London Vanguards independent evaluation report

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Acknowledgements

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Contents

Background

The reduction in the prevalence and incidence of violence in London is one of the ten priorities of the health and care vision for London to be the healthiest global city [1]. In 2021, the NHS London Health and Justice Team and Violence Reduction Programme commissioned three integrated care systems (ICS) to pilot a new framework for children and young people who face adversity and are affected by violence. The London Vanguards set out how the NHS can support violence reduction to improve wellbeing in the community at a population and individual level through the implementation of the national Framework for Integrated Care (community); hereafter 'the Framework' [2]. This is being realised through the creation of trauma-informed systems and multiagency collaboratives working with local partners, including local authorities, voluntary organisations and mental health services. The Framework of Integrated Care (Community) underpins the London Vanguards, and was developed to facilitate improved outcomes and a reduction of health inequalities among children and young people whose needs are not met within current practice. The Framework was designed to be a facilitator of cultural and organisational change, building trauma-informed care with the aim of developing and enhancing services that promote safeguarding, provide reintegrated care and prevent re-traumatisation, enabling children and young people to thrive [3]. The principles of the Framework are:

1. Every interaction matters: there is a focus first on building and supporting positive collaborative relationships.
2. Children and young people and the relationships they experience are at the centre of all care they receive through genuine co-production.
3. Those spending most time with young people are the primary facilitators of change.
4. Positively influencing the day to day care is the basis of any intervention and the primary focus of support.
5. All behaviour is understandable in context; there is a focus on developing an understanding of child and young person's behaviours and needs based on their story (Formulation).

6. There is a commitment by all to build and sustain trauma informed organisations.

The Community Multi-Systems Violence Reduction Programme (CMSVRP) model (known as the Vanguard) was developed by an expert advisory group convened by the Violence Reduction Programme in response to London's vision priority and is underpinned by the Framework. The four key components of the Vanguard are a) a focus on addressing inequalities for marginalised and vulnerable communities; b) genuine co-production; c) embedded community model and d) collaborative partnership working. The Vanguard involves prioritising the needs of children and young people, and actively engaging with local communities to build on existing services and infrastructures, plugging gaps in expertise and capacity as required. These groups work together to develop services aimed at improving the wellbeing of children, young people, their parents and carers, and local communities. The aim is for the Vanguard to be embedded in local communities.

Following a competitive tender process, the London Vanguards were piloted in North Central London (NCL), North East London (NEL) and South East London (SEL) between October 2021 and September 2025 (extended from September 2024 [4], and phase two will run from October 2025 – September 2028). The aim of the pilots was to enable children and young people up to age 25 who face adversity and are affected by violence to thrive. This evaluation focused on the pilot and extension phases, to September 2025. The London Vanguards' delivery varies across each ICB in accordance with local need. Figure 1 shows a map of delivery in London at the time of the evaluation.
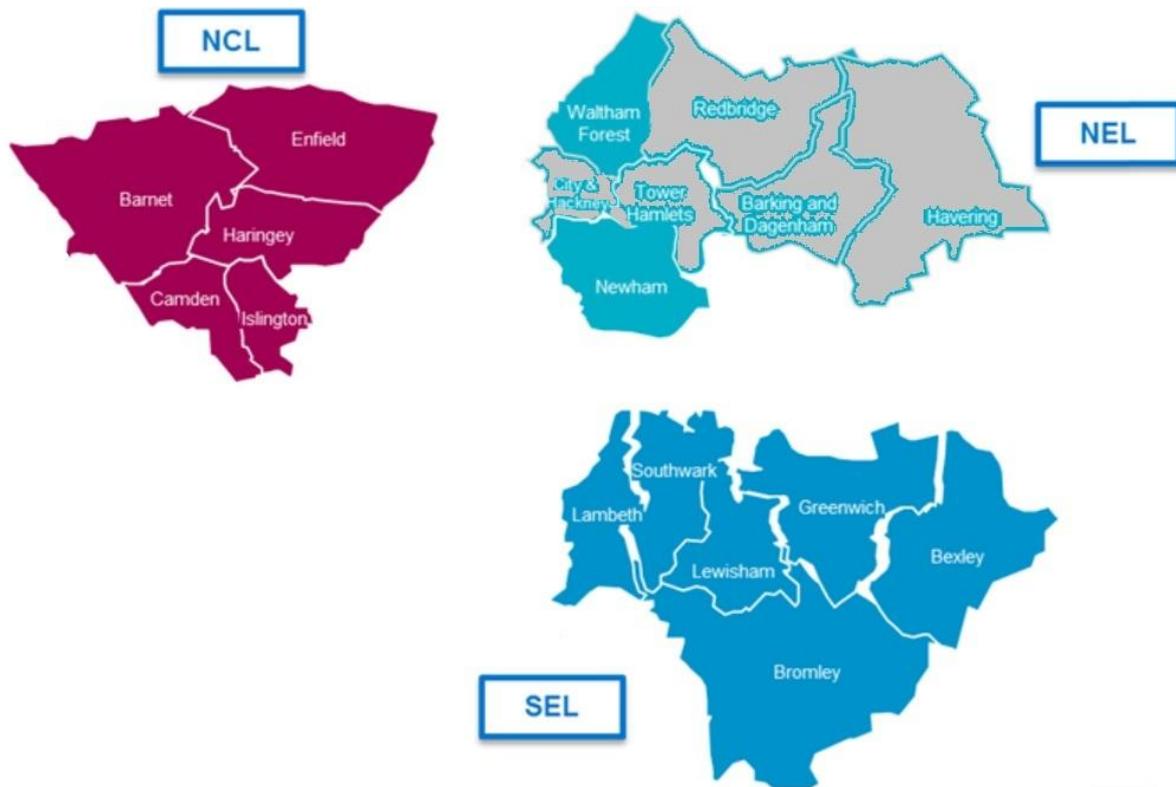
Figure 1. Map of delivery in London (grey boroughs indicate where London Vanguards was not being delivered at the time of the evaluation)

