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Service evaluation of Redthread's Youth Violence Intervention Programme (YVIP) across the Midlands

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Redthread is a hospital-based youth violence intervention programme (YVIP) involving specialist youth workers, embedded in hospital Emergency Departments (EDs), meeting with any young person between the ages of 11 and 25 years who attend the ED as a victim of violence/exploitation. Originating in London based hospitals, in 2018 the Redthread programme was also launched in hospitals across the Midlands (Birmingham and Nottingham). This Infograph presents some key findings from Redthread's monitoring data from Midlands' sites between April 2018 and March 2022.

Characteristics of eligible referrals

Gender

77.4% Male (n=2292)

22.6% Female (n=669)

Age group (years)

2.4% 10-12 years (n=72)

19.8% 13-15 years (n=587)

33.6% 16-18 years (n=997)

24.3% 19-21 years (n=720)

19.4% 22-25 years (n=575)

30.3% (n=359) **Previously attended A&E in the past 5 years** (as a result of an assault, fight or sexual assault)

20.7% (n=615) **Known to other statutory services**

32.2% (n=198) of those known to other statutory services were engaged with those services

Level of engagement

Total number of young people supported across all sites

Total eligible referrals: **2969**

Engaged: **1804**

60.8%

Support provided to those engaged

36.7% (n=662) **Full programme**

63.3% (n=1142) **Crisis Support**

Reason for presentation

76.3% - Assault (any)

Fist/body part 30.1% (n=894)

Knife 28.3% (n=839)

Blunt object 6.2% (n=183)

Other non-weapon 4.7% (n=139)

Gunshot 1.6% (n=47)

Other weapon 5.5% (n=163)

23.7% - Other presentations

Mental health 6.7% (n=198)

Accident 5.5% (n=162)

Other 10.1% (n=300) *

*not specified

Substance use 1.5% (n=44)

Queen Elizabeth Hospital	Heartlands Hospital	Birmingham Children's Hospital	King's Mill Hospital	Queen's Medical Centre
Eligible referrals: 1092	Eligible referrals: 607	Eligible referrals: 133	Eligible referrals: 94	Eligible referrals: 1039
Engaged: 714	Engaged: 365	Engaged: 100	Engaged: 47	Engaged: 576
65.4%	**60.1%**	**75.2%**	**50.0%**	**55.4%**

Impacts

Decrease in risk of not engaging in education, training or employment

Decrease in risk of not being able to maintain positive family relationships

Decrease in risk of experience of further harm, criminal/ sexual exploitation, experiencing criminal behaviour

Increase in feeling safe

Decrease in risk of not being able to identify escalating problems

Decrease in risk of harm to self

Decrease in risk of participating in further harm, participating in criminal behaviour and risk of harm to others

Executive summary

In the UK preventing violence following a public health approach is a key priority set out in the Serious Violence Strategy, through whole-system and place-based approaches. Redthread takes one such place-based approach to tackling youth violence, offering hospital-based youth violence intervention programmes (YVIP) across London and the Midlands. Specialist Redthread youth workers meet with young people who have been victims of violence or other young people with a vulnerable presentation aiming to bring about behavioural change in the young person through advocacy, creating safety plans, and building robust community support networks. The Public Health Institute, LJMU was commissioned to conduct a service evaluation of the Redthread YVIP across the NHS Midlands Region.

Programme delivery

Between April 2018 and March 2022, the total number of referrals received was 2,969, with 60.8% of eligible referrals (n=1804) successfully engaged in the programme. Of all eligible referrals to Redthread, only approximately one in five were known to other statutory services, while around a third of those who were known to statutory services engaged with those services. The majority of eligible referrals to the programme were younger males, aged 16-18 years, and their most common reason for presentation at A&E was assault by a knife or bladed object.

Redthread also provided a range of training to hospital staff on topics including: county lines, trauma-informed practice, signposting and referrals, and unconscious bias. This training supports the embedding of the Redthread programme into the hospital system and supports the clinical teams in their own role. A key element of the Redthread programme is establishing links with relevant external partners in order to support young people with a broad range of issues. External partners who took part in evaluation interviews were positive about the programme, their partnership working with Redthread, and its impact on young people and how it supports their own work.

Adaptation of the programme to the Midlands region

Whilst core values, programme content, and delivery for the most part are consistent with the programmes in London, there were some adaptations to the Midlands programme. There were additional roles in the Birmingham team, specifically the inclusion of a counsellor and a youth worker with exploitation expertise. These roles were identified as necessary due to the nature of cases presenting in the area, and a perceived lack of appropriate external support. Operationally, there were also differences between the Midlands sites and London sites. Birmingham operates a hub and spoke model, where the team is based in one hospital and provides outreach to the other two. Nottinghamshire operates a hybrid model, which consists of the majority of the team at the major trauma centre and one youth worker based at a smaller hospital. Findings from the current evaluation suggested that COVID-19 and staff resources were the main drivers for the use of different implementation models in the Midlands. Despite challenges, overall, both models facilitated implementation of the programme in hospitals where there was identified need, particularly under the circumstances of COVID-19 restrictions and insufficient staff resource.

Programme impact, and future monitoring and evaluation

The Redthread programme had a number of positive impacts across the Midlands for young people, and the wider system. Overall, perceptions of the programme from young people, NHS staff, and external partners were positive. One of the key factors which was perceived to work well about the programme, was the supportive, trusted relationship that was developed between young people and their youth worker. Qualitative data suggested young people had improved mental wellbeing as a

result of engaging with the programme, in addition to increased confidence and self-esteem. Findings from the monitoring data suggested a significant reduction in risk of self-harm from initial assessment to end assessment. Further, qualitative findings and quantitative analysis of assessment scores from the monitoring data showed that young people had improved outcomes in crucial protective factors against involvement in violence, including improved family relationships and friendships, and engagement in education, training and employment. Data also demonstrated young people had improved feelings of safety as a result of engagement in the programme. Findings from analysis of the monitoring data showed significant reductions in young people's experience of violence, crime, and exploitation, and their participation in violence and criminal behaviour, suggesting Redthread was achieving its overarching long-term aim.

Whilst the current evaluation found improved outcomes for young people and the wider system, difficulties in recruiting young people to take part in the evaluation meant there were limitations to the data. Whilst a rich monitoring dataset is currently collected, a quality assessment of the data highlighted some inconsistencies which, if addressed, would allow for more reliable analysis. A key priority for future development proposed by many interviewees was the identification and measurement of key outcomes and impacts of the Redthread programme consistently across sites. Furthermore, current outcomes are not based on validated measures or scales and inclusion of such tools would increase reliability and validity of identified positive impacts of the programme.

Conclusion

The evaluation identified a number of key learnings about the process of the Redthread programme implementation in the Midlands. Findings suggested that despite challenges with COVID-19 and pressures in health care settings both programme teams have been able to successfully run the Redthread programme and have supported almost two thousand young people in the four-year period. Both programme teams are embedded in their respective sites and have been running some new operational and structural models. Data suggested several positive outcomes of the Midlands Redthread programme for young people including improved health and mental wellbeing, education, employment and training outcomes, relationships, and crucially reductions in experience and participation in violence, exploitation and crime for young people. Reliably assessing all impacts of the programme remains a challenge and it is likely that both monitoring data and evaluations will continue to play a role in how to assess the impact of the programme in the future. Training of staff and adaptation of the monitoring data system could address some minor issues with current data collection processes and improve completeness, validity, consistency, and integrity of data. Further, the current evaluation identified a number of areas to capture additional data which Redthread could use to measure a broader range of outcomes. It should be noted that Redthread are already working to improve their assessment framework and case management systems, which should see improvements to data quality, with implementation of these to take place in 2023. Overall, whilst there were some limitations to the outcome data in the current evaluation, triangulated findings from monitoring data, interviews and surveys suggested several positive outcomes of the Midlands Redthread programme for young people including improved health and mental wellbeing, education, employment and training outcomes, relationships, and crucially reductions in experience and participation in violence, exploitation and crime for young people.

1. Introduction

Interpersonal violence is a global public health issue, with severe consequences for individuals' health and social prospects across the lifecourse [1]. In addition to individual impacts, violence affects families, communities, and wider society, placing significant burdens on public services including health, criminal justice, social services and other sectors. For example, the costs of violence to the NHS in England and Wales have previously been estimated at £2.9 billion (based on 2008/09 data) [2], and more recent studies have estimated that the cost of domestic abuse alone was £2.3 billion [3]. Economic and social costs of violence are even higher and were estimated at £30 billion in a 2008/09 analysis [2]. Thus, preventing and responding to interpersonal violence is an important priority to reduce impacts on individuals, communities, society, and public services, particularly health services.

The World Health Organization (WHO) has adopted a public health approach to violence prevention that aims to promote population level health and well-being by addressing underlying risk factors that increase the likelihood of violence and promoting protective factors. The key steps in this approach include defining and understanding the problem, identifying what works to prevent and respond to violence, and implementing (and monitoring/evaluating) evidence-based interventions. Across the United Kingdom (UK), preventing violence following a public health approach is a key priority set out in the Serious Violence strategy, through the development and implementation of a broad range of whole-system (e.g., Violence Reduction Units) and place-based approaches. Hospital-based youth violence intervention programmes (YVIP), such as Redthread's, is an example of a place-based approach being implemented across various areas in the UK.

Redthread delivers hospital-based specialist YVIPs in Major Trauma Centres (MTCs), Local Trauma Units (LTUs) and other hospital settings across London and the Midlands (see Box 1). Specialist youth workers, embedded in hospital Emergency Departments (EDs), meet with any young person between the ages of 11 and 25 years who attends the ED as a victim of violence; including stabbings, shootings, non-weapon related assaults, sexual violence and those being exploited, or at risk of exploitation. The youth workers will also work with other young people with a vulnerable presentation to identify if their presentation is related to violence or exploitation. The premise of Redthread's programme is to engage with young people using the 'teachable moment' approach. The teachable moment is a term used to describe a window of opportunity where individuals are motivated to engage with support to improve their circumstances and/or change factors which may increase their risk of involvement in violence. In a health care setting, this involves the patient identifying a current concern, i.e., injury, with a behaviour, e.g., involvement in violence, and responding to the connection between the two with increased motivation and insight to engage with support and improve outcomes. Redthread utilises this teachable moment in ED settings to focus on the young person's health and current injury and reinforce the need for behavioural change. Initially the youth workers aim to build trust and develop a relationship with the young person, explaining medical treatment and advocating on their behalf. Youth workers then assess the young person's immediate risks and needs, create safety plans, and conduct one-to-one work. A personalised approach is taken to each individual case. The intervention is generally short-term (usually up to 12 weeks but varies) and intensive, but includes building robust wider support networks for the young person. This involves intensive work with relational referrals where other professionals (e.g., victim support services, housing, employment support services etc.) are introduced personally to the young person to support both the professional and the young person in feeling confident working with each other. Thus, whilst the referral and initial

engagement takes place in the hospital setting, with appropriate risk assessment and crisis intervention undertaken with the young person, often the majority of the support provided by the Redthread team (for those engaging with the full programme) will take place in the community, with the youth worker scaffolding support for the young person to access community-based services.

Box 1: Overview of Redthread programme sites

London

- King's College Hospital
- St Mary's Hospital
- St George's Hospital
- Homerton University Hospital
- University College Hospital
- Croydon University Hospital
- Queen Elizabeth Hospital, Woolwich
- University Hospital Lewisham

Midlands

- Queen's Medical Centre, Nottingham
- King's Mill Hospital, Nottinghamshire
- Queen Elizabeth Hospital, Birmingham
- Heartlands Hospital, Birmingham
- Birmingham Children's Hospital

In 2021-22, 1760 young people were supported by Redthread's YVIP nationally (over 452 across the Midlands). Just under a third (32%) attended the ED as a result of a stabbing, with all other attendances being violence related (including domestic violence)[1]. Critically 30% of young people accessing the programme were not known by, or known by but not engaged with statutory services[1]. Local evaluation and monitoring of the programme across implementing sites suggests positive outcomes for young people, the hospital, and the wider system. For young people for example, positive outcomes include reduced engagement in violence and other adverse behaviours, improved emotional wellbeing, confidence and self-esteem, and relationships, and increased access and engagement with services, education, and employment [4]. In Nottingham, at the Queen's Medical Centre, work has been completed examining the impact of the programme on hospital reattendance rates. During the two-year study, findings showed an overall reduction in the number and frequency of attendances by young people who engaged with the full programme [5]. Young people who engaged with the full programme were 51% less likely to reattend compared to those who did not engage [5]. However, understanding of other outcomes has been limited by low follow-up rates (e.g., with young people engaged in the programme), and a lack of high-quality evaluations (although such evaluations are currently being developed/underway). Barriers to programme implementation have also been identified (e.g., wider pressures placed on NHS services), and the lack of high-quality evaluations has been cited as a potential barrier to wider adoption across NHS services. Despite the value of existing evaluation and programme monitoring, a recent scoping review of the expansion of the programme across NHS sites highlighted that further evaluation is required to understand processes of programme implementation across sites, and critically programme outcomes across the whole system (i.e. for young people, services and local communities), advocating for each site to implement local evaluation and programme monitoring processes [6].

The Public Health Institute, LJMU was commissioned to conduct a service evaluation of the Redthread YVIP across the NHS Midlands Region. The evaluation had two core objectives: 1) to monitor, document and describe the development and implementation of the Redthread programme across the Midlands (process evaluation); and 2) to assess the perceptions and impacts of the Redthread programme (outcome evaluation).

[1] Redthread, personal communication, 22nd June, 2022.

2. Methodology

2.1 Methods

2.1.1 Review of programme documentation

Documentation, materials, and correspondence produced throughout the implementation of the Redthread programme across the Midlands were collated and reviewed. This included information on programme content, case studies, and the Midlands team and Redthread organisation structures. Evaluations of Redthread in other sites (e.g., London) and previously produced organisation level documents (e.g., Outcomes Framework and Theory of Change) were also reviewed to explore relevance to the Midlands' sites. Information collected through such review and observation is used throughout the findings to complement data collected by other methods.

2.1.2 Review and analysis of programme monitoring data

The Redthread YVIP monitoring data for the Midlands sites (collected by Redthread on the organisation's internal programme database) was reviewed to understand programme reach, uptake, and activities. The monitoring data also includes a number of youth worker reported measures of risk across various domains (e.g. risk of self-harm, exploitation or harming others). These measures are completed by the youth worker based on their conversations with the young person and scored on a scale of 1 to 3, where 3 is the highest level of risk. The monitoring data also includes a measure of feelings of safety self-reported by the young person to the youth worker. This measure is scored on a scale of 1 to 10, where increasing scores represent increasing feelings of safety. These measures are completed at initial assessment and at subsequent assessments whilst working with the young person (including the end assessment). Changes in levels of risks and feelings of safety were assessed to inform assessment of programme effectiveness. Data covered the period April 2018 to March 2022.

2.1.3 Stakeholder semi-structured interviews

Qualitative semi-structured interviews were conducted with the Redthread Midlands team (n=4) and individuals from the wider organisation (n=2) who had a key role in the implementation of the intervention, NHS staff (n=3) and external partners (n=4). Interview length ranged in time from 23 minutes to 1 hour 10 minutes and were carried out online (n=13). Informal conversations were also held monthly with the data manager regarding monitoring data. Interviews questions focused on: background to the intervention; experiences of, and progress in implementing the intervention across the Midlands as a whole, and within each implementation site; supporting and impeding factors to implementation (and if and how impeding factors were addressed); areas for development; actual and anticipated impacts; and programme sustainability.

