violent injury within two years compared to their non-assault-injured peers (Cunningham et al, 2015) and research indicates that young people involved in violent crime – whether as victims

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or perpetrators – face significant risks to their mental health and overall well-being. In response, Hospital Navigator Programmes have emerged as a promising intervention to reduce risk factors for reinjury while cultivating protective factors (Purtle et al, 2013). Hospital Navigator Programmes are built on the concept of a "teachable moment" – a period following a violent injury when individuals are more likely to be motivated and open to adopting behavioural changes that reduce risk (Johnson et al, 2007; Deepika et al, 2021). By intervening at the time of injury and providing comprehensive, trauma-informed support throughout hospitalisation and recovery, Hospital Navigator programmes aim to leverage the "teachable moment" to engage with patients to disrupt cycles of violence, address underlying risk factors, and strengthen protective supports that foster healing and resilience (Purtle et al, 2013). "Teachable moment" is a phrase that appeals to service providers because it suggests a unique opportunity to connect and offer help. However, the idea is contested within the literature, and the term is used in different ways. Lawson and Flocke (2009) reviewed all records containing the term "teachable moment". They found that in most cases (81 %), it was used synonymously with 'opportunity' to encourage behaviour change. In 17 % of cases, it was applied retrospectively, when a situation unexpectedly led to change. Only in 2 % of cases was it defined more precisely, as an event that triggers emotional or cognitive responses that might lead to change. More recently, McDaniel et al. (2024), questioned whether the hospital setting itself is truly a teachable moment, or whether it rather presents a suitable chance to begin engagement. As such, while this article refers to the hospital interaction as a potential teachable moment, the authors acknowledge that what counts as "teachable" is complex and not always clearly defined.

North American research has demonstrated that Hospital Navigator programmes can be effective in reducing repeat violent injuries (Brice and Boyle, 2020). Given their potential to improve individual health outcomes, support healthcare services, and generate wider societal benefits, Hospital Navigator programmes are increasingly recognised as valuable, not only for their potential impacts on reducing the financial strain on trauma systems by preventing recurrent violent injuries, but also for their role in addressing the root causes of violence and fostering safer communities (Purtle et al, 2013). Such programmes have been widely adopted across the UK, aligning with the Serious Violence Duty's emphasis on early intervention and multi-agency collaboration (Home Office, 2023). Redthread's Youth Violence Intervention Programme (YVIP) is one of the most established models, operating in major trauma centres across London, Birmingham, and Nottingham. Evaluations of Redthread and similar programmes suggest Hospital Navigator Programmes are acceptable to young people and may improve access to support and reduce risk factors associated with violence (Butler et al., 2022; Gaffney et al., 2021; Wortley & Hagell, 2021). However, much of the existing UK evidence is based on small-scale evaluations with limited outcome data, and there remains a need for robust, context-specific evaluations to strengthen the evidence base.

This study aimed to address the evidence gap by evaluating the Merseyside Navigator Programme; a hospital-based violence intervention programme for young people affected by or at risk of violence in Merseyside, England. The evaluation aims to describe the reach, effectiveness, adoption, implementation, and maintenance of the programme, using the RE-AIM framework (Glasgow et al, 2019).

2. Methods

2.1. The Merseyside Navigator programme

The Merseyside Navigator Programme provides support to children and young people (aged 10–24) affected by or at risk of violence attending A&E departments in three hospitals in the Merseyside Region (Alder Hey Children's NHS Trust (AHFT), Aintree Hospital and Royal Liverpool Hospital) (MYA, n.d.). Between May 2021 and October 2024, the Merseyside Violence Reduction Partnership (MVRP) commissioned Merseyside Youth Association to implement the Merseyside Navigator Programme, following a pilot at AFHT between December 2019 and May 2021. The programme employed between two and four full-time Navigators during the three year evaluation period, (one of whom also took on a project manager role).

The Merseyside Navigator programme model offers support to young people through three core stages: crisis and safety support, stabilisation support and maintenance support. The first component, crisis and safety support, involves initial contact at the hospital or follow-up after discharge to build trust and assess immediate risks and support needs. The second component, stabilisation support, offers a short phase of intensive, personalised support in community settings, including assessing each young person's unique needs, goal setting, and development of a co-designed action plan. The final component, maintenance support, connects young people to community partners for tailored interventions through referrals to services such as mental health support, youth services, and education or employment opportunities, with follow-up meetings to assess progress and additional support needs.