The following summaries of delivery were sent by the London Vanguards leads to the evaluation team in late 2025. The descriptions here include information about the focus boroughs chosen for the qualitative data collection in phases two and three of the evaluation.

Programme description: North Central London (NCL)

There is a need to work closely with communities and collaborate across health, social care and the voluntary sector to address need and to take collective action on the wider determinants to take effective action to address health inequalities. The NCL vanguard demonstrates this approach by incorporating voluntary, community and social enterprise (VCSE) providers throughout delivery as well as focusing resource in areas with the highest deprivation and need. There is more emphasis placed on earlier interventions and tackling inequalities in health outcomes by addressing the wider determinants of health.

A Programme Board consisting of senior leads across the five boroughs have been meeting regularly to set up vital governance infrastructure to enable the NCL Vanguard to mobilise and stay on track to achieve its strategic objectives. The delivery of the NCL Vanguard has required integration of services across NHS, local authority, criminal justice and the voluntary sector organisations.

Focus borough: Enfield

Fully mobilised with two part-time Clinical Psychologists, a creative arts therapist and two St Giles practitioners in July 2022. A Specialist Youth Practitioner from the charity Coffee Afrique also joined the service shortly afterwards. The Enfield Vanguard is situated alongside local Enfield services and has been working in partnership with Enfield Youth Justice, Orchardside school (a local Pupil Referral Unit) and third sector organisations such as New Horizon Youth Centre homelessness charity and Oasis Hadley Community Hub to support marginalised and vulnerable young people. The service also works closely with partners based in court and the criminal justice system such as His Majesty's Prisons Pentonville, Isis and Feltham to support children and young people who present in these settings. The live workstreams in Enfield include: Direct interventions for children and young people aged 10-25, early intervention and parenting interventions, wider systems level interventions and support for partner agencies.

Model of support

The team comprises psychologists, creative therapists and specialist caseworkers and youth practitioners. All team members are case holding and embedded within specific community projects to co-develop the support alongside project staff and young people. A psychological formulation is developed for each child and young person receiving an intervention from the Vanguard based on the needs they present with. Formulations are carried out either in clinical supervision and/or in team formulation spaces facilitated by clinicians. The team use an integrative approach drawing on ideas from Attachment approaches (AMBIT), Systemic approaches (Narrative Therapy), Cognitive Behaviour Therapy and third wave compassion focused approaches (e.g., Acceptance and Commitment Therapy) and Community Psychology approaches. The team offer several group spaces: parent and carer groups for parents of children in contact with the youth justice system,

groups in prison settings, groups within homelessness settings such as the Salvation Army and New Horizon, and groups in youth clubs and local schools and colleges. Groups utilise the creative specialisms within the staff team to offer more accessible and engaging wellbeing spaces. The team are embedded within key community settings to build strong working relationships with the core staff teams and to meet young people where they are and offer immediate interventions. Examples of this include: Youth practitioners embedded within local youth clubs and schools offering individual and group interventions.