2.1.4 Young people survey, interviews, and case studies

Feedback from young people who had completed the Redthread programme was gathered from an online survey (n=16), semi-structured interviews (n=1) and reviewing feedback and case studies produced by the Redthread team (n=12 case studies). Information gathered included young people's views on the Redthread programme and areas for development and impacts of the programme for them and others on a broad range of outcomes including health and wellbeing, relationships, experience of violence, and access and engagement with services, education, and employment.

2.2 Data analyses

A framework method was used to analyse qualitative data to detail the processes of programme implementation and identify key themes related to facilitators, challenges and impacts of the programme. The analysis is presented with illustrative quotes where appropriate to highlight key findings. Quantitative analyses were undertaken in SPSS (v27) using descriptive statistics. Cross-tabulation was used to examine the integrity of linked data fields. Where data was available to match young people's scores on their initial risk assessment and their most recent risk assessment, paired samples t-tests were used to identify statistically significant changes from on a number of measures (e.g., health and wellbeing, involvement in violence and exploitation, relationships, and education and employment).

2.3 Ethical approval

Ethical approval was obtained from Liverpool John Moores University (REC no. 21/PHI/006), and the study adhered to the Declaration of Helsinki.

3. Findings

3.1 Programme sites and team structures

The Redthread Youth Violence Intervention Programme (YVIP) was launched in March 2018 at Queen's Medical Centre (QMC) in Nottingham, and August 2018 at Queen Elizabeth Hospital (QE) and Heartlands Hospital (HH) in Birmingham. Heartlands became a 'red' COVID-19 only hospital in March 2020 and delivery on site ceased, however, referrals were managed remotely by the QE team leading to the creation of a central hub at QE. In October 2020 the Birmingham team commenced programme delivery at Birmingham Children's Hospital (BCH). In January 2021 a Senior Youth Intervention Practitioner was added to the Nottinghamshire team to provide support to King's Mill Hospital (KMH) from February 2021. The Birmingham team operate a hub and spoke model where all staff are located at the hub in QE and from there provide support to QE, HH and BCH (see section 3.4). Most of the Nottinghamshire team are located in QMC and provide support there, whilst one Senior Youth Intervention Practitioner is located at KMH to provide support there (see section 3.4). The current team structures of the Birmingham and Nottinghamshire teams are provided in Figures 1 and 2.

Figure 1: Redthread Birmingham Team (May 2022)

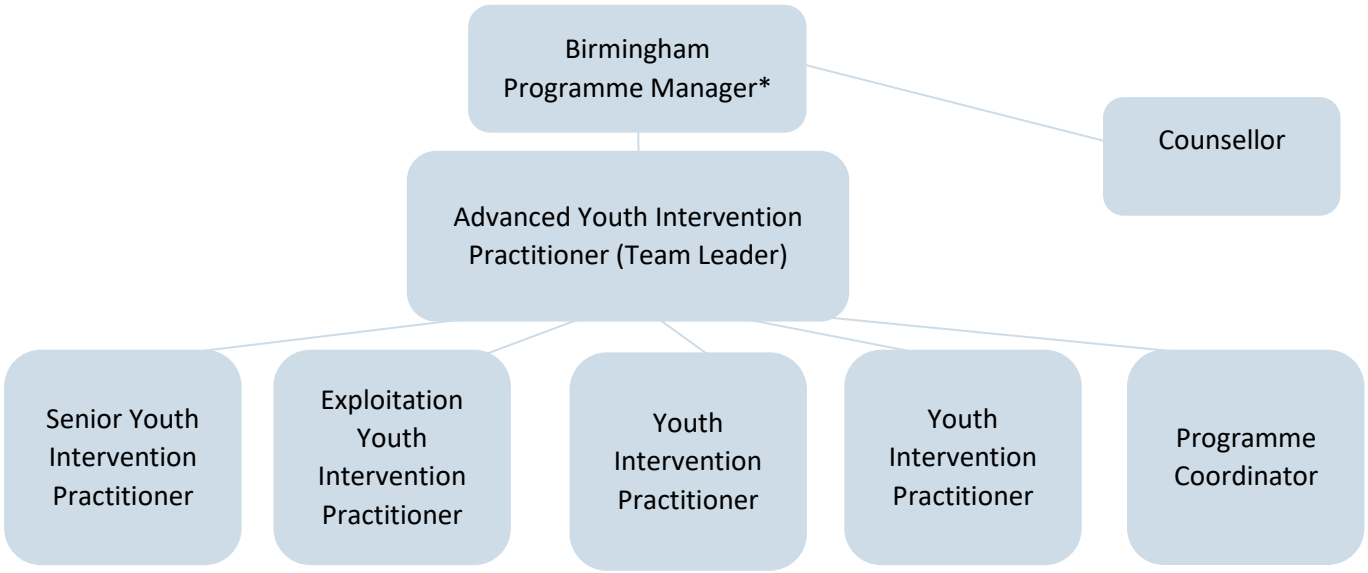
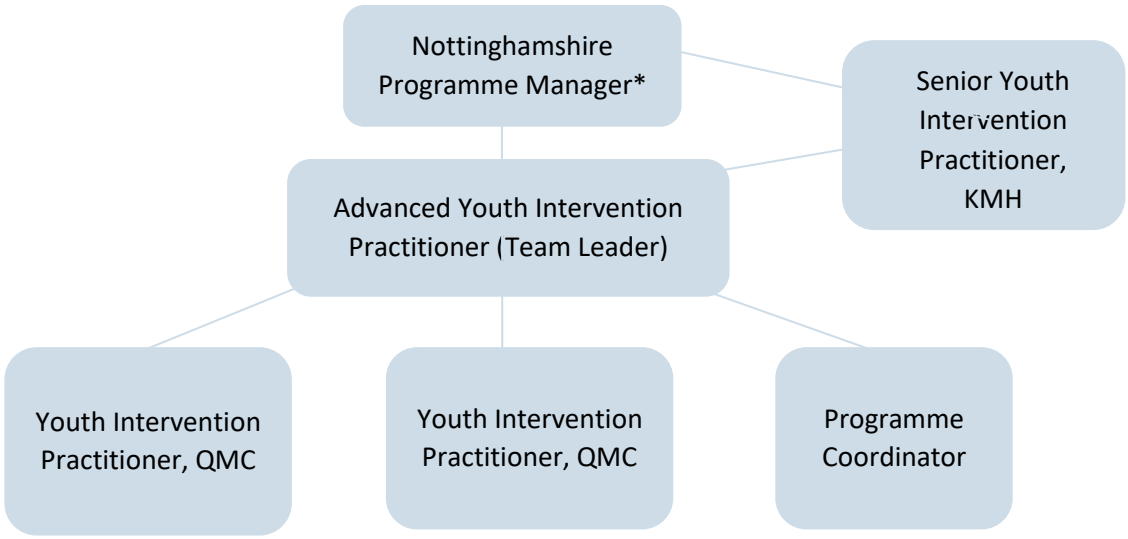


Figure 2: Redthread Nottinghamshire Team (May 2022)

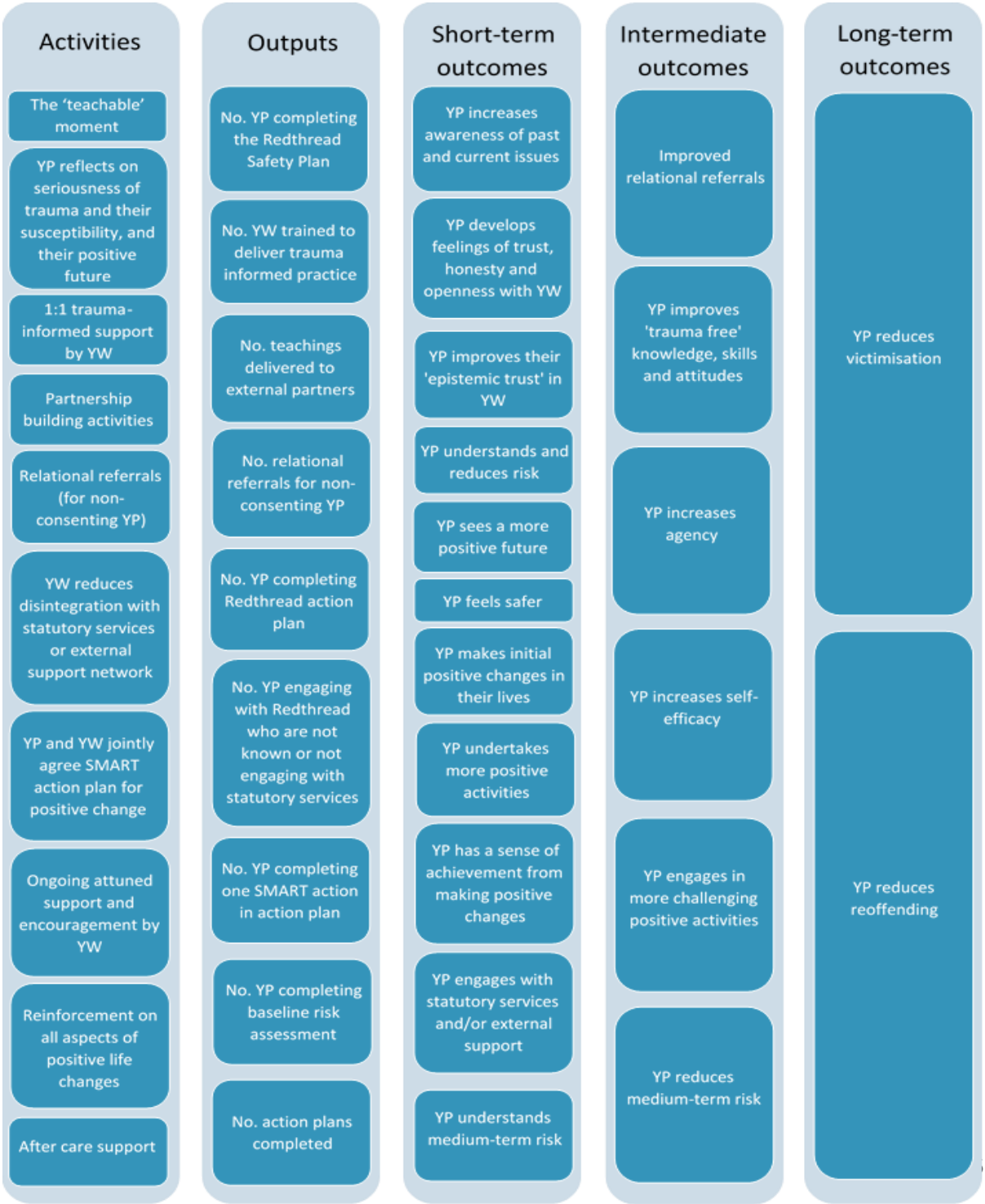


*Nottinghamshire Programme Manager role was replaced, on an interim basis, by the Midlands Programme Manager (who also manages Birmingham) in April 2022.

3.2 Overview of the Redthread Youth Violence Intervention Programme

The YVIP logic model, developed by Redthread is provided in Figure 3 and is based on the theory of change developed for the programme (Working draft of theory of change provided in Appendix 1). The theory of change and logic model are currently being revised to reflect the current model. The logic model provides an overview of the activities which are implemented as part of Redthread YVIP, the outputs, and the anticipated short, intermediate, and long-term outcomes for young people. The logic model primarily focuses on the activities, outputs, and outcomes in relation to the young person, however, findings from the interviews suggest the work done by the Redthread programme team is far broader and can be broken down into three areas: work with the young person (section 3.2.1); work with hospital staff (section 3.2.2); and work with external partners (section 3.2.3).

Figure 3: Redthread YVIP logic model [7]

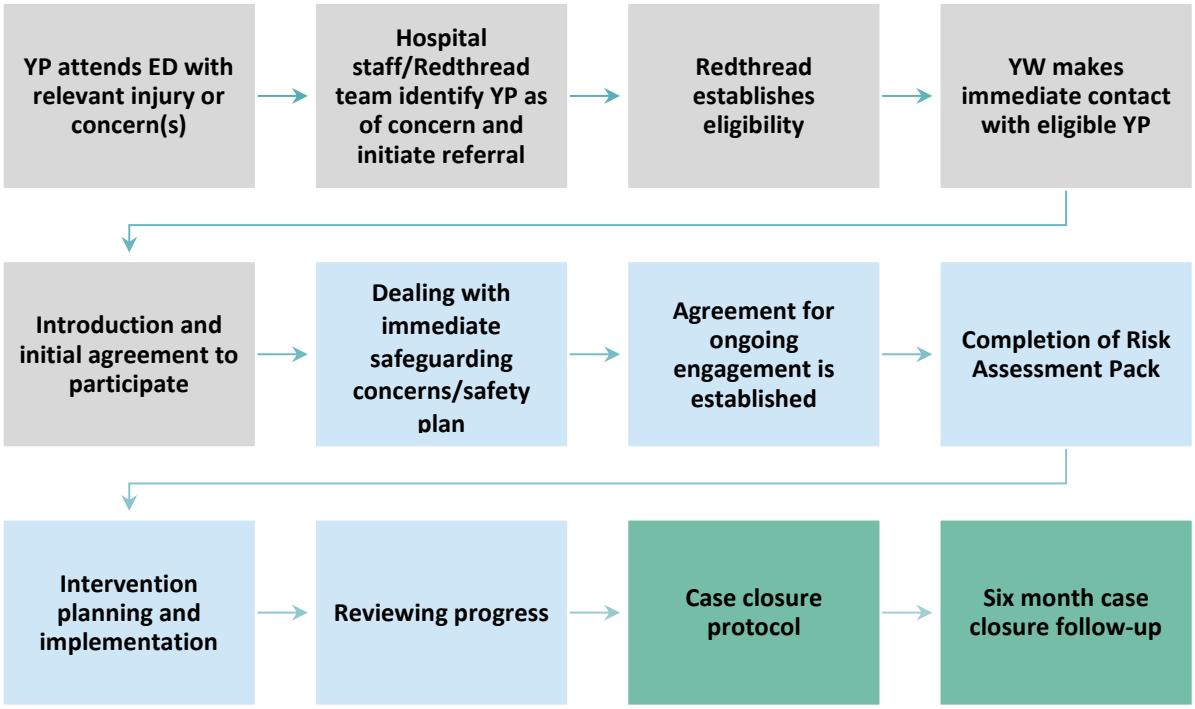


Note: YP, young person; YW, youth worker

3.2.1 Work with the young person

The primary purpose and thus focus of the Redthread YVIP is to work with and support the young person. The referral process and subsequent programme of work with the young person typically has several sequential stages which can be split into the pre-engagement phase (grey squares, Figure 4), engagement phase (blue squares), and closure phase (green squares). Depending on eligibility, agreement to participate, and level of need for each young person they may complete some or all the stages in Figure 4.

Figure 4: Redthread typical intervention process and young person journey of support



For young people who are referred to Redthread, but contact attempts are unsuccessful either because details are incorrect, or they categorically state they do not wish to be contacted by Redthread when contact is attempted, no direct work with the young person is undertaken, however, safeguarding actions with statutory partners may be completed to ensure the immediate and medium-term safety of the young person. This is done regardless of agreement to participate when a child is under 18 years old and also when a very high risk young person over 18 years needs immediate safeguarding. Where contact with the young person is successful but they do not agree to work with Redthread young people receive signposting, referrals, or information on relevant services they can access for support.