2.2. Data collection

This qualitative study was part of a wider mixed methods evaluation. A qualitative aspect was employed to gather in-depth insights from various stakeholders, parents/carers and young people who have engaged in the programme. Data collection methods included semi-structured interviews, focus groups, and qualitative questionnaires. Semi-structured online interviews (n = 16) and a focus group (n = 1) were undertaken with programme implementers and wider partners (n = 20) which explored their views on the programme's implementation, outcomes, and sustainability (see supplemental table 1). Online or phone interviews with parents/carers of the young people (n = 3) took place to gain their perspectives on the programme's impact on their children and family dynamics. Young people (n = 14) took part in semi-structured interviews (n = 11) and qualitative questionnaires (n = 4) to explore young people's views on the intervention, areas for programme development, and actual and anticipated intervention impacts (see supplemental table 2). Participants were recruited via convenience sampling, facilitated by Navigators, who acted as gatekeepers. Topic guides were developed for the interviews based on the existing literature and study aims, and covered the background of the intervention, experiences and progress in implementing the intervention across Merseyside and within each implementation site/community partner, supporting and impeding factors to implementation (including how impeding factors were addressed), areas for development, actual and anticipated intervention outputs and impacts, and programme sustainability.

Data collection was predominantly undertaken by the two first authors (the third author conducted some young people/programme implementer/wider partner interviews) between July 2022 and September 2024; all interviewers were female with post-graduate qualifications in public health. Participants were selected using convenience sampling. Young people involved in the Merseyside Navigator Programme were approached by their Navigator, who asked if they were willing to participate in the study. Those who agreed were then scheduled for interviews with the researchers. Informed consent was obtained from all study participants, young people were provided with a verbal description of the study from a Navigator and a participant information sheet with contact details for the evaluation team. Consent for interviews was obtained through a signed consent sheet and verbal consent before the interview. Prior to interviews, young people were again given a verbal description and the opportunity to ask questions. Completion of the survey was considered consent, with participants checking a box to indicate their agreement. Written and verbal consent for practitioners' interviews was obtained before the interview started. The researchers had no prior relationship with the participants. All face-to-face interviews took place at the delivery partner office, which are

used by Navigators to deliver support outside the NHS settings. The young people were given the choice to have a navigator and/or their parent present during the interview, according to their preference. A topic guide was developed based on the literature which asked young people and their parents/carers about their experiences of the Navigator programme and the impact of the programme on their families. Interviews and focus groups were audio recorded and transcribed verbatim.

2.3. Data analysis

The qualitative data were analysed in NVivo version 12 using thematic analysis, a method that involves identifying, analysing, and reporting themes within the data. The analysis followed the six-phase approach outlined by Braun and Clarke (2006), which included familiarisation; generating initial codes; searching, reviewing, and defining themes; and writing up. When no new codes were identified in the data it was concluded that data saturation had been reached (Guest, Namey, & Chen, 2020). An inductive-deductive approach was taken to analysis. Inductive themes were initially generated during the thematic analysis and these themes were then mapped to the RE-AIM framework developed for the consistent reporting of research results. The RE-AIM framework is designed across five dimensions (reach, effectiveness, adoption, implementation, and maintenance) to evaluate the translatability and public health impact of health promotion interventions (Glasgow et al, 2019). Analyses were conducted by the first (female, MSc, research assistant in public health) and second (female, PhD senior researcher in public health) authors and themes were reviewed by the third author (female, PhD, Professor in public health) to ensure reliability.

2.4. Ethical considerations

Ethical approval was obtained from Liverpool John Moores University (ref: 21/PHI/018), and Clinical Audit Approval was granted by AHFT (ref: 6445) and LUHFT (ref: 11972). Informed consent was obtained from all participants, and confidentiality was maintained throughout the study. Participants were assured that their responses would be anonymised and used solely for the purpose of the research.