- Psychologists offering 1.1 psychological drop in spaces within homelessness hub NHYC for young people fleeing violence,
- 'Through the gates' support for young people engaged within prison groups on their release from custody,
- Working within the custody suite of a local Magistrates Court alongside the Enfield youth justice team,
- Wider support to partners and organisations also includes support for staff teams and organisations. Support includes case consultation, regular reflective practice spaces, case formulation sessions and creative wellbeing groups for partnership organisations as well as training workshops and programs for both local and Pan-London services, groups and organisations. This includes annual teaching to the Metropolitan Police London social work training programmes on building trusting relationships with young people affected by violence.

Focus borough: Islington

The Islington Vanguard comprises 1.2 full time equivalent Clinical Psychologists and three Therapeutic Practitioners (with backgrounds in Early Help, Psychotherapy, Youth Work and Mentoring) and was fully mobilised in 2023.

Islington Vanguard also sits within Islington Council's Young Black Men's Mental Health Programme and offers support specifically to Black and Mixed Heritage Boys and Men aged 12-25.

It has close working relationships with a range of statutory partners including Children's Social Care, Youth Justice, Islington Collaboration Action Network (ICAN) and Probation.

Partnerships have also been developed with a range of Community and Voluntary Agencies in attempt to compliment, add to, and learn from existing services. These include:

- New Horizon Youth Centre.
- Lift – Youth Club.
- Copenhagen Youth Project.
- Arsenal Hub.
- VRU Parent Champions.

All team members are case holding and are allocated to specific community projects.

Young Person led, psychologically informed and bespoke individual interventions are offered to young people who consent to work with the service. This support addressed practical and social challenges alongside mental health support.

Workers also seek to engage and support the wider family, including parents, siblings, carers and partners.

Consultation is also offered to the wider professional network.

Parent training has been developed and delivered jointly with VRU parent champions across a range a mental health topics including anxiety, depression, trauma and self-harm. A modified version of this training was also delivered to front line workers across the council – with a focus on Trauma Informed Practice.

A parents' group for mothers of boys affected by young violence and the CJS has been running since September 2023. It is parent led with psychology support.

Psychologists are also supporting prison officers to deliver a 'Time 2 Change' group in Pentonville prison – for young men aged 18-25 years – preparing to be released into the community.

The team, alongside young people, have also delivered teaching on community psychology approaches to psychology trainees on their doctoral programmes at University of East London and University of Hertfordshire.

Case workers are supported through weekly clinical supervision and team meetings where formulations are discussed and developed.

Programme description: North East London (NEL)

The partnerships in NEL Vanguard consist of formalised partnerships between: the London Borough of Newham and East London NHS Foundation Trust and The Children's Society (Newham) and the London Borough of Waltham Forest and the North East London Foundation Trust (Waltham Forest). The local authorities are the Lead Partner in each borough and service delivery in Waltham Forest and Newham is localised.

Case workers act as key advocate for children and young people, building trust, providing advocacy, coordinating services, pathway navigation, working with the network, managing risks, going to court and other meetings alongside individuals if necessary. The case worker is ideally fully embedded in the community and has appropriate supervision.

Focus Borough: Newham

In Newham, delivery comprises embedded roles within London Borough of Newham and an East London NHS Foundation Trust NHS community-psychology led support service, available to young people and families affected by Youth Violence. The support service is called Newham Wellbeing Action for Youth (New WAY).

New WAY offer holistic wellbeing support, to young people aged 25 and under, that have been affected by youth violence and also offer support to their families and carers. New WAY is made up of a range of practitioners that have specific skills, experience and training to support young people and families. New WAY put wellbeing at the heart of the support they offer and work alongside young people and families to support them in ways they find helpful. This can include supporting people to:

- Improve wellbeing and mental health.

- Increase access to and empower people in education, employment and training settings.

- Increase stability, including support with housing and finances and access to food.

- Find ways to divert away from the youth justice system.

Support may include:

- An allocated practitioner that has particular skills or training that meet the needs of the young person/family/carer.

- Additional assessments using specific psychology, speech and language or mental health tools.

- Therapeutic support from a clinical psychologist.

- Advocating for young people and families within systems.

New WAY also offer support to Voluntary, Community and Faith sector organisations (VCFS) that work with young people affected by youth violence. This includes: bespoke training, consultation, reflective spaces and social action work. New WAY accepts direct referrals (self, peer, community and statutory services, VCFS etc.) via email.

Programme description: South East London (SEL)

The SEL Vanguard works with children and young people between the ages of 10-18 who live in Bexley, Bromley, Greenwich and Southwark – and up to 25 in Lambeth and Lewisham. The aim is to maximise clinical resource and expertise across the geography while also ensuring services meet the needs of local populations.

The SEL Vanguard also considers referrals for Children Looked After (CLA) by one of the six boroughs, but who are currently living out of area.