Of young people who do give initial agreement to work with Redthread, all will receive safety planning, although the nature may vary depending on the individual's needs where some will be brief, while other will be more comprehensive, utilising a contextual safeguarding approach. Safety planning involves the youth worker establishing with the young person if they are in danger, who are safe people, where are safe spaces, who else might be at risk, and then a discussion about what the young person plans to do once home and any fears of retaliation. *"It becomes about safety planning at that point. How safe are you to leave the hospital? Can you leave this hospital and you've got somewhere safe to go and no-one's going to harm you? And sadly, we have a number of times that's not*

possible. Therefore, we have to work alongside the hospital staff to say, we need to safeguard this young person to stay in hospital until we have somewhere safe for them or until the police have arrested a perpetrator." – **Redthread team.** As part of the intervention work, youth workers will also complete pre-agreement to participate work which includes de-escalation, advocacy, and safeguarding, in addition to liaising and escalation of cases, working in partnership with the clinical and safeguarding teams in the hospital. *"The immediate support is always about crisis work, so whether the young person has consented or not it's the pre stage before that really is that immediate at bedside de-escalation. So, I think that crisis work is key because actually a lot of that is about making sure a young person stays for treatment. I think if we are not able to de-escalate immediately we get a lot of young people who walk out the door."* – **Redthread team.**

A joint assessment of risks and needs is undertaken between the youth worker and young person, the intervention is trauma-informed and Redthread will make referrals to outside agencies for services in the community as required, including any necessary safeguarding referrals. Youth workers may also engage a professional network to reduce risk and provide a higher level of support and relationship building with the young person to facilitate engagement with services. *"Bringing the network together, and making sure that everyone who needs to be there is there even though that sometimes really isn't technically our role. Yeah, often the role we play, making sure information is shared."* – **Redthread team.**

For young people who require further, long term support, there is ongoing assessment, with most of the intervention work often taking place in the community (with the exception for cases where the young person is an inpatient for long periods), including engagement with relevant services. *"A lot of our work is to intervene in hospital and scaffold support in the community. So that's sort of our model is that we are hospital-based, but then look at what that young person can access in the community or strengthen what they are already accessing in the community."* – **Redthread team.** Youth workers continue to update the professional network and use a trauma-informed approach to build trust and motivation in the young person to encourage them to engage with support and services to reduce risk. A case is closed when the youth worker and young person are satisfied that the professional network engaged with the young person is effectively supporting them. *"So, we would have a session looking at closing and it's individualised depending on what you set up at the start of your intervention, and throughout it all, if all those things have been achieved because you can't close unless they have been achieved. So, if someone says, I need safe accommodation, talking therapies, or like a gym pass, so it's picked up and I can communicate those things to the relevant professionals involved… So, if those things have been completed you would then start to have that conversation individually about we're going to close the case ok, and where would you go for support outside myself. So, you do a final sort of safety plan, making sure your young person understands what they need to do."* – **Redthread team.** Finally, at follow-up the youth worker will contact the young person six months after case closure for a follow-up assessment, and if required, work with the young person to deal with risk or re-engage with services.

Regardless of the level of intervention the young person receives, the Redthread team reported that the voice of the young person is central and much of the role of the Redthread youth worker is ensuring young people are aware of, and have a voice in, the decisions being made by stakeholders involved in their case. For example at the discharge from hospital meeting, which usually involves all stakeholders relevant to the young person's case (e.g. mental health worker, police, probation, social services, school liaison officer), the Redthread youth worker will feed into the safety planning discussions on what the young person's wishes are and also relay back to the young person what was

said at the meeting *"Redthread will often play a really, really big role in making sure the young person's voice is heard in that meeting. Sometimes [the young person] will be there physically, sometimes it'll just be making sure the person knows the meeting is happening… telling them like this meeting is happening tomorrow, this is who is going to be there this is what they're going to talk about, what would you like us to talk about? Where would you like to go? Do you feel safe here… we'd feed that in."* – **Redthread team.** In addition to ensuring they have a voice in the decisions being made about them, Redthread youth workers advocate on their behalf to ensure they receive appropriate support *"… and advocacy, a lot of advocacy goes on behind the scenes… there's pressures everywhere… pressures for resources across all kinds of local authorities but we have to continue to kind of advocate for each young person that they are a priority… regardless of how they might be seen in a threshold by for example a social worker."* – **Redthread team.** Youth workers attempt many contacts with the young person to try to encourage them to engage with the programme and this was perceived as a unique, key strength of the programme by an external partner *"They're very innovative the staff that work for Redthread, and very good at engaging young people. For the people that they need to engage, they're probably not the ones that would naturally engage with anybody, in any sort of organisation because there's a level of mistrust. I think the fact that Redthread is not the police, gives them a really strong sort of advantage. And the particular approach they take is very good, going to see them at bedside, and being quite, flexible in their approach and also persistent, that they do keep trying to engage where people won't, and especially with the pressures that public services are under at the moment, that's something that doesn't happen in other organisations."* – **NHS staff.**

3.2.2 Work with hospital staff

The programme manager and team leader are responsible for the set up and initiation of the programme at their allocated sites. The team hold honorary contracts with the NHS which enables them to access both NHS buildings and systems, facilitating an embedded approach which was considered crucial. A number of methods are used to raise awareness of the Redthread programme amongst the hospital staff to support clinicians to make appropriate referrals including: use of clinical champions for the programme; branded t-shirts worn by team members; attending relevant meetings; promotional sessions and events; posters with photographs of the team and contact details around the site; and use of the NHS staff intranet to publicise the services. A service Redthread delivers as part of their programme is training for clinical staff which may involve a range of topics dependent on clinician need. Training topics may include county lines; trauma-informed practice; unconscious bias; signposting and referrals; and, safeguarding *"It could be things around county lines, it could be things around working with young people affected by trauma or responding adversely to trauma. Clinicians will often go 'they're kicking off so it's hard to engage them' but actually it's a natural response to trauma."* – **Redthread team.**

> *"One piece of work we are doing at the moment is around unconscious bias with clinical staff… because they've said they treat young people differently when they come into the emergency department. So, we do not see an 18 year old male the same as a 45 year old male who's perhaps presented with a knife injury. So often it's assumed that their 45 year old has done it at work, or someone's done it to them, or it's an accident, whereas the 18 year old male, the general consensus is 'what have they done, how have they caused this?'"* - **Redthread team.**

3.2.3 Work with external partners and providers

Whilst much of the initial work with young people is usually done in the hospital settings, for most young people who are engaged in the full programme, work will take place in the community. Thus, a key element of the programme is successfully establishing relationships with other external organisations and partners in the wider community. This enables the youth workers to address the broad range of issues in the young person's life which may be contributing to their risk of further involvement in violence. Partners include both statutory and non-statutory organisations, for example housing, criminal justice, police, social services, mental health, education, training, and employment, but also local sports clubs and faith organisations. This approach aims to ensure that the young person has a holistic support package offered to them above and beyond the expertise of the Redthread team.

> ***"Our work starts with engaging with a young person, building that safety plan, building that action plan but that action plan as referenced a second ago we can't do it all on our own, we are a very small pebble in the ocean. We are not experts in housing, we are not experts in mental health. So, we need to build key relationships for young people to access that support. So, that's when we start building relationships with key community providers so they know about our service, we know we trust them to make a referral and they're not going to let young people down and they are going to carry on and support that work."*** **- Redthread team.**

Work with external partners is often bidirectional in nature. For example, Empower U, the exploitation and missing children hub at Birmingham Children's Trust, will not only receive referrals from Redthread of young people who have been identified in hospital as at risk of exploitation, but Empower U will also check with Redthread if a child they are supporting has ever come into contact with their service before. The level of engagement that Redthread often has with the young person, coupled with the fact they are not perceived as a statutory service or authority figure by the young person means they often find out information from the young person that other services are not aware of, and are then able to relay this information to the service to inform their work ***"When a child is coming into A&E with significant injuries, maybe even life threatening injuries, or just under well the influence of substances that also can put them at risk, and Redthread are there to walk them through the medical procedure to explain and link with the family they can play a real strong role… in those incidences, they will get a lot of information out of children, out of parents, that is fed back to us that enables us to think differently and plan differently for that child."*** **– External stakeholder.** It was felt that this type of relationship building and in depth discussions with the young person would not be possible in a busy hospital environment without a dedicated service like Redthread ***"Just having Redthread there plugs the gap because there's been a number of times when children have been to A&E and they're missing, but clinicians are so busy they don't even check that and there's no real partnership connection link because it's so busy and there's so many different people on rota in that space that relationships can't be built."*** **– External stakeholder.** Another external partner Redthread works closely with is Nottinghamshire Victim Care and again this relationship is very much bidirectional in nature. Redthread will make referrals for young people to Nottinghamshire Victim Care for them to receive a longer-term package of support, and Nottinghamshire Victim Care will refer young people who are referred to them but who are suitable for the Redthread programme ***"Speaking generically and anecdotally, I certainly know that we've been really appreciative of the support that we've had from Redthread and I feel that they have been equally, you know, appreciative of what we've been able to do. There's been quite a good relationship. There's been a fairly seamless flow of referrals from our service into their service and probably more from them to us, which obviously allowed that continuity of support to young people."*** **– External stakeholder.**

3.4 Fidelity

In general, the core programme content is the same as the programmes delivered in London. Services across both London and the Midlands are overseen by the management team and other senior roles within Redthread. This aims to ensure a level of consistency in service delivery across sites, and a specific priority remit is quality assurance. This can include for example, monitoring delivery of activities, the nature and extent of interactions with clinical teams and relevant external stakeholders in the community, caseloads at each site, and training standards when programme staff are delivering training to hospital staff and external partners.

Structurally, teams in both areas are set up the same as programmes in London, with each area consisting of a programme manager, team leader, programme coordinator, a senior youth worker[2], and youth workers. However, in four London sites there are additional Young Women's Workers which are not currently included in Midlands sites. There are however some additional roles in the Birmingham team which have not been implemented elsewhere, specifically the inclusion of a counsellor and a youth worker with exploitation expertise. ***"So, I think for me, what's really exciting is that our Midlands services are kind of spearheading a lot of innovation."*** **– Redthread team.**

Operationally, there are also some differences in how the Midlands teams work compared to London sites, but also differences between Birmingham and Nottinghamshire delivery models. Birmingham operates a hub and spoke model, which is a unique set up compared to other Redthread delivery sites. This model involves the team being based in just one of the three hospitals (QE Hospital) they deliver the programme in. When a young person presents at either of the other two hospitals (BCH or HH), the team receives an alert and will virtually assess the referral and decide on the process for engagement with the young person. Nottinghamshire utilises a hybrid model of service delivery which is a mix of the hub and spoke model in Birmingham and the original model used in London sites. The Nottinghamshire hybrid model consists of most of the Nottinghamshire team based at QMC, with just one senior youth intervention practitioner (YIP) based at KMH, which is in a rural area to provide a service there. ***"It's exciting to see what that looks like, we've never delivered or set up a service outside of a kind of metropolitan area."*** **– Redthread team.**

COVID-19 and staffing resource (both in terms of funding for staff and ability to recruit and retain staff) were the main drivers for the use of different models in the implementation of the programme in the Midlands, compared to the intended model for the Midlands which would have been similar to London sites. The hub and spoke model in Birmingham began when HH was designated a 'red' COVID hospital in 2020 and a team could no longer be based on site. Furthermore, because of the lower number of referrals from BCH and HH (initially while it was a COVID red hospital), it was also a more efficient use of resources to be based together where most referrals were from (QE) and then do an outreach service to the other hospitals, particularly as there were also issues around sufficient staff resource to have full teams at each site (see section 3.5.2). Whilst the outreach service provision to young people worked well as a hub and spoke model, some other elements of the Redthread programme, such as ensuring referrals are coming in, having a visible presence around the hospital to clinical staff and providing training were perceived to work better when the team had an on-site presence. In Nottinghamshire, after a scoping exercise in 2020 identified a need for the programme at KMH, funding was secured from three local community safety partnerships for a senior YIP to be based at KMH as part of a one-year pilot. Referrals at KMH were lower than other sites, however, it was perceived that more staffing at the site would likely lead to an increase in referrals. It was also

[2] Senior youth workers are in some but not all London sites.

felt that ideally staff would not be working alone, but as part of a team to reduce feelings of isolation and increase support and the sharing of responsibility *"I think with [senior YIP] being a lone worker a lot of the time… I wouldn't want to replicate that because I think the sense of isolation and I think one of the big things that works well is as a team holding cases and that sense of risk and responsibility. I feel actually, for lone workers, that would be a very heavy place."* – **Redthread team.** Both models facilitated the implementation of the programme in hospitals where there was identified need, particularly under the circumstances of COVID-19 and insufficient staff resource, however, neither were perceived to be an ideal model and it was believed by some interviewees that not having initial face-to-face contact with the young person would have an impact on engagement rates (see section 3.5.3 and 3.6.1).

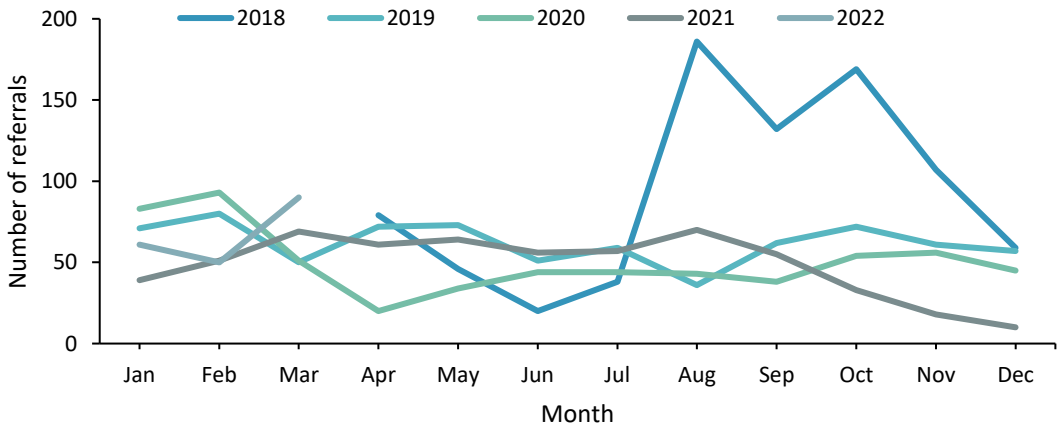
> *"So [referrals] work in two different ways and the way that is ideal is at for example QE. So they have an office in the department and when the alert phone goes off, they will come to the alert and literally be part of the trauma team and they'll connect with that young person… they make that connection and then there's this reachable moment that really works in person but what doesn't work as well I don't think is the second kind of model… and this isn't how I think it was intended to be, but post COVID, the same team that are in one hospital like QE will take phone or email referrals from BCH and HH and then contact the young person later. I don't know the engagement ratios for that but I think probably about 50% whereas if you do face-to-face, the majority of the people will engage."* - **NHS staff.**

3.5 Dose and reach

3.5.1 Referrals

Between April 2018 and March 2022, the total number of eligible referrals received across all Midlands sites was 2,969. The highest number of referrals were at QE (n=1092), followed by QMC (n=1039) and HH (n=607), with fewer total referrals during the period at BCH (n=133) and KMH (94). The number of referrals by month and year are presented in Figure 5. The Redthread team reported that some possible reasons for higher referrals in 2018 compared to other years included: no longer having a team based at Heartlands Hospital from March 2020; possible impact of COVID-19 and associated measures on ED attendances (and subsequent referrals); and changes to agreement to participate mechanisms led to a reduction in referrals.

Figure 5: Number of referrals by month and year, all hospital sites



3.5.2 Demographics and reason for presentation

Of all referrals, 77.4% (n=2292) were male and the most common age bracket was 16-18 years (33.6%; n=997), followed by 19-21 years (24.3%; n=720), 22-25 years (19.4%; n=575), 13-15 years (19.8%; n=587), 10-12 years (2.4%; n=72). The age was unknown for 18 individuals (0.6%).