3. Findings

3.1. Reach

The Merseyside Navigator programme targeted young people aged 10–24 who were affected by or at risk of violence, exploitation, or other criminal activities. Any member of staff within the two hospital trusts could refer a young person to the programme whilst on site via an online referral form on the hospital IT system. Navigators could also identify referrals through patient records, ward handover meetings and direct engagement with young people and families at the hospital site. To maximise reach, participating Navigators described encouraging Hospital Trust staff to refer young people even when there was uncertainty about them fully meeting the eligibility criteria (for example, if violent injury was not the primary reason for admission) to allow assessment by the Navigator team. Participants also discussed that eligible young people referred to the programme often had varied and complex needs (including poor mental health, substance use problems, risk of homelessness, gaps in education and employment, and neurodiversity) which required tailored provision to meet their needs.

The Merseyside Navigator programme seeks to reach young people at a "teachable moment". During this "teachable moment", young people who are coming to terms with a violent injury in hospital are away from their usual environment and peer network and are viewed as at a critical juncture where they may be more amenable to behaviour change and accepting support. However, what constitutes a "teachable moment" is debated, and in this context, it may be more accurate to describe the hospital interaction as an opportunity for initial engagement rather than a moment of learning or behaviour change. As quoted below, Navigators felt meeting young people face-to-face at this moment facilitated their engagement. Participating young people described their Navigators as being friendly, understanding, and approachable during this first meeting which helped them build trusting relationships.

> *"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… in terms of positive engagement" (S14).*

However, barriers were also identified by participants which limited the reach of the programme. Stakeholders noted that many young people who initially accepted a referral to the Navigators during a 'teachable moment' later declined further support or did not respond to follow-up. As quoted below, some young people found being in hospital a stressful and overwhelming situation and did not always feel they were able to make an informed decision during the "teachable moment" regarding their participation in the programme. Navigators similarly acknowledged that for young people with severe injuries or trauma, the time of their admission to hospital wasn't always the most appropriate "teachable moment". Other young people described initial reluctance to engage due to unfamiliarity and negative past experiences of support services. Staff similarly described having to work to overcome a prevalent distrust of services among some young people, particularly those involved in gang-related activities, where "there's that snitch mentality and a, like reluctance to share, or to grass [inform on] someone up in some senses" (S12). This raises questions about whether the programme truly captures a 'teachable moment', or whether the hospital-based intervention is better understood as a unique opportunity for initial engagement.

> *"I was really tired and stuff, because I had an IV in my arm…I looked into it when I'd like, went back to my accommodation…and then he rang me a few days later … I was a bit overwhelmed at the time (YP7).*
>
> *"I don't like to enter when stress is very high, I quite like to go in on a bit of a…even playing field in the sense, so they're happy and they're comfortable as much as they can be given the circumstances" (S12).*

There was also a sense from the participants that the reach of a "teachable moment" could be fleeting for some young people. Some stakeholders described young people experiencing a change in mindset once they were discharged from hospital and returned to their normal lives, leading to disengagement from the programme. Stakeholders did not view this as an outright failure of the programme but regarded the Merseyside Navigator programme as achieving its initial objective of engaging young people at a critical moment and connecting them with necessary support. They also felt that for young people who did not accept further support, the teachable moment itself had value by enhancing safety, reducing isolation, increasing self-protection knowledge, and making them aware that support was available should they need it in the future.

> *"There's a multitude of factors that surround the criminal exploitation of children…gang and knife crime…county lines…young people feel very scared. It's really difficult to trust somebody…what the Navigators are really skilled at is continuing to try and say…at some point, you might just want to give me a call. When you do, I'll pick up the phone and I guarantee I'll have a conversation with you" (S8).*

3.2. Effectiveness

The primary aim of the Merseyside Navigator programme is to guide young people away from violence and criminal activity to prevent future violence victimisation or perpetration. However, during the implementation of the programme, stakeholders and young people participating in the qualitative interviews reported several secondary

outcomes emerging from the programme, including increased access to support, improved physical and mental wellbeing, education and employment, increased future aspirations, and improved family relationships.