The SEL Vanguard is a partnership between SEL Integrated Care Board (ICB), South London and Maudsley NHS Foundation Trust (SLaM), and key delivery partners across the six boroughs who offer a range of mentoring, youth work and frontline engagement with 'at risk' groups of young people.

Within SLaM – support is provided from a dedicated Clinical Hub through indirect interventions, with the aim of embedding Trauma-Informed Practice through advice, guidance, reflective practice and case formulation. Children, Young People

and Families within the programme also have access to bespoke mental health support underpinned by the Trauma Recovery Model including:

- A flexible, community-based approach to engagement to meet young people 'where they're at'.
- Access to trauma-specific therapies including Eye Movement Desensitisation and Reprocessing (EMDR), Narrative Exposure Therapy (NET) and Trauma-Focused Cognitive Behaviour Therapy (TF-CBT).
- Access to a multi-disciplinary assessment including psychology, psychotherapy, nursing and Speech Language and Communication Therapy (SLCT).
- Access to supportive family and parenting interventions.

Additional training and development input is provided by the Centre for Family and Child Support through the Family Partnership Model (FPM) and Multisystemic Therapy (MST) UK.

Referral pathways have been developed locally with the delivery partners to meet the needs in the different boroughs. This has meant that across the different organisations, there are a wide range of different approaches and interventions being offered – from early intervention and prevention to more intensive levels of support, depending on risk, need and complexity.

Focus borough: Southwark

In Southwark Youth Ink and Active Communities Network (ACN) provide preventative interventions and case management targeted to young people in the borough who are at risk of exclusion from education and involvement in criminal activity. The core offer from ACN, which is known as Ambition Southwark, consists of group activity programmes and peer mentoring, offering the opportunity to build positive activities focused on sport and physical activity, arts, media, music and other culturally relevant activities. Activities are delivered in local community spaces with frequent opportunities for young people to attend London or nationwide outreach activities. ACN also offer 1-to-1 personal development sessions and host a parenting programme – Fathers Project which occurs bi-weekly.

Youth Ink provides Community Outreach, Case management and intervention. Peer Support Navigators/ Vanguard Case Managers with lived experience offer 1-to-1 support and mentorship to young people in the programme.

The model operates with a tiered approach to intervention depending on risk, need and complexity. At the highest level of need, cases are jointly held and managed by the Clinical Hub to support with formulation, safeguarding, multi-agency liaison and access to bespoke clinical Interventions. The collaborative work within the community has enabled young people within the programme to access creative and culturally appropriate therapeutic resources such as Box Therapy and the Finding Rhythms music project. Youth Workers and mentors within the programme access reflective spaces and bespoke training to support their work. Work on embedding Trauma-Informed Practice in the wider system has also taken place, for example through the Southwark Civic Leaders programme.

Evaluation aims

The Child Outcomes Research Consortium (CORC) team at Anna Freud was commissioned by NHS England to conduct an independent evaluation of the London Vanguards pilot, between December 2022 and December 2025. The overarching aims of the evaluation were to:

1) examine the overall impact of the London Vanguards as a whole on children, young people and their parents and carers, workforce and organisations; and
2) to explore best practice and learning that can be used to develop recommendations to inform service improvement and the future sustainability of the London Vanguards.

Methodology

Evaluation design

The evaluation sought to explore the impact of the Vanguard in London at three levels of the ecosystem: individual, service and community. Through the evaluation, delivery of the Vanguard was explored, including 1) the implementation 2) mechanisms of change, and 3) the impact of the London Vanguards in the specific context. To address the aims, a mixed-methods realist

process and impact evaluation approach [5] was taken, with an emphasis on examining what works for whom, under what circumstances and how [6]. This is particularly relevant for complex interventions and structures, which lend themselves to a mixed-methods design, such as the Vanguard, which is both multi-faceted, and is being implemented across multiple areas.

The evaluation comprised three phases all resulting in a report, as shown in Figure 2. The key learning phase focused on staff perspectives of the mobilisation of London Vanguards, which included an anonymous staff survey and the completion of qualitative learning logs constructed from key reports and discussions with six focus boroughs (Enfield, Haringey, Newham, Waltham Forest, Southwark and Bexley and Greenwich (as one borough)). We reported our key learning findings in February 2024.

Phases two and three consisted of the secondary analysis of the KPI administrative dataset, and the delivery and analysis of semi-structured interviews and focus groups with children, young people, parents and carers, delivery staff and key stakeholders (professionals who sit on the periphery of the London Vanguards, who may work alongside them in the area and/or refer children and young people to the London Vanguards for support) in Enfield, Islington, Newham and Southwark. We reported our interim findings in February 2025. This report combines the interim findings with the findings from the final phase of the evaluation.