The most common reason for attendance triggering a referral to the Redthread programme was assault with a fist or other body part 30.1% (n=894), followed by assault with a knife or bladed object, 28.3% (n=839). Other reasons for presentation are provided in Table 1. The most common reason for presentation differed by gender and age. Females most commonly presented with assault with a fist or other body part (31.7% of females; 29.6% of males), whilst males most commonly presented for assault with a knife or bladed object (35.7% of males; 3.0% of females). Presentation for non-assault related issues was higher amongst females than males (Table 1). The most common reason for attendance across all age groups was assault, however, the method of assault differed across age groups. Amongst those in younger year groups, age 10-15 years, the most common reason for presentation was assault with a fist or other body part (10-12 years, 36.1%; 13-15 years, 38.8%), whilst those in older year groups were most likely to present with assault by knife or other bladed object (16-18 years, 30.6%; 19-21 years, 31.4%; 22-25 years, 34.1%; Table 1).

Approximately one in five (20.7%; n=615) referred individuals were known to other statutory services. Of those who were known to statutory services, 32.2% (n=198) were engaged with those services. Of those for whom there was data available (n=1186), 30.3% had attended A&E in the past five years because of an assault, fight or sexual assault.

Table 1: Reason for attendance at A&E triggering a referral to the Redthread programme, by gender and age

	All (N=2701)		Gender				Age group (years)									
			Male (N=2292)		Female (N=669)		10-12 (N=72)		13-15 (N=587)		16-18 (N=997)		19-21 (N=720)		22-25 (N=575)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Assault (all)	76.3	2265	83.3	1909	52.6	352	76.4	55	73.1	429	75.1	749	80.6	580	76.9	442
Blunt object	6.2	183	7.1	162	3.1	21	2.8	2	3.7	22	7.8	78	6.7	48	5.7	33
Body parts	30.1	894	29.6	679	31.7	212	36.1	26	38.8	228	27.4	273	29.2	210	27.0	155
Gunshot	1.6	47	2.0	46	0.1	1	0.0	0	0.2	1	1.1	11	2.5	18	2.6	15
Knife or bladed object	28.3	839	35.7	818	3.0	20	1.4	1	18.1	106	30.6	305	31.4	226	34.1	196
Other weapon	5.5	163	5.1	117	6.9	46	12.5	9	6.1	36	4.2	42	6.9	50	4.5	26
Other non-weapon	4.7	139	3.8	87	7.8	52	23.6	17	6.1	36	4.0	40	3.9	28	3.0	17
Accident	5.5	162	5.6	129	4.8	32	5.6	4	4.4	26	8.3	83	3.5	25	3.7	21
Mental health	6.7	198	3.6	83	16.9	113	0.0	0	8.5	50	6.9	69	7.1	51	4.9	28
Substance use	1.5	44	1.0	22	3.3	22	0.0	0	3.4	20	1.6	16	0.8	6	0.2	1
Other	10.1	300	6.5	149	22.4	150	18.1	13	10.6	62	8.0	80	8.1	58	14.4	83

Note. Eligible referrals only. Percentages are of columns (e.g. of all males, x% experienced assault). Columns may not sum to 100% due to rounding.

3.5.3 Level of engagement

Overall, across all sites, 60.8% (n=1804) of referrals were supported or were successfully engaged with the full programme. There were differences in the proportion of referrals who were supported/engaged with the programme across both hospital sites and year of implementation. BCH supported/engaged the highest proportion of referrals (75.2%), whilst the lowest proportion of referrals successfully supported/engaged was at KMH (Table 2). Approximately half of referrals in 2018 and 2019 were successfully supported/engaged in the programme, but in 2020 the proportion of referrals supported/engaged increased to 67.5%, whilst in 2021 the proportion supported/engaged was 72.3%, in 2022 53.2% of those referred were supported/engaged (Table 3). The proportion of referrals by year and by hospital site is provided in Figure 5.

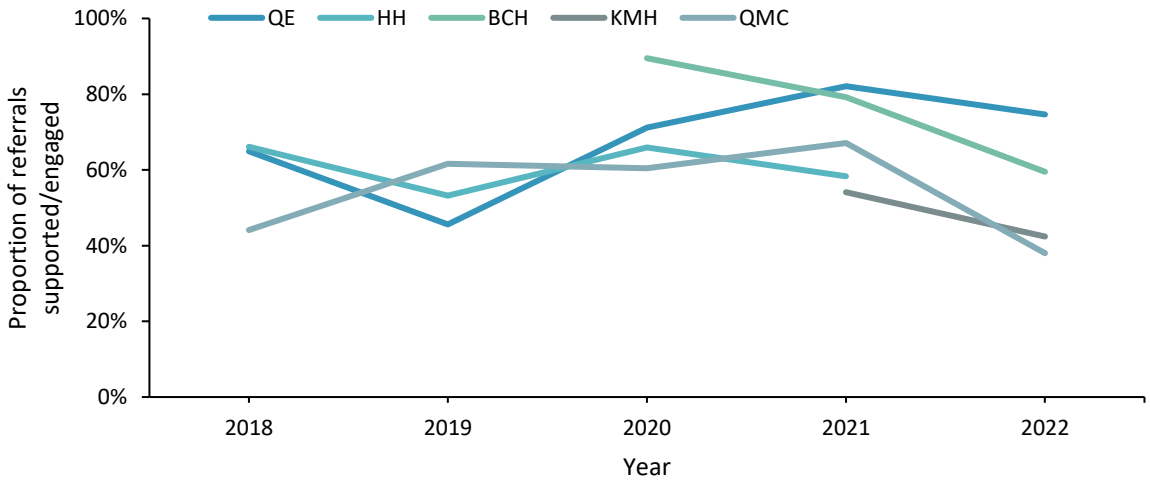
Table 2: Number of referrals and number and proportion of referrals engaged/supported, by hospital, April 2018 – March 2022

	QE	HH	BCH	KMH	QMC
Referrals	1092	607	133	94	1039
Engaged/supported	714	365	100	47	576
Proportion of referrals engaged/supported	65.4%	60.1%	75.2%	50.0%	55.4%

Table 3: Number of eligible referrals and number and proportion of referrals engaged/supported, by year, all hospital sites

	2018[3]	2019	2020	2021	2022[4]
Referrals	836	742	603	581	201
Engaged/supported	477	391	407	420	107
Proportion of referrals engaged/supported	57.1%	52.7%	67.5%	72.3%	53.2% (Jan-March)

Figure 5: Proportion of referrals who were engaged/supported, by year and hospital



[3] April to December inclusive.

[4] January to March inclusive.

When engagement was unsuccessful, the most common reason was no agreement to participate in 37.2% (n=650) of cases. Other reasons for unsuccessful engagement included: no safe/correct contact details, 17.4% (n=304); no response after multiple attempts, 15.2% (n=266); or other reason, 22.5% (n=394). Contact was achieved with the parent or a relevant professional only in 7.3% (n=128) of cases. However, even where contact or engagement directly with the young person was unsuccessful, support was still provided in 860 cases. This included for example signposting, safeguarding referrals and advocacy work with clinical staff.

Of those with whom contact was attempted (n=2692), 44.9% (n=1209) was done via phone, 44.7% (n=1203) face-to-face, and 10.4% (n=280) by other methods (e.g., email). Of those who were contacted face-to-face, the majority (85.0%; n=1023) were successfully engaged in the programme in some way, compared to 54.6% (n=660) of those who were contacted via telephone and 20.7% (n=58) of those who were contacted in another way. The main reasons for non-engagement differed by initial method of contact. The main reason for non-engagement in face-to-face initial contacts was no agreement to participate given (55.7%; n=317), however, very few unsuccessful engagements after face-to-face contact were because of no response (6.0%; n=36), no safe/correct contact details (4.5%; n=27) or contact achieved with parent or professional only (2.2%; n=13). Whilst no agreement to participate was also the main reason for a lack of engagement in those who were contacted via the telephone (27.7%; n=244), there were also high levels of non-engagement because of no response (22.7%; n=200), no safe/correct contact details (23.3%; n=205) or contact was achieved with only a parent or professional (11.1%; n=98). For other methods of initial contact, the primary reason for non-engagement was no safe/correct contact details (29.7%; n=49).

There was a very small difference in terms of gender and age in the proportion of young people who were successfully engaged in the programme in some way. Of all referrals, 61.0% (n=1397) of males and 59.6% (n=399) of females were successfully engaged. The highest proportion of referrals engaged in the programme was amongst those aged 16-18 years (62.9%, n=627), with similar proportions engaged amongst those aged 22-25 (60.5%, n=348), 13-15 (60.0%, n=352), and 19-21 (60.0%, n=431). The lowest proportion engaged was amongst young people aged 10-12 years (47.2%, n=34). Engagement rates also varied by reason for presentation at A&E with engagement higher amongst those who had experienced potentially a more serious assault with a gunshot (74.5%, n=35) or knife or bladed object (66.2%, n=555), than other types of assault (blunt object, 60.0%, n=109; other non-weapon, 51.8%, n=72; other weapon, 56.4%, n=92; body part, 55.7%, n=498). Engagement rates were also high for non-assault related presentations such as mental health (64.1%, n=127); substance use (54.5%, n=24); and other (65.3%, n=196). Approximately six in ten of those presenting for an accident (59.3%, n=96) were successfully engaged or supported in some way. There were large differences in engagement rates amongst those who were engaged or known to statutory services prior to presentation at A&E and those who were not engaged or known. The majority of those engaged (94.4%, n=187) or known (93.3%, n=389) to statutory services engaged in the programme in some way, compared to just over half (52.2%, n=1228) of those who were previously unknown to statutory services. There was a small difference in engagement rates depending on whether the young person who had a previous attendance at A&E in the past five years (as a result of an assault, fight or sexual assault), with 63.0% (n=226) of those with a previous attendance engaging in the programme compared to 60.0% (n=1183) with no previous attendance.

3.5.4 Support provided

Of those who received support or engaged, 36.7% (n=662) were engaged with the full programme, had a risk assessment completed and received longer-term bespoke support, whilst 63.3% (n=1142) were supported with shorter-term crisis support (e.g., safety planning, advocacy, referrals, clothing, food, transport).

For those who received shorter-term crisis support only, the most common type of support provided was safety planning[5] (45.8%; n=523), signposting (36.2%; n=413), emotional support/containment (35.0%; n=400), statutory partner/police contact or referral (17.3%; n=198), internal safeguarding referral (15.2%; n=174), advocated for with clinical staff (8.9%; n=102), external safeguarding referral (7.4%; n=84), safe transport/taxi arranged (3.0%; n=34), food/food bank voucher (2.9%; n=33), help gaining prescription/further treatment (2.5%; n=28), and clothing/clothing support (2.2%; n=25). The average length of a case which received support only (for which data was available) was 20 days (range: 0-433; n=402). Over half (52.2%; n=210) of the cases who received support only had the case open for two weeks or less.

For those who engaged in the full programme and received longer-term bespoke support, the most common type of support provided was safety planning (64.7%; n=428), emotional support/containment (37.0%; n=245), signposting (33.7%; n=223), statutory partner/police contact or referral (24.0%; n=159), advocated for with clinical staff (13.9%; n=92), internal safeguarding referral (15.1%; n=100), external safeguarding referral (10.1%; n=67), food/food bank voucher (4.7%; n=31), help gaining prescription/further treatment (5.1%; n=34), safe transport/taxi arranged (4.4%; n=29), and clothing/clothing support (3.3%; n=22). The average length of a case which engaged in the programme (for which data was available) was 75 days (range: 0-393; n=481). Half (51.1%; n=246) of all cases engaged in the programme did so for between 2-3 months, 31.6% (n=152) of cases engaged for 3+ months, and just 17.9% (n=86) of cases engaged for <1 month.

3.6 Facilitators and barriers to programme implementation

3.6.1 Facilitating factors to programme implementation

- ***A face-to-face initial meeting with the young person*** was considered a key factor in improving the chances that the young person would engage with the youth worker. Clinical staff introducing Redthread to the young person was considered crucial to initiating this face-to-face meeting. However, COVID-19 and the restriction on visitors to the young person was also reported to have actually increased the levels of engagement with the programme. It was felt that a lack of family and friends to provide support to the young person may have made them more likely to turn to the youth worker for support but it was also noted that family and friends can be a barrier for Redthread staff being able to access and engage with the young person ***"… it could be that the staff are fantastic… it could be the fact that the young people have got no comfort blanket around them in terms of family and friends… and also on our end of things we haven't got to try and squeeze in interventions around the family."*** **– Redthread team.**
- ***The addition of a counsellor*** to the Birmingham team was the first time a Redthread team had a staff member with these skills and knowledge and was considered a crucial addition to the service and something which should be available at all Redthread sites where possible. The counsellor does emotional containment work with the young person and works with the young person to

[5] Safety planning includes planning, supporting and ensuring the young person has safe accommodation, travel relationships and is safe in their local area and educational establishment.

escalate their case through mental health services, so they get a much quicker pathway into long term mental health services. A need for a team member with a mental health background was identified quickly by the Birmingham team when they saw the issues with long waiting lists for mental health service provision for young people – up to two years in some cases *"I was really shocked when I took the role, that we don't have any mental health provision within the service. I know we're a youth violence specialist service but alongside that, for me, I felt strongly we needed some sort of mental health containment given the level of trauma our young people have experienced and knowing how hard it is to get mental health provision within the city."* – **Redthread team.** Further, the counsellor is also able to provide support to the other youth workers on the team on how to approach a young person with possible PTSD and support someone who has experienced a traumatic incident *"So, the youth workers consult with the counsellor, kind of how to approach someone who's experiencing PTSD or maybe if we know for example, those young people who've been through a traumatic incident, they may present in what's described as like, aggressive behaviour. That's a clear presentation of trauma, so for our youth workers and clinicians to understand what is the best way to approach a young person at bedside and what kind of language we should use."* – **Redthread team.**

- ***Staff skills and experience*** was also highlighted as an important part of ensuring successful implementation of the programme. Hiring staff who can cope with the nature of the work and build exceptional relationships with the young person, but who are also competent and confident in their ability to safeguard that young person, was considered a key facilitating factor *"You've got to have people that understand the risk that we work with, who can manage the reality of the fact that we will have children on our caseload who die... but you've got to be the right person who can live with the tension of that reality and hold the compassion for every young person they're working with and that is it's very, very unique role. So, I think much of the success of it has to be whether that youth worker feels confident in those interactions, whether they're competent in their case recording, safeguarding and confidentiality… and everything centres around that youth workers relationship with the young person, which is why it only works if we have the right people in place."* – **Redthread team.** Clinical support, professional development and training is also provided to all youth workers with the acknowledgement that the role is often exceptionally challenging.

- ***Buy in and support from hospital staff*** is one of the biggest facilitating factors to successful programme implementation. It was noted in Birmingham in particular, that the Chair of one of the trusts was a big supporter of the programme, advocating to get it set up at the hospital, and personally chairing the steering group to get it off the ground *"So, a few real passionate clinicians at the beginning got them [Redthread] embedded and we've seen the difference. In one of the other hospitals in the region, where they haven't had that support from the trust hospital itself, it's just been really difficult."* – **External stakeholder.** In particular, in hospitals with less high level support and buy in, there were practical difficulties which made implementation more difficult, for example, the lack of an office space to work in.