3.2.1. Increased access to support

Increased access to support was frequently highlighted by both stakeholders and young people as a significant outcome of the Merseyside Navigator programme, particularly for those who were not previously receiving any form of support. Navigators played a crucial role in encouraging young people to engage with services they were either unaware of or reluctant to access due to feelings of shame associated with seeking help. Examples included drug and alcohol services, mental health services, bullying support services and re-engaging with education. Navigators also assisted young people in navigating complex systems. For instance, one young person was supported in accessing emergency accommodation, thereby preventing homelessness and rough sleeping. For some young people, having the Navigator to advocate for them brought increased feelings of safety: "knowing a place is out there available keeps me at ease" (YP5). As one young person described, "it's nice to know we've got someone in your corner…I'm not used to feeling like that (YP7)". Navigators also supported young people to engage in recreational activities including boxing, sports, drama and music programmes and youth clubs, often attending their initial sessions to facilitate their engagement and advocate on their behalf. Navigators also made use of regional youth funding to sustain young people's engagement in activities and maintain supportive peer networks. For example, one young person described how the Navigator helped them access funding to continue attending a gymnastics club which helped sustain their peer network "because I've got a lot of friends there, and they're all quite like, supportive there" (YP13).

> *"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" (YP7).*
> *"Our ability to be able to engage and then refer. People don't know what's around them. …they don't know that there might be an amazing boxing gym just up the road, so because they have special needs they can access free. They don't know that, but we do, so our ability to be able …offer that little bit of sunshine…in what is a pretty dark time, it's so important" (S2).*

3.2.2. Improved physical and mental wellbeing

Interviewees reported improved physical and mental wellbeing as a result of both support from the Navigators and from the activities and services they had been referred to. Positive impacts from engaging with the Navigators included feeling healthier, happier, more open to sharing their emotions, and reduced stress, anxiety and anger. Young people referred to sports activities reported improved fitness, physical strength, discipline, and reduced stress. Young people also described how being involved in sports, arts and youth clubs made them feel safer, allowed them to express their feelings, and encouraged them to socialise and make new friends. Young people described how this, in turn, increased their confidence, brought an increased sense of independence, reduced their isolation, and increased their motivation. This enhanced confidence was evident during interviews, with several young people acknowledging that they would not have had the courage to participate in discussions with the researchers without the support they received from the Navigators.

> *"Well now, I'm more fitter [sic]. I go boxing because he got me into boxing. I feel more confident in myself like I feel like more energetic and like I feel better in myself, do you know what I mean?… it [boxing] just makes me happy when I do it…it just takes everything off my mind, or if I'm stressed" (YP2).*
> *"Basically helping me build up the courage to speak to other people and stuff" (YP12).*
> *"They have helped me to stand on my feet" (YP2).*

3.2.3. Education and employment

Prior to engaging with the Navigators, several young people were out of education and employment. Navigators supported parents/carers to understand their own and statutory agencies' (e.g. schools) responsibilities to ensure children can access educational settings, including the additional support young people may need to facilitate this. Examples of support discussed by participants included appealing an expulsion, working with schools to make the environment safer, and providing children with access to a school mentor. As a result, young people described developing strategies for managing challenges at school and experiencing a more positive and supportive educational environment.

> *"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" (YP10).*

Navigators also played a role in enhancing young people's vocational aspirations and facilitating access to employment opportunities. Examples included supporting young people to enrol in a vocational engineering course at college, attend an army recruitment centre, and speak to an NHS professional about a career in nursing. For one young person, the Navigators advocated for them by contacting their current employer to explain the young person's situation and why they may feel demotivated at work or miss shifts. Following this, the young person was granted a leave of absence from their workplace and received support from their Navigator to stabilise aspects of their life so that they were able to return to work.

3.2.4. Improved family relationships

Positive impacts were also reported for the families of the young people involved in the programme through reduced stress and improved relationships with family members. For example, in the quote below, one young person explains that the support from the Navigators helped reduce her anger and arguments with her father, thereby improving their relationship. Parents expressed relief knowing that their child was socialising outside of the family home but safely under the supervision of the Navigator, who was seen as a trusted adult.

> *"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" (YP9).*
> *"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" (P3).*

3.2.5. Increased future aspiration

Many young people expressed having a greater sense of hope for the future following engagement with the Merseyside Navigator programme. Participants described this being given "support in the right direction" (YP3) which could "lead [sic] you a path in life and, like, get you further" (YP2). Participants described how they had felt isolated and lacked energy and direction when they first engaged with the Merseyside Navigator programme, but that they now felt more motivated to think towards the future and aspire to positive longer-term outcomes. Three participants shared their aspirations for a positive future which included reengaging with university, securing employment, and potentially owning their own homes.