Phase one (key learning) → **Phase two (interim)** → **Phase three**

Staff perspectives on challenges and successes of mobilisation

Staff, key stakeholder, children, young people, parents and carers' experiences and outcomes, as well as KPI data analysis
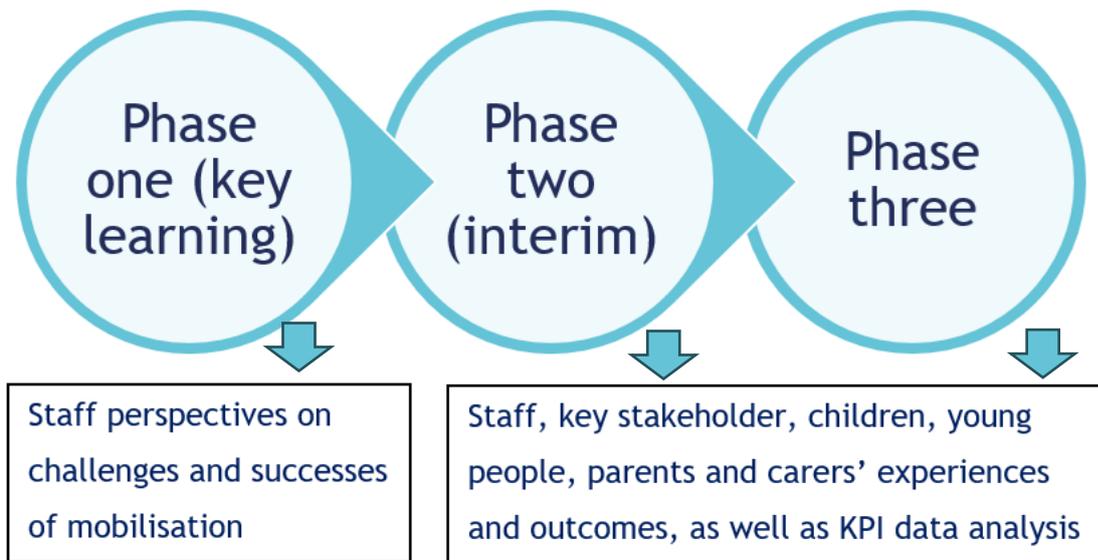
Figure 2. Evaluation phases

Please see Table 1 for a breakdown of the evaluation research questions and data collection methods. The findings section follows the evaluation questions.

Table 1. Evaluation research questions and data collection methods

Evaluation questions	Data collection method	Evaluation phase	Ecosystem level
EQ 1: Who was referred to and who was seen by the London Vanguards?	Interviews with all participant groups, KPI data	Two and three	Service, community, individual
EQ 2: Are the London Vanguards focused on addressing inequalities for marginalised groups?	Interviews with all participant groups, KPI data	Two and three	Service, community, individual
EQ 3: What length and type of support was provided by the London Vanguards?	Interviews with all participant groups, KPI data	Two and three	Service, community, individual, system
EQ 4: Was genuine co-production part of the development of the support offer?	Interviews with all participant groups	All phases	Service, community, individual, system
EQ 5: What are the experiences of, and learning from the collaborative partnership model?	Interviews with all participant groups, staff survey	All phases	Service, community, individual, system
EQ 6: What were the experiences and outcomes of children, young people, parents and carers supported by the London Vanguards?	Interviews with all participant groups, KPI data	Two and three	Service, community, individual, system
EQ 7: What were the experiences of staff and key stakeholders?	Interviews with all participant groups, staff survey	All phases	Service, community, individual, system
EQ 8: What best practice and learning can be used to develop recommendations to inform service improvement and the future sustainability of the Vanguard?	Interviews with all participant groups, staff survey, KPI data	All phases	Service, community, individual, system
EQ 9: How are the London Vanguards situated in the landscape?	Interviews with all participant groups, KPI data	Two and three	Service, community, system

At the start of the evaluation, an evaluation logic model was developed by the research team, and reviewed by NHS England London Violence Reduction programme team colleagues, and the evaluation's professional advisory group (London Vanguards delivery staff and Vanguard and NHS England senior leadership). This formed the basis of all elements of the realist evaluation through identification of the target, context, mechanisms of change and the expected outcomes of the London Vanguards overall. See Figure 3.

Target
Who is the intervention for?