3.6.2 Challenges to programme implementation

- ***Challenges with staff retention and difficulties recruiting youth workers*** was a particular issue in Birmingham. The Birmingham programme manager spoke about challenges recruiting at the right level and the right people. Part of the issue was that the roles are advertised as youth workers but working in a hospital environment to carry out that work is very different to working in the community *"We advertise our roles for youth violence intervention practitioners as youth workers, but it's not youth work, it's not social care, it's something that sits so differently. So,*

actually when we're interviewing, we can interview someone who's a fantastic community youth worker but when you put them in a hospital they completely freak, they don't want to be in that environment." – Redthread team. COVID added an additional challenge, with many staff deciding to leave because they did not feel comfortable working in a healthcare setting. It was considered important that youth workers are local people and reflected the diversity of the local population, however, the programme manager acknowledged that there wasn't the same pool of workers in Birmingham as London which made recruitment more difficult *"We have looked at kind of issues around diversity in the team, we've specifically targeted different kinds of community groups to ensure that we've been more diverse, that we are getting our job adverts to a huge range of people… but actually the Birmingham youth work pool is pretty small… sadly it is then difficult to recruit out of that."* – Redthread team. Redthread seeks to employ staff on permanent rather than fixed term contracts where possible to give staff security and increase retention, however, challenges around funding can make this difficult.

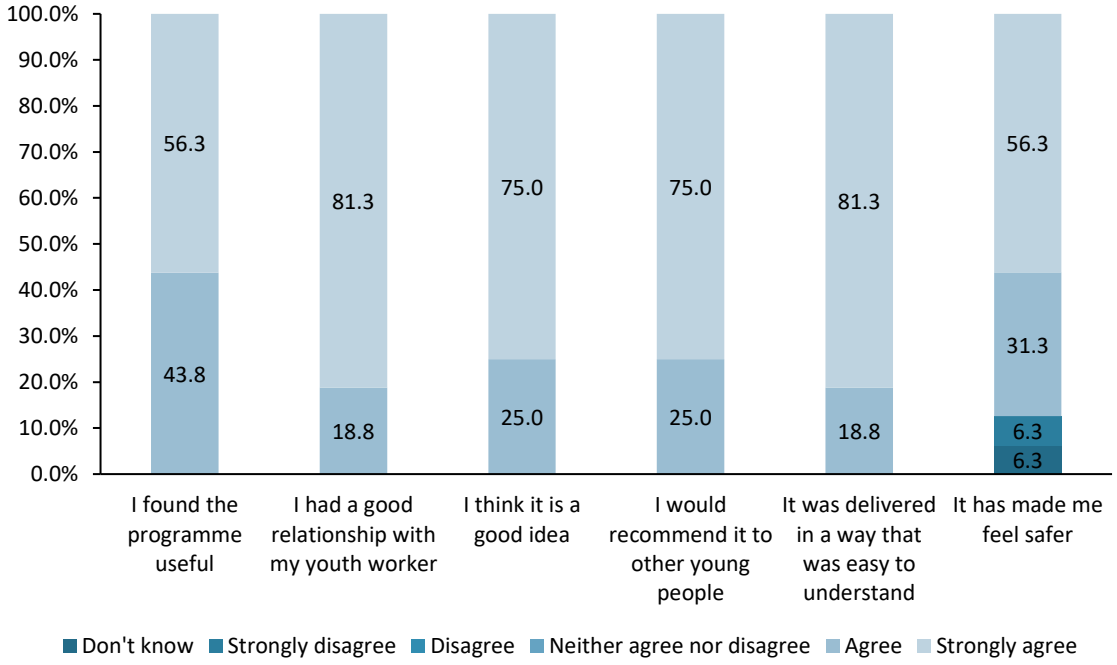
- ***Working with external providers and services*** can present some challenges for the Redthread team. An initial challenge to the establishment of the programme in the Midlands was engaging with grassroots organisations as a large charity originating in London. A lot of scoping work and meetings were conducted by teams in both areas to reassure other community organisations they could work in collaboration, and they were not there to replace existing programmes and services *"Part of my role was to go around and firefight a lot and remove this tag of we're a London charity taking resources. Now we want to build relationships with the community organisations."* – Redthread team. There were also some challenges with who the programme was perceived as being relevant for or targeted at, with many organisations initially thinking the programme was focused on victims of knife crime, and by extension, young males *"I think there's just a lot of misconceptions about the project. I think I've mentioned knife crime tag was used a lot and there's a misconception about who we will go and see and actually, you know, we are working with victims of violence, not just young males that are affected by knife crime. So, let's remove that tag on that label and go working with males and females, and victims of violence and exploitation."* – Redthread team. Identifying relevant organisations across all boroughs which the hospital may serve was also a challenge for the team and one which must be continually worked on as organisations and key contacts change over time *"… and when you think about a major trauma centre… where you've got the volume of referrals, and the referrals are coming from so many different boroughs, it becomes more challenging to have the capacity number one, but also to logistically build relationships with partners from all areas."* – Redthread team.
- ***The short-term nature of many funding streams*** was seen as a challenge to set up and implementation of the programme at new sites, but also crucially in terms of sustainability and best practice. Redthread seek to secure medium to long term funding as it can take up to one year to fully embed a service, and medium to long term funding means that once embedded there is then sufficient resource to run it at that site for at least two years *"We'll have kind of a baseline of time funded and timelines that we will aim to, like we would say that there's a specific time period of funding, like to me three years before we agree to set up a programme, because like I said before, ethically, number one, you need to pilot and understand if it's going to have an impact and effective. But it's also about ethically, like we know probably takes a year to embed a service and then you're running it for two years. So ethically to kind of get a year's funding for set up in a hospital isn't sustainable or good practice, so it's that medium to long term funding*." – Redthread team.

3.7 Impacts of the programme

3.7.1 Young people's perceptions of the programme

Findings from the young people survey (n=16) on perceptions of the programme were positive. All young people who completed the survey agreed[6] with the statements: I found the programme useful; I think it is a good idea; and it was delivered in a way that was easy to understand (Figure 6). The majority of young people said nothing more was needed to improve the Redthread programme when asked if there were any parts that could be made better.

Figure 6: Young people's perceptions of the Redthread programme and its impact



When asked what was particularly helpful or enjoyable about the programme one young person felt they would be significantly worse off now without the intervention of the Redthread programme. ***"Everything to be honest. If I didn't have them literally when I first came out of hospital, and she got me into Prince's Trust, I think it was like about a month after it happened to me. If I didn't have that literally I would have been sat in losing my mind I don't know what I'd have done if I didn't have them. I'd be so much worse off now."*** **- Young person.** Several young people made comments regarding recommending the service to other young people and expressed hope it would be delivered across the UK for other young people to benefit ***"Thank you for all that you do, it is so valuable. I plead that your services continue on to help the youth of the UK. It is very honourable work, and I respect it." - Young person.*** This desire to ensure other young people also received support led one young person to become a Redthread Youth Ambassador ***"Having experienced the amazing work they do I want to ensure more people have access to this work."*** **- Young person.** All young people who completed the survey agreed that they would recommend the programme to other young people (Figure 6).

[6] Including strongly agree and agree.

3.7.2 Positive communication and relationship with youth worker

All young people who completed the survey agreed that they had a good relationship with their youth worker (Figure 6). Qualitative findings from the young people survey demonstrated that young people considered the relationship with their youth worker to be a crucial part of what worked well about the programme. Several young people remarked how easy it was to speak to their youth worker, how much support they gave them, and the huge impact they had on their lives.

"[youth worker] was very easy to talk to and understand how I was feeling." – Young person

"Literally, I hated my time in hospital, it was only for them keep coming in talking to me that I kept sane." – Young person

"[youth worker] is one of the kindest people I've ever come across. She is the reason I'm happy again and I will never be able to thank her enough for it. From the bottom of my heart, thank you." – Young person

"The interaction I had with [youth worker], one of the Redthread members was casual, didn't feel forced. It was like having a good conversation with someone I knew and it was the first time meeting him." – Young person

"I think the whole system is great. My worker was brilliant, he's contacted me multiple times even when he hasn't had to check up and I really appreciate that kind of support." – Young person

The person-centred individual approach that was taken was highlighted as particularly important *"I think Redthread really helps people who are struggling with any situation, set up a goal and work towards it step by step. They simplify everything also and look at the alternatives on making your situation better in any aspect that you like."* – Young person. Several young people mentioned the really good communication and check-ins made by their youth worker as being something that they really liked about the programme *"… the communication between myself and the youth worker. Their efforts in calling to check up and offer help when necessary."* – Young person.

Young people also reported that they found Redthread youth workers to be more supportive than practitioners from other services and preferred working with them *"… they helped me… well I still haven't had counselling yet… but they've been better support than my social worker is like, literally, [Redthread youth worker] does everything for me. Like every problem I have I can just text [youth worker] and she's there."* - Young person. In cases where it was necessary for other services to remain involved in a case, youth workers were able to advocate on young people's behalf and ensure that support was provided and young people engaged *"I had a social worker when I was in hospital and then two weeks after I came out she signed me off. So [youth worker] chased that up because she said that I needed a social worker. She helped to do that."* - Young person.

Case study 1[7] demonstrates how one young person had previously been in contact with many services but didn't feel able to engage with them, however, after several meetings with Redthread he felt able

[7] Names have been changed and some details removed to protect confidentiality.

to trust them, citing a key part of this decision was that Redthread worked with him to determine his own support and give him a chance to voice his views rather than doing actions on his behalf.

Case Study 1: 'Sam' – QMC, Nottinghamshire

Sam is a young male who has had previous experience of CCE and county lines. He came into the QMC after being stabbed in the back, between his shoulder blades, temporarily paralysing him. At first, Sam was very reluctant to speak or seek support from the Redthread team but after continued visits, building rapport and trips to the local Subway for food, Sam and his family started to open up and accept the support that was offered to him. Sam's family were reaching out daily to the Redthread team about issues Sam was facing while in the hospital and the Redthread team advocated on their behalf to liaise and challenge decision makers in and outside of the hospital. Sam explained to Redthread that he had a lot of professionals that wanted to work with him, past and present, but due to Sam's previous experiences with such professionals he declined to meet or talk to them and would not engage. However, after showing Sam that Redthread were there to support him, Sam made the choice that he wanted to work with Redthread and said *"I don't mind working with you guys, you listen to me and don't do to me, you do with me."* Redthread supported Sam while recovering in the hospital and at the rehab unit, for 9 weeks, supporting him to attend his own multi agency meetings, have his voice heard and get his wishes across while also supporting Sam to make informed choices about his own health and recovery. Sam also took part in workshops that looked at his dangers, risks, choices and consequences and how and who they impact. Redthread were able to work with Sam and his new social worker to complete a safety plan for when he is back in his community linking family and trusted friends. Sam is now back at home, following his safety plan, attending all hospital and multi-agency appointments and meetings and doing really well. Sam's relationship with his mum has also improved and he is fully engaging with his social worker.

3.7.3 Education and employment

A positive impact of the Redthread programme was the improvement in educational and employment prospects of service users. Findings from the monitoring data demonstrated improved engagement in education, training and employment. There was a statistically significant decrease in mean scores on risk of not engaging in education, training or employment from Time 1 (initial risk assessment) to Time 2 (most recent assessment[8] available) (Time 1 (M = 1.66, SD = 0.89), Time 2 (M = 1.34, SD = 0.71), t (398) = 8.58, p<0.001)[9]. One young person noted that thanks to Redthread they were able to apply to further education to pursue a career in nursing ***"Redthread has supported me even when my support needs stopped. Once I was safe and settled, I got involved in the youth participation programme, this gave me confidence and encouragement to apply for university where I am now studying to be a nurse."- Young person.*** A hospital staff member highlighted the importance of reintegrating young people back into education or training as a protective factor from involvement in violence and criminality in the future ***"I would definitely say getting back into school or training is big because I know from the kids that I've seen that that's been transformative and that they have then had a***

[8] Either end assessment or six-month follow-up.

[9] Youth worker assessed measure of risk to young person scored on a scale of 1-3, where 1 is the lowest level of risk and 3 is the highest.

purpose in their life and they've got something to work towards. And if they have that, they're much less likely to go off the rails." – **NHS staff.**

3.7.4 Mental wellbeing and safety

Several young people spoke about the improvement in their mental health since engaging with the programme *"It's helped me a lot mentally because instead of keeping it all in I managed to talk it out with someone and got some helpful feedback without feeling belittled."* – **Young person.** In particular young people reported that the support Redthread provided with engaging with statutory authorities had a positive impact on their mental health by making them feel less anxious and having someone to stand up for them *"Since being in contact with my Redthread worker my mental health has improved quite a lot because I'm not stressed out that officials that I'm talking to are going to treat me differently because of my age because my Redthread worker makes sure it doesn't happen."* - **Young person.**

Case study 2[7] demonstrates how one young person was able to disclose for the first time that they needed help with anxiety and trauma they had experienced.

Case Study 2: 'Matthew' – KMH, Nottinghamshire

Matthew presented to ED with headaches and nosebleeds following an assault three days previously, where he was punched in the head several times. Redthread met Matthew and his mum in the department and did safety planning around the incident and provided advice about how to keep safe in his environment in the future. Signposting was provided for various support services. The youth worker also spoke to the Police Officer in charge to find out details of pending court case and arranged for Matthew to get his phone back. Matthew then disclosed for the first time that he has anxiety and needs support with this. The youth worker subsequently advocated with school on Matthew's behalf regarding his head injury and pending exams to address anxiety around this. Support and discussions were also had with Matthew about trauma and possible delayed effects. Matthew was referred to Inspire & Achieve Foundation's U-turn project for 1-1 mentor support, and boxing and gym sessions for confidence and to help with anxiety. Matthew also helped to secure a grant for new boxing gear for gym. Matthew is now back in education, doing a construction course and reported he is doing great.

Several young people spoke about the impact the youth worker had on their confidence, self-esteem, and feelings of safety *"I literally, I didn't have any confidence, and that helped build my confidence that did."* - **Young person.** This improved confidence allowed one young person to feel more independent and increased their motivation to achieve their goals. They also spoke about having improved self-esteem as a result of involvement with the programme and a sense of direction for the future *"It helped with my confidence. It made me feel more independent on my goals and more motivated because now I know what I want out of life and I finally have a good clear sense of direction. I also feel like I'm getting the right support and guidance throughout the programme."* - **Young person**

The majority of young people agreed that the programme had made them feel safer (Figure 6). Findings from the monitoring data were consistent with other reports of increased feelings of safety after engaging in the programme. There was a statistically significant increase in mean scores on the

feeling safe measure[10] from Time 1 (initial risk assessment) to Time 2 (most recent assessment[8] available) (Time 1 (*M* = 6.00, *SD* = 2.83), Time 2 (*M* = 7.37, *SD* = 2.68), *t* (387) = -12.08, *p*<0.001). One young person reported that they felt safer not just in the physical sense but felt safe enough to open up emotionally and ask for help ***"You taught me that it's safe to say, 'I need help.' I wasn't ready then, but I am now."*** **- Young person.** Furthermore, findings from the monitoring data showed young people were better able to identify escalating problems. There was a statistically significant decrease in mean scores on risk of not being able to identify escalating problems from Time 1 (initial risk assessment) to Time 2 (most recent assessment[8] available) (Time 1 (*M* = 1.55, *SD* = 0.81), Time 2 (*M* = 1.35, *SD* = 0.68), *t* (398) = 6.22, *p*<0.001)[9].