> *"Just to live a happy life, isn't it? Like have a nice job, have a nice house" (YP1).*
> *"Thinking about like, what I want to do next… to get a job. And then eventually, like, get my own place" (YP3).*

3.3. Adoption

The Merseyside Navigator programme was delivered at three hospital sites: one paediatric hospital (AHFT) and two adult hospitals (Royal Liverpool and Aintree). AHFT had piloted the programme with one Navigator in post between December 2019 – April 2021 (this pilot period was extended due to the Covid-19 pandemic). By the start of the implementation period, the Navigators were well embedded at this hospital site with access to the patient IT system and an established office space within the A&E department, which facilitated collaboration with the safeguarding team and various hospital wards. Over the implementation period (between September 2021 and October 2024) over half of referrals received by the programme (n = 625) were received from AHFT (n = 367) compared with Royal Liverpool (n = 133) and Aintree (n = 125). The qualitative findings highlight that for the two hospital sites joining the programme at the beginning of the implementation period, time was needed to embed programme adoption. For example, at Aintree, Navigators faced space constraints and limited eligible referrals from A&E in the first year of implementation, leading them to base themselves in the safeguarding team office during year two and visit A&E and trauma wards as needed. At Royal Liverpool, space limitations and safety concerns meant that Navigators did not establish a base behind the A&E reception until the third year of implementation which limited their ability to observe incoming patients during the first two years. Navigators also did not have access to the patient IT system at these hospital sites during the implementation period which reduced their ability to identify eligible patients.

Navigators found maintaining the boundaries of their role difficult during the early stages of adopting the programme. As youth workers, Navigators were used to ongoing casework. They acknowledged it took some time for them to adapt to delivering briefer interventions and shifting their focus to securing referrals for young people. As they adopted the programme, Navigators had to negotiate the balance between taking sufficient time to build trust with young people and their families whilst setting clear boundaries and expectations on the intensity of support the programme could provide for these young people.

> "It's getting used to we're not ongoing caseworkers…We've referred them out. They might still be struggling, but the places we've referred them to are the ones that are gonna help with that…it's been a learning curve" (S1).

Stakeholders acknowledged that encouraging adoption across the three sites involved significant ongoing work to raise awareness of the programme and encourage referrals. To increase awareness of the programme among senior leaders and frontline practitioners, Navigators and NHS partners undertook various activities, including attending relevant meetings, participating in hospital events, and developing promotional materials for times when Navigators were not on site. Stakeholders reported this engagement work contributed to successfully embedding the Navigators within the hospital systems and significantly increasing relevant referrals. As one stakeholder noted, "our referral rates have gone right up…that is a product of the hard work we've put in as a team to promote and educate within the hospital environment" (S8). Due to the high turnover of staff and junior clinician rotation within the A&E departments, this engagement work had to be sustained across the implementation period to sustain programme adoption. Stakeholders observed that once clinicians made an initial referral and found the process accessible and successful, they were more likely to continue making referrals.

> *"A lot of it is all based upon relationships, very often when we're talking to medics about doing a referral…Once they know that they can access that project, they will tend to carry on referring to them. So, if they know that a Navigator is in a hospital and that they're going to help them, then that's the easiest way of continuing and building upon that work, the relationships that they have" (S15).*

> *"I think they [the Navigators] are more recognised in Alder Hey and in Aintree and it's improving in the Royal" (S16).*

3.4. Implementation

The programme maintained fidelity to its original three-phase model of support: crisis and safety support, stabilisation support, and maintenance support. This model was consistently applied across all three hospital sites. The programme also adhered to its eligibility criteria, targeting young people aged 10–24 years who were affected by or at risk of violence. However, minor adaptations were made to improve programme implementation and delivery. For example, Navigators adjusted their working hours to align with peak times for violence-related attendances, including evenings and weekends, which helped maximise their presence during critical times.

Initially, Navigators conducted follow-up reviews with young people at a fixed three month post-referral point. This was later adapted to a more flexible approach to maximise engagement, allowing reviews to occur closer to the young person's last engagement with their Navigator. The referral form was also shortened and adapted to facilitate referrer completion and ensure key monitoring measures were captured. Additionally, the Strengths and Difficulties Questionnaire (SDQ) (Goodman 1997), which was initially used to measure distance travelled was replaced with a bespoke distance travelled tool developed by the Navigator team following Navigator and young people's feedback on the length and accessibility of the tool.