- Young people (aged up to 25 years) vulnerable to being affected by violence living in London
- Underserved groups of young people, i.e., those disproportionately impacted by social and structural inequalities such as racism and marginalisation
- Parents/carers of young people vulnerable to being affected by violence (for prevention)
- Young people who may have multiple needs, with multiple socio-economic risk factors who may have already been involved in youth offending services
- Staff groups delivering the model, i.e., clinical staff and VCSE staff

Model
What is the intervention?

Prevention
- Information and advice to schools and via detached youth work
- Proactively identifying young people to offer advice and guidance to
- Parenting programmes to support behaviour management approaches for children up to 11 years

Case Management
- Case manager assigned
- A formulation and risk assessment will be undertaken to determine any psychological support required

Intervention
- Trauma informed CBT
- Other therapeutic interventions
- Specialist support linked to need

Cross model principle
- Cross sector working
- Recognition of the role of trauma in the system
- Staff training, reflective practice and supervision

Change mechanisms
How and why does your intervention work?

- Increased prevention services for CYP affected by violence
- Improved shared understanding of the needs of CYP in this target cohort
- Improved access to psychological trauma informed interventions for CYP, families and carers
- Improved access to prevention work for CYP, families and carers
- Strengthened service user voice
- Better shared understanding of an individual young person's multiple needs
- Improved multiagency collaborative working across health, social care
- Workforce further skilled through learning from each other

Outcomes
What difference will it make?

- Better access for CYP and families from marginalised communities, e.g., those disproportionately impacted by social and structural inequalities such as racism
- Improved wellbeing for CYP, their families and carers
- Trauma informed organisations developed
- Reducing the impact of violence in communities (longer term outcome)

Moderators
What factors will influence the change process?

- Capacity and staffing levels
- Knowledge of the model
- Existing levels of cross agency working and relationships
- Levels of deprivation
- Provision of cross agency training at different levels
- Borough/service level readiness to change
- Complexity of systems

Unintended consequences

- Lack of capacity to support the number of young people
- Full impact of the model might not be seen within lifetime of evaluation
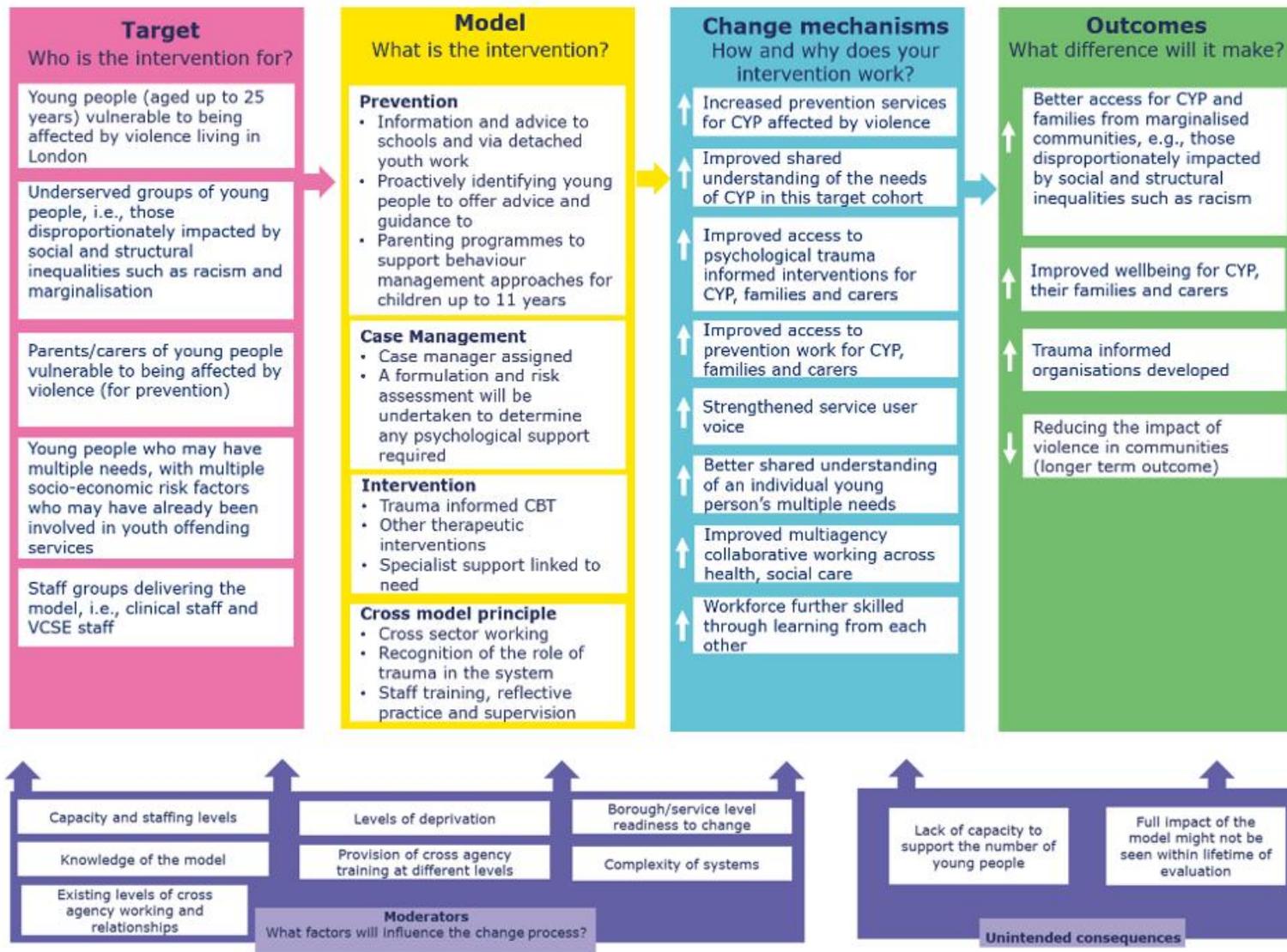
Figure 3: London Vanguards independent evaluation logic model