> ***"[youth worker] from Redthread is a legend. Helped me get out of the area. He is a hero. I rate that man, he changed my life and kept me safe."*** **– Young person**

It was noted by one stakeholder that by addressing and reducing serious harms a young person might be exposed to, such as domestic violence and sexual exploitation, this would lead to improvements in mental health and wellbeing ***"I mean, definitely, there's a mental health impact. Because, you know, obviously, some of the support, is either around like domestic violence or sexual exploitation, or safeguarding or relationship building, you know, all these things that contribute to the sort of mental health and wellbeing, and sometimes even physical health as well."*** **– Redthread team.** NHS clinical staff also discussed the importance of improving the safety of vulnerable young people who have been exposed to violence when leaving the hospital environment and ensuring that they have continued support once they have been discharged ***"I couldn't believe all of the work that [Redthread] had put in from start to finish to make sure the young woman was not scared, she could open up, was safe to leave hospital and she knew [Redthread] would keep checking in with her."*** **- NHS staff.** Another hospital staff member discussed how improving a young person's feelings of safety, improving self-esteem and their relationships can have a positive impact on their mental health ***"I think any improvement in how safe children feel, how they feel about themselves, how they feel about making relationships, it's going to have an impact on their lives going forward, then, you know, it's going to reduce mental health issues in the future."*** **– External stakeholder.**

3.7.5 Relationships with family and friends

Young people reported that the programme helped to improve their relationships with family and friends ***"enabled me to be more honest with my family and friends about my situation. Supported me to feel more comfortable and confident to have stable relationships."*** **- Young person.** Findings from the monitoring data also demonstrated improved ability to maintain positive relationships with family. There was a statistically significant decrease in mean scores on risk of not being able to maintain positive family relationships from Time 1 (initial risk assessment) to Time 2 (most recent assessment[8] available) (Time 1 (*M* = 1.48, *SD* = 0.80), Time 2 (*M* = 1.26, *SD* = 0.63), *t* (398) = 6.87, *p*<0.001) [9]. One young person discussed how participation in the programme has helped them to develop their social skills when talking to new people ***"They've helped me to socialise as well as literally I don't have any friends. I just don't like talking to people, but they've helped me with that."*** **- Young person.** Another young person discussed their feelings of loneliness and how, through their work with Redthread, they felt someone cared and held them accountable, and as a result they have an improved relationship with their family ***"Before I met [youth worker], I was just so lonely. I had no one. At first, I couldn't understand why Redthread wanted to help me, like I didn't deserve it. In***

[10] Young person self-reported rating of safety on a scale of 1-10, with increasing score reflecting increasing feelings of safety.

[youth worker] I knew that I had someone who cared and would always check up on me no matter what, she held me accountable. Because of that I am now exactly where I want to be today and I have a great relationship with my Dad too." – Young person.

Case study 3[7] describes how a young person who was a victim of violence was supported by Redthread to address pre-existing childhood trauma. As part of the programme, the young person and their family were referred to a counsellor where they were all able to get support to improve their familial relationships.

Case Study 3: 'John' - Birmingham

John presented to ED after being a victim of assault. After engaging with youth workers, he disclosed previous involvement in the criminal justice system and his experience of exploitation by older males. As a result of working with Redthread he re-engaged with education and developed a positive relationship with his social worker. John was referred internally to the Redthread Counsellor when disclosures of past traumatic events were made to his youth worker. John had not previously disclosed these events to any other professional. During work with the counsellor, family dynamics were discussed and family relationship issues caused him to spend periods of time out of the family home (and therefore increasing his risk). The Redthread Counsellor was able to use the counselling network to refer the whole family for intensive support as part of the Multi Systemic Therapy offer in Birmingham.

3.7.6 Physical health

The Redthread programme was also reported to support positive, improved outcomes in the area of physical health. Findings from the monitoring data demonstrated reduced risk of self-harm. There was a statistically significant decrease in mean scores on risk of harm to self from Time 1 (initial risk assessment) to Time 2 (most recent assessment[8] available) (Time 1 (M = 1.87, SD = 0.85), Time 2 (M = 1.39, SD = 0.68), t (398) = 13.71, p<0.001) [9]. Another significant impact of Redthread's work has been to help those with substance misuse issues by helping service users to develop care plans. The Redthread team offer a wraparound service based on client need.

Case study 4[7] describes a young person who presented at hospital after experiencing an overdose and self-harm. Redthread were able to support the young person during their stay at hospital, and afterwards, to access support services needed to address substance use issues and mental health needs.

Case Study 4: 'Sally' – KMH, Nottinghamshire

Sally was brought into King's Mill Hospital by ambulance after taking a mixed overdose and seriously self-harming. During further discussions with Sally, she disclosed historical domestic abuse and childhood sexual abuse. Sally was alcohol dependent, regularly smoked cannabis and occasionally took cocaine. She had recently moved and split with her partner. Redthread offered emotional bedside support, did safety planning and signposting. They advocated for Sally with the clinicians when she expressed that she would like to do a detox as to do this she would need to remain in hospital. Whilst in hospital Redthread referred Sally onto several other services, Derbyshire Recovery Partnership for support with her drugs and alcohol use who referred her on to Recovery through Nature, Rethink Peer Support Service for a mental health mentor, and Derbyshire Discretionary fund for financial support. After discharge Redthread continued to support Sally in the community by getting her registered with a local GP, providing food parcels, and supporting her with an extremely difficult conversation with her mum relating to the historical sexual abuse. Sally is now doing amazingly well. She is no longer alcohol dependent, in a healthy relationship, actively looking for work, and engaged with numerous services and activities such as badminton and personal trainer sessions. Sally is also now a Youth Ambassador for Redthread, and wants to support other young people at the service.

It was highlighted by one clinician that time pressures in ED can prevent a full, thorough exploration of the root causes of physical symptoms in some cases. Priorities in ED are placed on the most urgent cases and in some cases symptoms are treated rather than the cause. An example that one clinician provided was about a young girl who presented to ED with abdominal pain. Aside from needing the time to identify possible trauma that may have been causing the presenting symptoms, the clinician highlighted that it was unlikely that a young person would disclose in that situation. However, Redthread has the time and space to speak with the young person and develop a trusting relationship which facilitates such disclosures. The clinician reported that this then allows the root causes of the physical symptoms to be identified and addressed, which otherwise may not have been.

"A 14 year old girl, chronic abdominal pain has been seen by three or four different people. Isn't pregnant, doesn't have appendicitis. We're not sure why she's got abdominal pain, but she's not injured. She's not ill. She's probably with the caregiver or parent and unless you've got a lot of time to delve into what's going on in her life, you are not going to get to the bottom of why she's got chronic abdominal pain, it may well be because she's being groomed because she's been abused, because she's been raped regularly. Whatever it is, you're not going to get to it in your normal run of the mill interaction. You need a lot of time to actually pick apart what's going on. We can't walk in and just go, there's nothing wrong with you, tell me what's going on with you and expect her to share. That's not going to work. So beauty is that if Redthread is physically in the department, even though I don't know what's going on with that girl, we can say do you want to just pop in and they will have half an hour, they can take her for a hot chocolate, they can take her for a walk, can do whatever she needs to do and they've got the time. At the moment specifically with the kind of pressures on the emergency departments in the NHS, there isn't time. You know literally responding to the next sickest person." **– NHS staff**

3.7.7 Experience of, and participation in, violence, exploitation, and crime

Findings from the monitoring data demonstrated reduced experience of victimisation, exploitation, and criminal behaviour. From Time 1 (initial risk assessment) to Time 2 (most recent assessment[8] available) there was a statistically significant decrease in mean scores on: experience of further harm (Time 1 (M = 2.18, SD = 0.79), Time 2 (M = 1.43, SD = 0.68), t (398) = 20.28, p<0.001)[9]; criminal/sexual exploitation (Time 1 (M = 1.60, SD = 0.83), Time 2 (M = 1.25, SD = 0.60), t (398) = 10.70, p<0.001)[9]; and experiencing criminal behaviour (Time 1 (M = 1.79, SD = 0.85), Time 2 (M = 1.36, SD = 0.67), t (398) = 12.15, p<0.001)[9].

The monitoring data also demonstrated reductions in risk of experiencing harm. From Time 1 (initial risk assessment) to Time 2 (most recent assessment[8] available) there was a statistically significant decrease in mean scores on risk of harm from others (Time 1 (M = 2.20, SD = 0.80), Time 2 (M = 1.46, SD = 0.69), t (398) = 19.74, p<0.001)[9]. There was a statistically significant decrease in the mean score on lifestyle factors which exposed individuals to further harm or injury from Time 1 (initial risk assessment) to Time 2 (most recent assessment[5] available) (Time 1 (M = 1.70, SD = 0.85), Time 2 (M = 1.33, SD = 0.68), t (398) = 10.30, p<0.001)[9].

Case study 5[7] supports these findings of reduced risk and harm of violence and exploitation following support, even in severe cases such as Billy's where risk of violence is ongoing over a number of years.

Case Study 5: 'Billy' – Birmingham

Billy had numerous attendances at ED for violence-related injuries. Billy reported he was traumatised by a violent event where he witnessed the death of his friend. He then became a target himself due to his associations and that he was a witness to the murder and could identify certain people. The Redthread team supported him to manage his personal risks by undertaking extensive safety planning, liaising with police, housing, social care, DWP and other community organisations which could support his general wellbeing. However, over the longer-term in which Billy was engaged with the Redthread support, he continued to be in serious danger and presented with injuries related to exploitation. The Redthread team continued to support him and were able to secure housing support to leave the city. Billy is now housed elsewhere in the UK and is enrolled to start a college course next term.

Findings from the monitoring data also demonstrated reduced participation in violence and criminal behaviour. From Time 1 (initial risk assessment) to Time 2 (most recent assessment[8] available) there was a statistically significant decrease in mean scores on: participating in further harm (Time 1 (M = 1.62, SD = 0.82), Time 2 (M = 1.28, SD = 0.64), t (398) = 10.05, p<0.001)[9]; and participating in criminal behaviour (Time 1 (M = 1.51, SD = 0.79), Time 2 (M = 1.24, SD = 0.61), t (398) = 8.96, p<0.001)[9]. There was also a statistically significant decrease in mean scores on risk of harm to others (Time 1 (M = 1.49, SD = 0.79), Time 2 (M = 1.17, SD = 0.54), t (398) = 9.88, p<0.001)[9].

3.7.8 Partnership working

One stakeholder noted that one of the most significant impacts Redthread had was the improvement in collaborative working across organisations including a variety of support services, NHS trusts and community groups resulting in improved safeguarding for vulnerable young people ***"An outstanding example of collaborative work to safeguard vulnerable young people."*** **– NHS staff.** Collaborative working and information sharing between Redthread and an external organisation related to

exploitation and missing people was reported to have led to the identification of other young people at risk of harm and action to be taken against the perpetrators.

> ***"We've had a child [under 16 years] at high risk of child sexual exploitation that was brought in [to ED] completely intoxicated and was under the influence of Class A drugs. Redthread were able to say where the ambulance picked [the child] up from and that was an address with adults we had real concerns about. We probably wouldn't have known that and Redthread were able to get us that information…We worked with housing to run some tenancy checks and find out who was there, find out that these are people posing risk to children, that perhaps [the child] was actually injected with some drug by these people for the purpose of sexually abusing them… We were able to secure disruption orders against these adults and we probably wouldn't have got that information had Redthread not been able to engage that child [in ED]... they were able to name others, and I was like that's another child we are worried about, and some other children… so it's like they had all these vulnerable children at this property where they were feeding them drugs and alcohol and then obviously one of them looked like overdosing and an ambulance was called but Redthread were able to give us all that information to enable us to plan effectively and disrupt the perpetrators."*** – External stakeholder

Case study 6[7] provides a further example of how Redthread's ability to link information between different organisations or hospital trusts can lead to improved safeguarding outcomes for young people.

Case Study 6: 'Adam' – KMH, Nottinghamshire

Adam was referred to Redthread after presenting at KMH following a stabbing. However, Adam was then discharged and there was limited information on the referral. The following day Adam was referred separately after visiting QMC to get the initial wound treated as the stitching had come lose. When QMC referred Adam he engaged with a youth worker there. There were further concerns with Adam as he had obtained another cut to his hand since his initial hospital presentation. It became evident that Adam was hurt again between the 2 hospitals' visits, within the space of 9 hours. Redthread were able to cross reference this information with both hospitals to fully understand what had happened. Safeguarding measures were put in place and Adam's key workers were notified about the incident and a contextual plan was constructed for him and the family. Adam, following a significant head injury, was being exploited by criminal gangs which resulted in him being injured in addition to other incidents where people had tried to cause him harm. Following Redthread's support, Adam is now fully engaged with his key workers, his family are accessing appropriate services and he has now sought sustainable employment.

3.7.9 Reduced pressure on NHS staff

Hospital staff mentioned how Redthread not only benefits the young people who have access to support but also by proxy the hospital staff. Having Redthread in emergency departments adds additional support and resources to busy and over worked staff ***"Redthread has been a great addition to the Emergency Department at QEHB. They are an invaluable source of support and information for the young people attending our ED in times of crisis. They have also been fantastic at supporting us as staff in sometimes difficult/traumatic circumstances, they are always there to listen and give***

advice." – **NHS staff.** Another clinician noted that working with Redthread allows hospitals to offer the best wrap around care *"The impact Redthread has had on the department is positive. I think the service works alongside the clinical aspect of care to ensure young people are cared for as a whole and not just in the hospital setting. As a clinician I feel at ease to know that these patients have support, guidance and advice in the community."*- **NHS staff.** It was also acknowledged that Redthread has knowledge and links with additional services that hospital staff might not be aware of that a young person can access either whilst they are in hospital as well as when they are back in the community *"I think the Redthread team have integrated well with ED. The support they give to young people beyond their hospital care is invaluable. The guys from the team are very knowledgeable about their service provision and are always eager to teach and support staff in the referral process."* – **NHS staff.**

It was noted by some stakeholders that clinicians in ED don't want to treat the patients presenting symptoms and then send them back out to potentially unsafe environments *"they don't like the idea of patching someone up and then sending them back out to the environment that made them sick."* – **External stakeholder**. Therefore, the presence of Redthread in ED and their ability to support the young person beyond the hospital setting was noted by one clinician to have a positive impact on staff morale and job satisfaction.

> *"I mean that just really increases our job satisfaction, because otherwise we send them back out and we know they're going to overdose again, or they're going to come back injured. You just feel terrible that despite having spent 14 hours in our department, they are no further forward… More often than not, Redthread can connect with them and they can make a difference and get them into training or into a safer place. We can see then that this person has moved forward and you just feel a bit better about work and at the moment I have to say it just feels like a battle every day. So if you get a small win like a young person that you know is now going to make a better choice or going into training or do something differently… then it makes you feel better… and staff morale may not be on the list of outcomes but it's really important and it does have an impact."* – **NHS staff**

3.8 Areas for development and sustainability

3.8.1 Securing long-term funding

Much of the discussion with interviewees around development of the service and specifically around sustainability focused on securing medium to long term funding. Specifically, it was noted that there was demand for the programme in other hospitals across the Midlands, and beyond in other areas of England, however, wherever possible, Redthread seeks to secure funding for a minimum three year period (necessary to fully embed the programme and run it for a substantial period of time to begin to demonstrate impact) and most areas can only commit to short-term funding at any one time *"It's often about balancing need versus sustainability."* – **Redthread team.** A proposed solution to the short-term funding was to encourage trusts which were interested in having the programme in their hospital part fund the programme. It was also felt that this would support the embedding of the programme in a hospital, achieving buy in and ownership of the programme by NHS staff and higher level trust staff *"I think one of the drawbacks around when it's not been funded by health partners is that you can see why they wouldn't have quite that same level of buy in or like absolutely imperative that we need to make the service work… So we have to get contributions from health to go into it because they have to own it and see it. And I've had some really positive conversation with CCGs over the last few weeks that they do want to take much more of an active involvement because*

they're now seeing the benefit of these services." – **External stakeholder.** However, one interviewee felt that the broad range of outcomes which the Redthread programme may achieve for non-health care settings, might make it difficult to justify to an individual hospital why they should invest in the programme when the benefits may be seen elsewhere. Furthermore, in the case of a children's hospital, reduced re-presentations may appear later on when the child is an adult and thus the programme at the children's hospital actually benefits another trust *"for example I'm at BCH now where they see up to the age of 16, after that you go to QE. What we do now then will have an impact on a different hospital trust somewhere else, and it may be that I'm not preventing admissions at my hospital… Then would BCH go 'well why would we invest in this if we're saving QE money down the line. What's the payback for us if we put money into this now."* – **NHS staff**. An external partner felt the most sustainable way of funding programmes like Redthread was to move to a co-commissioning approach *"so a big part of my job at the moment is working with CCGs, trusts and local partners [like health and community safety] around a co-commissioning approach really. So having multiple funders going in rather than just the VRU because we are at the whim of the Home Office… then if they suddenly wind up funding, projects change and all of their funding goes and that's just not sustainable."* – **External stakeholder.** Another approach being explored by the Redthread team was a potential move to a model where Redthread provides infrastructure, support, training, and expertise to work with existing community organisations to deliver in local areas. It was perceived that such an approach would support sustainability and embedding and would also help to overcome some of the challenges faced in the Midlands around identifying all relevant external partners (e.g., housing) and recruitment and retention of youth workers.