Several factors facilitated the implementation of the programme. The programme's youth worker-led model was crucial in building trusting relationships with young people. Navigators were described as "not like most others" (YP10) and that they were "easier to speak to than most people" (YP12). Participants described how their Navigator "made us feel safe" (YP5), was "friendly" (YP3), listened to how they were feeling (quoted below), was "*down to earth"* (P2) understood their experiences, "make you feel comfortable…and who understands you" (YP2), and were "actually willing to help" (YP7). These qualities fostered a stronger therapeutic relationship between the Navigator and the young person, allowing them to share their experiences more openly "because if like I didn't understand [Navigator]…didn't feel comfortable by him, I wouldn't tell him like as much…wouldn't really like get as close to him" (YP2). Additionally, engaging parents/carers was also seen as crucial in facilitating young people's engagement, with parental support helping break down barriers to access and ensuring consistent support and encouragement for young people as they went on to further engage in the programme. For Navigators, formal safeguarding support and reflective case management were critical for ensuring Navigators could effectively address the needs of young people and provided a dedicated space for Navigators to debrief and address their own wellbeing needs.

> *"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" (S12).*

3.5. Maintenance

Overall, the programme was seen by participants as well-integrated within the hospital systems, with increased familiarity and referrals from hospital staff. Stakeholders viewed the programme as sustainable and embedded within the three hospitals, particularly after all four Navigators were in post.

However, the programme encountered ongoing challenges in recruiting and retaining staff, primarily due to delays in obtaining NHS honorary contracts and the short-term nature of programme funding which was reviewed and renewed on an annual basis throughout the implementation period. These issues resulted in all four Navigator posts

not being concurrently filled until the final year of implementation (2023/24). Participants felt this staffing instability caused delays in initial implementation, reduced the time available to support young people, necessitated the implementation of a waitlist in 2022/23, and hindered the maintenance of established relationships at hospital sites and with young people. Additionally, growing financial and resource pressures within the NHS impacted staff capacity to refer young people to the Navigators, and also resulted in long waiting times for young people referred by the Navigators to NHS services such as Child and Adolescent Mental Health Services (CAMHS) for maintenance support.

> *"The two main challenges of being staff recruitment and retaining staff when you're on a short-term contract, people do naturally look elsewhere if they're only on a short contract and if they get offered a full-time position, you can see why they would take that. And then also get access in the hospitals and get in those honorary contracts in place have been the two main challenges" (S1).*

4. Discussion

This study qualitatively explores the implementation of a Hospital Navigator Programme to reduce youth violence across three hospital sites in the North West of England. Hospital Navigator programmes have been widely implemented in the UK as an approach to support young people attending A&E departments following violent injury. However, despite widespread implementation, there remains a lack of evidence on how effective these UK programmes are in reaching their primary outcomes of reducing youth violence and youth involvement in criminal activity. The evidence on the effectiveness of these programmes comes solely from RCTs conducted in the US, where the evidence suggests they can be effective in reducing violent crime (YEF, 2022, Cooper et al, 2006; Zun et al, 2006). However, the contextual differences between US and UK health services and the heterogeneity of measures used in these programmes make it challenging to transfer these findings to the UK context (Brice and Boyle, 2020). For these reasons, along with variations in UK models, evaluations of Hospital Navigator programmes in the UK to date have failed to produce sufficiently robust outcome measurement to indicate effectiveness (Gaffney et al, 2021). Qualitative studies of Hospital Navigator programme implementation therefore provide an important addition to the UK evidence base by providing vital contextual information on programme implementation, which can be used to inform the design and development of robust and feasible RCTs and quasi-experimental studies. By using the RE-AIM framework, we present our findings in a way which encourages programme planners and researchers to pay attention to essential programme elements that can improve the sustainable implementation and adoption of Hospital Navigator programmes (Glasgow et al, 2019). It is also vital that violence reduction programmes for young people are informed by their views and experiences (Home Office, 2022), and our study contributes to the current gap in qualitative data from young people participating in Hospital Navigator Programmes.

Hospital Navigator programmes are built on the concept of reaching young people at a "teachable moment" following violent injury, when young people are more likely to be open and motivated to adopting behaviour change that reduces risk (Johnson et al, 2007; Deepika et al, 2021).