Participation

Throughout the evaluation, we aimed to be further informed and shaped by the experiences of London Vanguards staff, and children and young people and parents and carers with relevant lived experience of mental health and wellbeing difficulties, youth violence and the youth justice system. A peer researcher was embedded in our team from the start of the evaluation and retained throughout. Our peer researcher was involved in all stages of the evaluation including decision making and the operational conduct of the evaluation (e.g., co-facilitating the young people's advisory group (YPAG) and conducting data analysis). This enabled a diverse range of perspectives to be embedded in the team on topics such as how to best recruit and engage members of a YPAG, the wording of information sheets and data collection materials, and the development and interpretation of qualitative themes.

For staff, we established a professional advisory group which met at key points throughout the evaluation. The group met four times to: consult on data collection materials, discuss the key learning emerging findings, the interim findings and to discuss the draft evaluation final recommendations.

The young people's advisory group (YPAG) and the parent and carer advisory group (PCAG) were recruited to separately via Anna Freud social media, and existing networks, e.g., the London Vanguards, Peer Power and The McPin Foundation, with a specific focus on recruiting those with direct or indirect experience of violence, youth justice or mental health settings, those who were (or their child) from minoritised ethnic groups, who were LGBTQIA+, or neurodivergent. The YPAG met four times and the PCAG met three times throughout the evaluation to consult on data collection materials, to discuss the key learning emerging findings (YPAG only), the interim findings, and to discuss the draft evaluation final recommendations. We also facilitated a separate group in September 2025, with three Peer Power young partners, who consulted on the draft recommendations. All Peer Power young partners had experience of the youth justice system. See Appendix 1 for Peer Power's report on this activity.

We followed the principles of Lundy's Model of Participation [7] to ensure that attendees had the space to express their views, their voices were enabled, they

had an audience for their views, and their views had influence. YPAG and PCAG attendees were provided with a voucher as a thank you for their participation. Creating a safe space included allowing members of the group to engage however they felt comfortable; for example, using the chat function in Microsoft Teams or speaking with their camera switched off. We feel that this creation of a safe space encouraged honest feedback. Alongside this, we kept in touch with YPAG and PCAG members between sessions and sent them, as well as young people and parents and carers who took part in interviews and focus groups, an easy read summary of the findings.

Ethical approval

Ethical approval is not required to conduct service evaluations (see [8]). However, UCL research ethics committee approval was obtained for due diligence regarding working with children and young people, as well as for the anticipated research dissemination following the close of the evaluation (e.g., further analysis of the collected data and publication in academic journals). Ethical approval was granted in June 2023 ahead of data collection (project ID: 21875/002).

Key performance indicators data (all boroughs)

The development of the key performance indicators (KPI) data specification was led by NHS England and co-produced with the London Vanguards and lived experience experts. As part of the funding from the FFIC National team, the London Vanguards report against this set of national indicators. It spans a range of metrics that is intended to cover a broad range of Vanguard delivery models being implemented across the country. This pre-dated the evaluation. The management and oversight of the dataset is held with NHS England. The London Vanguards submit their data to NHS England on a quarterly basis and the data are also summarised in the London Violence Reduction Programme Dashboard. NHS England contacts shared the KPI dataset with the evaluation team in June 2025; data covered the period up to 31 May 2025. The anonymised dataset included information on 1509 children and young people who were referred to Vanguards across 12 London boroughs. The referrals took place between April 2022 and June 2025. To ensure that analysis was reproducible and accurate, the dataset was analysed using the R code language, specifically the tidyverse collection of R

packages. For compatibility with existing outputs and control over appearance, charts were generated using the ggplot2 R package.