> *"Our aim for a model moving forward is about how do we, for example, if we approached by someone in Liverpool. For us to then identify and actually do it proactively, instead of waiting for a bid or opportunity to come up. But to actually start building, which we have done, build proactive relationships with grassroots organisations in Liverpool, who have those relationships, who know Liverpool and understand the context and the landscape and are trusted by communities. And working with them to then build a service together, or actually supporting them to start the service and support and empower them to do that. And for us, kind of sharing our expertise around setup mobilisation."* – **Redthread team.**

3.8.2 Expansion of the service

Another area for development that several external partners noted was the expansion of the service, both in terms of the criteria for referral to the programme and the setting in which the intervention took place. Partners felt that there was an opportunity for the Redthread team to broaden the age limit to include older adults who have also experienced violence. This was considered particularly the case for domestic abuse incidents as it was felt that the Redthread team had the expertise to support younger people who were victims of domestic abuse and these skills would easily transfer to supporting older adult victims of domestic abuse *"The extension of that to include domestic abuse for all ages, because it's just such a massive issue, like the scale of it. Looks like we've seen the success of it from the ISVA* **[Independent Sexual Violence Advisors]** *work in GPs. It'd be really good to have that in the hospital as well. I'd be in favour of opening up the kind of referral criteria rather than narrowing it down because there's so many risk factors overlapping."* – **External stakeholder.** However, it was acknowledged that this would be changing the remit of the service as a young person focused programme. Another external partner spoke about how useful the programme would be in other health settings, such as minor injury health care centres, walk in clinics, or GPs. It was reasoned that these settings may also encounter young people involved in, or at risk of violence, but who haven't experienced a serious enough injury to warrant attending A&E *"I think in an ideal world, they*

could do some community stuff and actually, you know, pick up children, that's not necessarily through A&E, but children in community because we know where we have community issues… sort of a bit of outreach, I think, would be ideal." **- NHS staff.**

3.8.3 Monitoring and evaluation to evidence impact

A key area which the local Midlands Redthread teams, and the wider organisational team, were particularly keen to develop was how best to evidence impact in terms of both monitoring and external evaluation. It was felt that whilst the monitoring data contained a rich dataset, particularly in relation to demographics, referrals and activities undertaken with the young people there were difficulties in measuring outcomes. Outcomes were often based on funder requirements and so lacked consistency across programme sites, preventing comparability and a standard set of data for the programme which could be used to assess impact on short, medium, and long term aimed outcomes. ***"We've got a rich dataset but it's making sure that it's a really efficient process and easily accessible and consistent. It's massively challenging though because different funders want different things from us, different indicators and analysis and it's not the same across areas, even within Birmingham… we don't have that summary set of data that we could send off that we replicate in each area where we capture consistent indicators and demographic information."*** **– Redthread team.** Partly because much of the original funding for the programme came from the criminal justice system (e.g. MOPAC, Police and Crime Commissioners), and this influenced the focus on evidencing outcomes related specifically to violence, and reduced risk of violence, there has been less focus on health outcomes even though the programme is situated in a health and community system ***"we've been very criminal justice focused… but health wise, we're not currently appealing to a health audience, even though we are in a health system we're not showing health outcomes beyond re-attendance… so whether that's the health questionnaire or equivalent, we need to be doing work on that side to show the difference in improvement in wellbeing."*** **– Redthread team.** One of the external partners also suggested that measuring 'soft' outcomes such as self-esteem, financial security, and/or wellbeing would be a sufficient way of demonstrating improved outcomes for young people and an increase in protective factors/reduction in risk factors related to involvement in violence ***"so even whether it'd be things like say your outcome star models where you and the caseworker rate where are you on confidence, self-esteem, safety… because then you see the sorts of domains that people perceive that they've made progress in due to the support received."*** **– External stakeholder.** Further, it was felt that system wide benefits to both the hospitals and other external partners were not being sufficiently captured in order to evidence impact ***"there's so many benefits to the hospital as well, so many benefits to the wider system and we're not really for various reasons, it's complicated, hard to do, to measure and capture these fully."*** **– Redthread team.**

Finally, whilst there was general agreement that development was needed in evidencing outcomes, there were concerns about the impact assessments have on both the young person and on the youth worker's workload. There was a clear tension between data that should be collected to identify an individual young person's needs and plan what support to provide, and data that could be collected to demonstrate impact of the programme. Not all outcomes were considered amenable to collecting as part of monitoring data and most interviewees spoke of the need to also continue evaluations of programmes to capture additional impacts and outcomes, both for the young people participating in the programme, but also wider impacts on the health system and external partner organisations.

For the purposes of the current evaluation, individual level data for the period April 2018-March 2022 was provided to determine dose and reach of the programme (including some demographic data), levels of engagement, type of support provided, and impact of the programme. To maintain

confidentiality and ensure young people were not identifiable, a limited set of fields from the monitoring data was made available and for some fields, the categories were collapsed to protect anonymity. To inform recommendations on future data monitoring, an assessment of the quality of dataset provided was undertaken using four metrics: completeness, validity, consistency, and integrity.

- *Completeness:* Completeness refers to whether all required information is in the dataset. Overall data fields were generally well completed. Where data was missing this tended to be in fields where only a positive response for that field was recorded. For example, only individuals who were known to or engaged with other statutory services had data in this field. Those who were not engaged or being supported had a blank cell. However, for some other fields it was unclear why some cases had no data. For example, in the field detailing why contact or engagement was unsuccessful, there was an option to record N/A for cases where contact was successful but 7.5% of cases had blank cells.
- *Validity:* Data is considered valid if it matches rules specified for it (e.g., format, range etc.). There were several fields where response options did not seem to follow a standard format (e.g., capitalisation, date format). This may make analysis more difficult as the same response options in different formats (e.g., no, No, NO) would present as distinct response options in summary tables/analysis.
- *Consistency:* Data is considered consistent if it is recorded in the same way by different inputters of the data. Most fields were consistent when recording affirmative responses (i.e., yes or actions taken). However, within many of the fields several different types of negative or unknown responses were used (e.g., no, null, none, N/A; unknown, don't know, blank). A number of risk factors are measured in the initial risk assessment done with young people engaged in the programme, and then redone at the end assessment and six-month follow-up. However, in the dataset end assessment scores and six-month follow-up scores are combined into a 'most recent outcome' field. To analyse outcomes over time distinct fields should be in place for end assessment scores and six-month follow-up scores.
- ***Integrity:*** When critical linkages between data elements are missing, that data is said to lack integrity. To assess integrity, cross referencing between linked fields was done on the field which recorded whether the case was engaged or supported and: reason contact/engagement was unsuccessful; safety planning; and initial risk assessment[11]. Overall, data integrity between assessed variables was good but there were some inconsistencies between linked variables for a minority of cases. For example, some cases were recorded as engaged but also recorded as no response after multiple attempts or no safe/correct contact details. There were also instances where cases were not recorded as engaged or supported but had received safety planning. Similarly, there were instances where cases were not recorded as engaged or supported but had a risk assessment undertaken.

[11] Initial risk assessment was determined by examining the completion of several fields which comprise the risk assessment e.g., young person experiences low mood; young person is not registered with a GP; young person lives in an area with regular violence.

4. Discussion and recommendations

Interpersonal violence is a global public health issue and impacts individuals, families, and communities, in addition to placing severe burdens on health care services. Redthread takes a place-based approach which delivers hospital-based specialist youth violence intervention programmes in Major Trauma Centres, Local Trauma Units, and other hospital settings, with on-going support provided to young people in the community. Originating in London-based hospitals, in 2018 the Redthread programme was also launched in hospitals across the Midlands, specifically Birmingham and Nottingham. Liverpool John Moores University were commissioned to conduct a service evaluation of the implementation of the programme in the Midlands region. This report presented findings from the service evaluation of the Redthread programme to document and describe the implementation of the programme, including dose and reach, barriers and facilitators to implementation, programme sustainability and development, and outcomes for young people, and wider stakeholders.

Delivery of the programme

Between April 2018 and March 2022, the total number of eligible referrals received across all sites was 2,969. Overall, 60.8% of referrals were successfully engaged in the programme in some way. This engagement rate is higher than for the combined London Redthread sites (51.1%; 2018/19 data). Such a high engagement rate, considering just ~30% of those were actually engaged with services, demonstrates the expertise of the teams in engaging hard to reach young people and should be considered a key outcome, or indicator of impact in its own right. Face-to-face initial contact was the most successful way of eliciting engagement, with rates of engagement lower for those who were contacted via other methods. Therefore, to increase rates of successful engagement, where possible hospital staff should support the Redthread team to meet the young person in the hospital. There were differences between hospital sites in levels of engagement and differences in individual factors (e.g. demographics, reason for presentation, known to other services, previous attendance). Further research is required to determine which of these are the driving factors associated with higher levels of engagement.

The majority of eligible referrals to the programme were younger males, aged 16-18 years, and their most common reason for presentation at A&E was assault by a knife or bladed object. From a data monitoring perspective however, without data on an appropriate denominator like the total number of young people who present at A&E as a victim of violence, it is difficult to understand what proportion of all presentations are referred to Redthread, and whether there are differences in demographics or reason for presentation between those presenting and those referred. A retrospective analysis is completed by Redthread on young people that presented with injuries or presentations that would potentially meet Redthread's criteria but who were not referred. This data is used to reflect and learn from the previous period and put measures (e.g. hospital staff training and promotion of the programme) in place to reduce this number and maximise referrals. Despite this however, there are still areas for improvement and use of Information Sharing to Tackle Violence (ISTV) data could provide an appropriate denominator of total presentations at A&E for violence related injury. At present this is not something Redthread have access to, however, engagement is under way to address this. Findings from interviews highlighted concerns that the programme was viewed by some as a 'knife crime' programme and that unconscious bias may have contributed to the high number of referrals for younger males, and assault with knives, being perceived more easily as 'violence', as opposed to the identification of more subtle forms, such as females presenting with

injuries which may be domestic related, or children presenting with evidence of exploitation. Staff training and awareness raising conducted by the team may mitigate some of this, however, one suggested area for future development by an external stakeholder was a more specific focus or expertise within the team in relation to other forms of violence. The Birmingham team, with the inclusion of a youth worker with expertise in exploitation has already begun to consider ways the remit and expertise in the team can be broadened. In some London sites too, teams now include specific roles for youth independent domestic violence advisors and young women's workers. Funding dependent, these may also be roles which would be useful in the Midlands teams.

Whilst the primary focus of the programme in terms of activities, outputs and outcomes (as demonstrated in the logic model and theory of change) is very much on the young people themselves, findings demonstrated that the work done by the Redthread team is broader in nature and many of their activities are aimed at hospital staff. The Redthread team provide a range of training, depending on identified need, including on topics such as: county lines, trauma-informed practice, signposting and referrals, and unconscious bias. Some of this training will support the embedding of the Redthread programme into the hospital system and increase the ability of hospital staff to identify young people who may meet the criteria for a referral to the programme. Other elements of the training also support the clinical teams in their role, separate from their responsibility for referring individuals to Redthread. For example, trauma-informed practice training can raise awareness and build the skills and confidence of hospital staff to intervene with a young person who may be reacting to their trauma in a confrontational manner, refusing to cooperate with treatment or acting aggressively. Such training for health care workers is in line with World Health Organization guidance on how to identify, refer and prevent risk of future violence amongst youths who attend health care settings [8]. Despite this key service which Redthread provide to support hospital staff however, there is limited capturing of the impact of these activities on health care workers knowledge and skills, or on the wider hospital system and this was considered a key area for development by the Redthread team.

A key element of the Redthread programme is establishing links with relevant external partners in order to be able to support young people with a broad range of issues, many of which may be beyond their remit (e.g. housing) by referring them to the appropriate services. Whilst there were some difficulties initially getting these partnerships set up, including some initial suspicion of the programme by other organisations who felt they may replace some of their services, external partners who took part in evaluation interviews were extremely positive about the programme, their partnership working with Redthread, and its impact on young people and how it supports their own work. For two partners, this partnership working was bi-directional in nature, with these organisations both receiving referrals from Redthread and checking with Redthread staff if they had had previous contact with a young person who had come to their attention. Redthread's ability to develop a trusting relationship with the young person, combined with the fact they were rarely seen by the young person as the same as a statutory service or authority figure, was felt to be a facilitating factor in the ability of the youth worker to elicit information from a young person that can then be fed back to other appropriate organisations in order to support their work in reducing that young person's risk. Findings from the monitoring data also support this view; of all eligible referrals to Redthread, only approximately one in five were known to other statutory services. Furthermore, of those who were known to statutory services, only around 30% were engaged with those services. This suggests Redthread has the ability to engage with young people who have either previously not been identified by services, or who have been identified but who will not engage with statutory services. Such a finding seems particularly crucial when the monitoring data also shows that three in ten young people referred to Redthread had attended A&E in the past five years as the result of an assault, fight or

sexual assault. Such figures also do not account for how many more young people were victims of violence, abuse or exploitation who were fortunate enough not to receive an injury serious enough to require presentation at A&E, or those young people who chose not to attend for their injury.

Recommendations

- Work with hospital staff to ensure initial contact is face-to-face where feasible.
- Conduct further research to explore other driving factors in successfully engaging young people in the programme.
- Work to access ISTV data to explore its potential as an appropriate denominator of total A&E attendances for violence related injury.
- Capture impact of training delivered to hospital staff.
- Funding dependent, inclusion of youth workers with specific expertise (e.g. independent domestic violence advisors) may be appropriate.

Impact of the programme and future monitoring and evaluation

The current evaluation identified a number of positive impacts of the Redthread programme across the Midlands for young people, and the wider system. Overall, perceptions of the programme from young people, NHS staff, and external partners were positive. All young people who took part in the evaluation agreed that they would recommend the programme to other young people and several had continued to work with Redthread as Youth Ambassadors to support the development of the service. Similarly, all stakeholders who took part in the evaluation felt that every A&E, and perhaps even other health care settings, would benefit from a programme like Redthread. One of the key factors which was perceived to work well about the programme, by both young people and stakeholders, was the supportive, trusted relationship that was developed between young people and their youth worker. A trusted adult relationship is a known protective factor against adverse impacts of trauma, including mental health problems [9], and the current evaluation highlighted that disclosures were made to youth workers which had not been made previously to any other services or practitioners, and subsequently appropriate support was provided by the Redthread team. Analysis of assessment data demonstrated that there were significant improvements in young people's ability to identify escalating problems following engagement in the programme. This may have increased young people's desire to seek and engage with support. Qualitative data suggested young people had improved mental wellbeing as a result of engaging with the programme, in addition to increased confidence and self-esteem. Findings from the monitoring data suggested a significant reduction in risk of self-harm from initial assessment to end assessment. NHS staff also spoke about the contribution Redthread makes to improved physical health outcomes, specifically in terms of identifying the root cause of presentations to A&E in cases where clinical staff do not have the time or relationship with the young person to initiate sensitive disclosures around trauma or abuse which may be the underlying cause of the presenting symptoms.