By intervening to provide comprehensive, trauma informed care from the point of injury, Navigators aim to leverage this teachable moment to disrupt cycles of violence, address underlying risk factors and strengthen protective factors (Purtle et al 2013). While participants in our study recognised that meeting young people face-to-face at this teachable moment could lead to positive engagement, our study did highlight some complexities of the teachable moment in Hospital Navigator programmes. Firstly, participating stakeholders noted many young people who initially accepted a referral to the Merseyside Navigator programme at this teachable moment later declined support or did not respond to follow-up. Stakeholders described the fleeting nature of the "teachable moment" for some young people, who could have a change of mindset once they returned to their normal lives, compounded by previous negative experiences or distrust of support services. Some participating young people described not feeling able to make an informed decision around participation during the teachable moment, due to the stressful and overwhelming experience of hospital and their injury. McDaniel et al (2024) argue that the UK Government's promotion of teachable moments in the Serious Violence Strategy (Home Office, 2022) has not fully considered the historical evidence on the limitations of A&E based brief interventions. Namely, A&E departments are often a place of acute distress where caseworkers may be refused due to a range of factors including distrust, feelings of judgement, social skill deficits or low self-esteem (McDaniel et al, 2024; Herrera et al, 2013; Smith et al, 2015). Participants in our study acknowledged that engaging with young people during a teachable moment in hospital could produce short-term benefits by increasing a young person's awareness of available support should they need it in the future. However, in agreement with previous studies (McDaniel et al, 2024; Castro-Bilbrough et al, 2021; Thomas et al, 2022), stakeholders and young people in our study emphasised that the time taken to build a sustained and trusted relationship was the key facilitator of young people's engagement with the Merseyside Navigator programme and achievement of positive outcomes. Brice and Boyce (2020) highlight this distinction in Hospital Navigator programme designs between brief interventions and longer case management interventions and suggest longer Navigator interventions may be most effective with rapport increasing with each session received. This highlights an important distinction between the initial hospital interaction ('teachable moment') and the longer-term mentoring relationship that develops through sustained Navigator involvement. While the hospital setting may offer a brief window to initiate contact, our findings suggest that this moment alone rarely leads to meaningful change. It may be more accurately understood as an opportunity for initial engagement, rather than a teachable moment. It is the ongoing, trust-based relationship that enables young people to reflect, engage meaningfully, and work towards positive change. As such, the "teachable" aspect of the intervention is not embedded in the hospital interaction itself, but through the mentoring relationship built over time.

Building a trusting relationship between the Navigator, young person and family was regarded by study participants as a key facilitator of the Merseyside Navigator programme. Participating young people reported their Navigator made them feel safe, comfortable, understood and listened to, which helped them to engage with support and discuss their needs more openly. Young people also made favourable comparisons between their relationships with their Navigator and previous relationships with support professionals, suggesting some prior distrust of services. Trusted relationships are recognised in the literature as a key mechanism in achieving successful youth navigator interventions and mentoring and befriending interventions more broadly (Sutherland et al, 2023, Gaffney et al, 2021; Axford et al, 2023). In addition, participating stakeholders felt the youth worker led nature of the model aided this trusting relationship due to their casual delivery style, established experience of working with young people who were not engaged with statutory services, and greater flexibility to meet and work with young people in the community (compared with hospital-based clinicians). Navigators in our study were employed by a county-wide third sector youth organisation with an established programme of interventions and activities across the region, existing links with partner organisations and established venues to meet with young people. Health-sector participants also valued having a flexible external organisation who could deliver the programme and alleviate resource pressures within the NHS. Existing evaluations of UK Hospital Navigator programmes demonstrate that Navigators come from a range of backgrounds including youth work, social work, nursing, probation and medicine, with insufficient evidence to demonstrate which, if any, of these models are most

effective (Gaffney et al, 2021). Our study also identified some key considerations for youth worker led models including ensuring Navigators had access to safeguarding supervision to support them in their practice (in line with what is available to hospital staff) and ensuring clear role boundaries for youth workers as they move from more intensive casework to a briefer form of intervention.