Qualitative findings and quantitative analysis of assessment scores from the monitoring data showed that young people had improved outcomes in crucial protective factors against involvement in violence, including improved family relationships and friendships, and engagement in education, training and employment. Data also demonstrated young people had improved feelings of safety as a result of engagement in the programme. Furthermore, monitoring data showed significant reductions in assessment scores of risk of harm to, and from, others from the initial assessment to the end assessment. Crucially, findings from analysis of the monitoring data showed significant reductions in

young people's experience of violence, crime, and exploitation, and their participation in violence and criminal behaviour, suggesting Redthread was achieving its overarching long-term aim.
At system level, findings from the current evaluation also suggested that the Redthread programme had a positive impact. NHS staff and external partners noted that Redthread provided crucial links between different hospital sites and organisations. Their ability to share data and link incidents and individuals was reported to lead to increased identification of safeguarding concerns and improved outcomes for young people. Improved outcomes were also reported for NHS staff including support for staff with traumatic cases, supporting clinicians to provide wrap around care to young people, and providing training and information on external sources of support for patients. Furthermore, one clinician reported that the presence of the programme in their department improved staff morale and job satisfaction amongst clinicians because they perceived the programme as addressing the causes of presenting clinical symptoms and were relieved to know that Redthread were working to address these to prevent re-attendance for similar injuries or assault.

Whilst the current evaluation found improved outcomes for young people and the wider system, difficulties in recruiting young people to take part in the evaluation meant there were limitations to the data. Much of the qualitative data was drawn from young people's feedback provided directly to the Redthread team, which may have introduced courtesy bias where individuals are unwilling to disclose dissatisfaction with a service to the individual who provided that service. Young people's reluctance to engage with external evaluation highlights the importance of good monitoring systems with strong data which is valid, complete, consistent and demonstrates integrity. Whilst a rich dataset is currently collected, particularly with regard to demographics, referrals, and activities undertaken with young people, a quality assessment of the data in the current evaluation highlighted some inconsistencies which, if addressed, would allow for more reliable analysis. A key priority for future development proposed by many interviewees was the identification and measurement of key outcomes and impacts of the Redthread programme consistently across sites. Currently, measured outcomes are often based on funder requirements which don't always capture the broad range of outcomes associated with the activities implemented as part of the programme. This can lead to inconsistency in measures across programme sites, preventing comparability and assessment of the programme of work as a whole. Furthermore, current outcomes are not based on validated measures or scales and each outcome is simply scored on a scale of 1-10 at initial assessment, end assessment, and at follow-up. Ideally, where possible outcome measures should be done using validated and reliable tools. It is promising that Redthread are working on introducing new assessment framework and case management systems for 2023, which will aid in improving quality and integrity of the data collected.

A key area for development in terms of outcomes for young people was identified to be around 'softer' outcomes. These outcomes could be potentially divided into three types, all of which are related to the longer-term outcome and ultimate aim of the programme, to reduce involvement in further violence. The first type of outcome involves addressing the wider consequences of having experienced violence, and the subsequent presentation at A&E. These outcomes could include improved health and wellbeing, and reduced trauma symptoms (Table 4), outcomes which were highlighted in the qualitative findings of the current evaluation. Inclusion of a counsellor role in the Birmingham team also suggests that addressing mental health issues and assault-related trauma is a key activity of the programme and something that is done directly by the Redthread team. Demonstration of improved outcomes in these domains would appeal to health partners and hospitals which host Redthread, as it would be a proxy measure of reduced pressure on current and future health service provision. Furthermore, mental health problems are also a key risk factor for violence victimisation and

perpetration [10, 11, 12]. Recently, Redthread has begun to incorporate wellbeing measures into their assessment, however, there are considerations around the validity of Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) to measure change or improvement in wellbeing at an individual level and other tools may need to be piloted and explored (Table 4). Reducing key risk factors for involvement in violence is the central part of activities done with the young person but many of these are not currently measured in a reliable or valid way. Some potential measures for risk factors are suggested in Table 5. Finally, measurement of improvements in evidence-based protective factors against violence, or resiliency to mitigate the impact of experiencing violence using validated measures could be key to demonstrating short-to-medium term impacts for the young person and which in the long-term could be predicted to reduce risk of being involved in violence (Table 4). In addition to measuring outcomes for young people, findings from the current evaluation suggest there are potentially wider outcomes for hospital staff and external partners. Capturing these activities and outcomes in monitoring data would allow assessment of the added value Redthread has across the wider system and demonstrate the multi-agency partnership working (Table 4). Whilst potential outcomes, indicators and measures are provided in Table 5, not all of these will be amenable to capturing via monitoring data and considerations for capturing each outcome are also provided.

Recommendations

- Consider training for staff, standardisation of data fields (e.g., drop down response options), and regular data quality assurance to increase the quality of the monitoring data in terms of completeness, validity, consistency, and integrity.
- Consider the inclusion of validated tools and measures to capture impacts of the programme in a more reliable and valid manner.
- Review and consider whether to capture additional outcomes for young people and the wider system (e.g. hospital staff and external partners)

Further, some general points which should be considered in relation to all measurable outcomes are provided in Box 2.

Conclusion

The evaluation identified a number of key learnings about the process of the Redthread programme implementation in the Midlands. Findings suggested that despite challenges with COVID-19 and pressures in health care settings both programme teams have been able to successfully run the Redthread programme and have supported almost two thousand young people in the four-year period. Both programme teams are embedded in their respective sites and have been running some new operational (e.g., hub and spoke model) and structural (e.g., addition of counsellor role) models from which other Redthread sites can learn. Despite some initial issues with partnership working in Nottinghamshire, both teams did establish and evidence some excellent partnership working in the wider community. Reliably assessing all impacts of the programme remains a challenge and it is likely that both monitoring data and evaluations will continue to play a role in how to assess the impact of the programme in the future. Training of staff and adaptation of the monitoring data system could address some minor issues with current data collection processes and improve completeness, validity, consistency, and integrity of data. Further, data gathered in the current evaluation identified a number of areas to capture additional data which Redthread could use to measure a broader range of outcomes, for the young people themselves, but also to assess and demonstrate the impact on hospital staff, external partners and the wider system. It should be noted that Redthread are already working to improve their assessment framework and case management systems, which should see improvements to data quality, with implementation of these to take place in 2023. Whilst there were some limitations to the outcome data in the current evaluation, triangulated findings from monitoring

data, interviews and surveys suggested several positive outcomes of the Midlands Redthread programme for young people including improved health and mental wellbeing, education, employment and training outcomes, relationships, and crucially reductions in experience and participation in violence, exploitation and crime for young people.

Box 2: General considerations regarding using monitoring data to assess programme impact

- Whilst capturing all of the outcomes relevant to the broad range of activities Redthread do with young people would be ideal, a balance needs to be considered between what is good to capture to inform the support for that young person and measures which are trauma-informed, versus what is needed to demonstrate evidence of the impact of the programme as a whole for young people.
- Sample tools for each outcome are provided in Table 5 but whilst young people may present with multiple issues it will not be appropriate to use each measure (which consist of several questions). Different versions of the Outcome Star are available for many of the activities and outcomes which Redthread support young people with and would allow a degree of consistency in measurement of outcomes across young people with different needs, whilst also reducing the burden to complete multiple assessments relevant to assessing impact in each area. Further they each measure progress in several domains, are considered a way of measuring outcomes as an integral part of on-going work with the young person rather than for research purposes, are all a measure of distance travelled towards end outcomes which young people can visibly see at each stage rather than whether the end outcome has been achieved or not, and they were co-designed with young people. Many of the stars are also based on a similar motivation to change, or stages of change concept that the Redthread programme is based on.
- Where feasible, consultation with young people and piloting of all measures should be undertaken before inclusion in routine monitoring/assessment.
- Participant burden on young people could be reduced by incorporating baseline measures into initial risk assessment, and at the case closure repeat measures only for outcomes where support has been provided (and repeated at follow-up if possible).
- Care should be taken in attributing outcomes directly to Redthread if that work is being delivered primarily by a partner agency (i.e., it will also depend on the effectiveness of that organisation).
- Consideration should be given to the burden and resource involved in how any additional data will be recorded and subsequently extracted from Redthread's Lamplight system, and how it will be analysed and presented.

Table 4: Potential additional outcomes, indicators, and measures for future assessment of impact

Outcome	Indicator	Measure	Level	Sample tool/question	Key considerations
Young people					
Engagement with services	% YP engaged with services of those not previously known or engaged with services	Baseline, case closure and follow-up	Aggregated	Data field on known to and engaged with statutory services currently included in risk assessment.	Young people may need services during their period of support but no longer require them at case closure/follow-up so youth worker should also note at case closure if engagement is not needed
Secure housing	% YP with improved housing security Mean increase in housing security score measure		Individual and aggregated	Young Person's Star	Cost implication. Many of the other stars cover accommodation as one of the domains so a specific housing star may not be necessary.
Mental wellbeing	% YP with improved mental wellbeing Mean increase in mental wellbeing score		Aggregated (WEMWBS) Individual and aggregated (SDQ/ My Mind Star)	Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) Strength and Difficulties Questionnaire (SDQ) My Mind Star	WEMWBS is not validated as a reliable measure of individual level change but can measure sample/group level change. SDQ can reliably measure individual change and is used in mental health settings however it consists of 25 items
Substance use	% YP with improved substance use domain scores Mean increase in substance use domain scores		Individual and aggregated	Drug and Alcohol Star	Cost implication. 10 key areas are measured including physical health, accommodation, offending, family and relationships, alcohol and drug use.
Resilience	% YP with improved resilience scores Mean increase in resilience score		Aggregated	Student Resilience Survey	Relatively long but 12 subscales which can be used as relevant (e.g. school connection subscale may not be relevant to older individuals)
Domestic abuse	% YP with improved domestic abuse domain scores Mean increase in domestic abuse domain scores		Individual and aggregated	Empowerment Star	Cost implication. 9 key areas are measured including safety, accommodation, health and well-being, support networks, empowerment and self-esteem.
Assault	% YP with improved assault-related domain scores Mean increase in assault-related domain scores Reduction in re-attendance rates		Individual and aggregated	Victim of Crime Star	Cost implication. 8 key areas are measured including physical health and wellbeing, safety and support network and relationships.

Table 4: Potential additional outcomes, indicators, and measures for future assessment of impact - contd.

Outcome	Indicator	Measure	Level	Sample tool/question	Key considerations
Hospital staff					
Awareness of the Redthread programme	% hospital staff aware of Redthread	Yearly survey	Aggregated		Capture demographics, role, and length of time in hospital
Making appropriate referrals to Redthread	% of referrals which are eligible for programme % of all assault-related attendances which are eligible for programme and which were referred	Quarterly	Aggregated	Data fields currently captured in monitoring data	Data quality for completion and accuracy of these fields should be assessed and training for staff provided where needed to ensure consistency in data recording.
Skills, knowledge and confidence in working with young people who are victims of violence, abuse or exploitation	% of staff with increased skills, knowledge and confidence	Pre and post Redthread provided training	Aggregated	On a scale of 1-10, with 10 being completely confident, how confident are you in working with young people who are victims of violence?	Capture demographics, role, and length of time in hospital
External partners					
Referrals to each partner	No. referrals to each external partner	Monthly	Aggregated	Data fields added to monitoring data	Capture demographics, reason for referral, engagement (if known)

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Appendix 1 – Redthread YVIP theory of change

Target Population (YVIP Only)	Programme Stages and Activities - what do Redthread do?	Change Mechanisms - what does the young person experience?	Intermediate Outcomes – what needs to happen to enable progress?	End Outcomes – where should young people be at the end of the programme?	Ultimate Outcome – what is the long-term change for young people?
11-24 year olds (up to 25th birthday) Presenting at Major Trauma Centres or local hospitals Those experiencing, or at risk of experiencing violence and/or exploitation With needs not currently sufficiently met by services.	**1. Referral** (a) NHS Staff refers or RT identifies potential YP through hospital systems (b) RT learn about the YP to establish eligibility (c) YP learns about RT	YP experience care and compassion which is about their needs beyond health	YP consents to contact by RT initially and after first contact	**Safe** YP are able to handle their emotions in a positive way YP have a reduced risk of experiencing serious youth violence **Happy** YP are empowered to make informed and appropriate decisions in relation to aspects of their lives that will have positive outcomes i.e. engagement with education, employment, housing etc. YP are able to recognise and manage their emotions in an appropriate way. This means they can utilise healthy coping strategies which are likely to have long term benefits for their mental wellbeing	**Safe:** Young people are less likely to experience or be at risk of serious youth violence Reduced risk to self and others **Happy:** Long-term positive outcomes for mental wellbeing **Healthy:** YP continue to engage with other primary health services within their local community and have a reduced need for more intense secondary interventions
	2. Engagement: (a) YP and RT learn more about each other (b) Safety and discharge planning (c) For YP in the community, safety planning begins (d) RT develop a 'network of support'	YP experience ongoing concern about and compassion for their needs YP begin to trust the youth worker YP identify or learn about their immediate needs	YP consents to data being stored by RT YP understands their diagnosis/health plan YP accepts some basic needs supports from RT YP who do not consent to further engagement receive support on safety and discharge planning		
	3. Joint Assessment of Risks and Needs: (a) YP and RT discuss and prioritise needs and risks. RT involves relevant services too from the 'network'. (b) YP and RT discuss different approaches to their situation	YP identify their strengths, needs and long-term aspirations YP become aware of different ways in which they can address these YP experiences deepening trust	YP give informed consent to longer term joint work and information sharing YP engages in sharing and planning with RT Safeguarding referrals are made as necessary		
	4. Planning, Actioning and Support (a) Priorities are jointly set and a plan created to address needs (b) YP attends meetings with services (c) YP discuss next steps with RT – further planning	YP see models of positive engagement with services YP experience successful engagement with services YP begin to plan for themselves	YP attend meets with services YP continues to engage in planning and actioning with the YW YP priorities are met (e.g. housing, or engagement with education or employment)		
	5. Positive Disengagement (a) RT and YP agree on which services the YP needs ongoing engagement with and actions this (b) RT and YP reflect on distance travelled	YP initiates and experiences positive engagement with services themselves YP experiences success	YP make their own plans with support from RT YP initiates these plans successfully YP has an onward plan for appropriate engagements with services, and dealing with risk	**Healthy** YP can recognise when they are struggling and need some extra support. They feel confident to ask for support and know where to go to access this within the community i.e. connections with primary healthcare services YP are able to manage their emotions in a positive way reducing the chances of engagement in harmful self-directed behaviour, instead being able to make healthy choices for themselves	
	6. Follow-up (a) RT makes contact with YP 6 months on (b) Needs and risk assessment (c) Where necessary, RT works with YP to deal with risk or re-engage with services	Through the 1:1relationship with a RT youth worker, YP experience support to increase awareness of their emotions and reactions, and develop strategies to manage these			

Key Inputs

NHS Staff working in the hospital are trained to support referral to YVIP
Youth workers are recruited with experience of working with young people impacted by violence and trauma
Youth workers are provided with clinical and team supervision to help them manage secondary trauma, and support each young person.
Data is collected to support tracking of young people's engagement and progress so youth workers know if they are on track

Assumptions

Redthread will have access to hospital records to support identification of young people where NHS Staff do not make needed referrals.
Redthread staff will be based in hospitals, have access to desk space and all relevant hospital areas
The majority of eligible young people will be willing to work with Redthread after the first meeting

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