Stakeholders and young people qualitatively reported a range of short-term and intermediate outcomes from the programme. Participants described how the Merseyside Navigator programme led to increased access to support services and recreational activities for young people including those currently not in receipt of alternative support due to a range of factors including lack of awareness, and reluctance to access support due to distrust or feelings of shame associated with help-seeking. Navigators facilitated this by increasing young people's feelings of safety and trust, assisting them in navigating complex health and social care systems, supporting their engagement by attending initial sessions with them, advocating for the young person's needs and supporting with access to funding. This aligns with a previous US-focused systematic review, where attitude change and service utilisation were the most commonly reported positive outcomes for young people (Brice and Boyle, 2020). As a result, participants reported a range of intermediate outcomes for young people including improved physical and mental wellbeing, engagement with education and employment, increased future aspirations and improved family relationships. Our findings align well with the existing research, where stakeholders, young people and families involved in Navigator interventions report individual improvements and high levels of satisfaction, but the highly individualised and varied nature of these outcomes means they are challenging to measure and evaluate (McDaniel et al, 2024). The Merseyside Navigator programme initially trialled the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) at initial contact and three-month follow-up, but Navigators and young people found this measure too long and complex for the brief nature of the intervention. A bespoke distance travelled tool was then developed by the youth organisation delivering the programme, but completion of this measure over the second and third years of implementation was low (pre = 81, post = 24, data not reported above). Previous evaluations of Hospital Navigator programmes have found similar issues in measuring programme effectiveness (Appleby et al., 2023), and future research should focus on identifying outcome measures which are feasible, acceptable and which sufficiently capture the outcomes which are meaningful to young people.

Our study also produced insights into the implementation and adoption of the Merseyside Navigator programme which could prove useful for future programme and evaluation design. Firstly, programme implementers and evaluators should not overlook the time and contextual work required to embed a new Hospital Navigator programme into complex hospital systems. Navigators and hospital staff described the importance of awareness raising activities (such as regular attendance at meetings, handovers and hospital events) and buy-in from senior leadership in ensuring programme adoption and eligible referrals. High turnover of junior clinicians in A&E settings required this work to be ongoing across the three-year implementation period. A number of contextual barriers including access to the relevant IT systems and identifying a suitable location at each hospital site also impacted on programme adoption. Normalisation Process Theory (NPT) recognises that a range of factors can promote and inhibit the adoption of complex interventions into everyday practice. A core construct of NPT is the relational work (cognitive participation) which must be done to initiate and sustain a new intervention, and this involves "legitimation" work to ensure other participants feel it is right for them to be involved and "activation" work to define the actions and procedures needed to sustain the intervention (Murray et al, 2010). Appraisal work (reflexive monitoring) is also a core construct of NPT which describes the work done individually and communally to systematically embed and, in some cases, reconfigure a new intervention. While fidelity to the Merseyside Navigator programme three-phase model of support (crisis and safety support, stabilisation support and maintenance support) was maintained over the three-year implementation period, our study did identify some minor adaptions made during study implementation to ensure successful adoption, including shortening of the programme referral form and adjusting Navigator shift patterns to align with peak times for violence-related attendances at each hospital site.

4.1. Limitations

This evaluation has several limitations. Whilst data collection did reach saturation, the small sample size, particularly among young people and parents/carers, may limit the generalisability of findings and introduce potential selection and response bias. The voluntary nature of engagement and high attrition rates may have skewed findings toward those with more positive experiences. Additionally, the evaluation was conducted within Merseyside, which may limit the translatability of findings to other settings with different service structures or populations.

5. Conclusion

Overall, our study highlights that it is feasible and acceptable to staff, young people and families to implement a hospital Navigator programme in both adult and paediatric trusts. Our qualitative study is one of the few to provide insights on Hospital Navigator programmes from staff, young people and family perspectives. These qualitative findings suggest Navigators were successful in building trusting relationships with young people and helping them move towards a range of individualised short-term and intermediary outcomes. Hospital Navigator programmes have been widely implemented in across the UK, however the evidence of their effectiveness in reducing youth violence and engagement with crime comes largely from US based studies. Our study demonstrates several contextual factors which are potentially impacting upon the design of robust, longitudinal studies to establish their effectiveness. Our findings suggest considerable preparatory work required to embed Hospital Navigator programmes within existing hospital structures and cultures. This is further impacted by wider UK contextual factors including short-term funding and commissioning cycles for violence reduction programmes and financial and staffing pressures within the UK health service (Caulfield et al, 2023).

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2025.108701.

Data availability

Data will be made available on request.

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