To capture the locally specific aspects of the London Vanguards, data is presented broken down by ICB in all instances. Graphs and charts are used to display important quantitative indicators. Comments are included along with tables, graphs, and charts to pull out key insights.

Interviews and focus groups (four focus boroughs)

Four focus boroughs were identified by the research team, NHS England and the Vanguard Leads. The focus boroughs were chosen based on stage of mobilisation, readiness for involvement in the evaluation, and providing a spread of population demographics. The focus boroughs for the qualitative data collection in phases two and three were: Enfield, Islington, Newham and Southwark.

A focus on a subset of evaluation sites (i.e., focus boroughs) is common practice in large complex evaluations. The overarching evaluation plan was that the KPI quantitative dataset provided an overview of the London Vanguards overall, while in-depth explorations lend themselves to a focus on a smaller number of participant areas. The size of the commissioned evaluation in terms of resources and timeframe also dictates the inclusion of both target participant numbers and the number of sites included. A mixture of online and in person semi-structured interviews and focus groups were conducted across and within the focus boroughs, based on individual preferences and logistics.

Overall, focus groups and interviews were held with a total of 33 staff members, 25 key stakeholders, 19 young people and 11 parents and carers across four focus boroughs: Enfield, Islington, Newham and Southwark. As planned, most participants were interviewed twice: once in 2024 and again in 2025. In Islington, almost all participants were interviewed for a second time. A small number of participants (4 staff, 10 key stakeholders, 6 young people and 6 parents and carers) were interviewed for the first time in 2025. All young people that took part in the qualitative data collection were actively being supported by the London Vanguards at the time, except for one young person whose support had come to an end.

Children, young people and parent and carer participants were given a voucher as a thank you for their participation. Please see Table 2 for a breakdown of the number of participants in each borough. Additionally, in Newham, we had the opportunity to speak with two parents and carers from their co-production group.

Table 2: Interview and focus group participants by focus borough

	Enfield		Islington		Newham		Southwark		Total
Phase	**P2**	**P3**	**P2**	**P3**	**P2**	**P3**	**P2**	**P3**	**participants**
Staff	8	6 (2)*	5	4	9	7 (2)	7 (2)	5	33
Key stakeholders	5	4 (1)	7	6	3	3 (6)	2	1 (3)	25
Young people	4	2 (2)	3	2 (1)	2	1 (2)	4	3 (1)	19
Parents and carers	3	(2)	2	2	0	(2)	0	(2)	11

* Most participants were interviewed twice. New participants who were only interviewed in phase 3 are indicated in brackets.

Demographic information was collected for 83% (29/35) of the staff, 93% (25/27) of the key stakeholders, 89% (17/19) of the children and young people and 82% (9/11) of the parents and carers. Of those, the most common ethnicity was Black/African/Caribbean/Black British (14/29; 48% for staff, 11/25; 44% for key stakeholders, 10/17; 59% for children and young people, and 5/9; 55% for parents and carers). The mean age of the children and young people who took part was 19 years old.

From the information available, the roles of Vanguard delivery staff participants included (amalgamated for anonymity) practitioners, managers, directors, clinical psychologists, trainee clinical psychologists, charity caseworkers, clinical or operational leads, speech and language therapists, social workers, sports coaches, community workers, youth workers, and research assistant psychologists.

The roles of the key stakeholder participants included (amalgamated for anonymity) managers, psychologists, clinical specialists, facilitators, youth workers, youth justice workers, practitioners, safeguarding worker, social workers, and advisory workers.

Transcripts from the interviews and focus groups were initially reviewed within the four core components of the Vanguard (focus on addressing inequalities for marginalised and vulnerable communities; genuine co-production; embedded community model; collaborative partnership model) to identify common experiences across boroughs using the principles of framework analysis [9]. The transcripts were then further analysed using an inductive thematic analysis approach, which is guided by the data [10]. Through this, subthemes were developed, as well as two additional overarching themes: 'outcomes and impact' and 'the position of the London Vanguards in the landscape'.

The data from the four participant groups were analysed separately by three team members, who reviewed each other's developing analyses, and then in a further collaborative step, the themes were converged. This collaborative team analysis approach allowed us to bring a variety of perspectives to the data, and interpret it through the lens of our own varied disciplinary, training and lived experiences. Discrepancies among the team were discussed and resolved through team discussion and review of additional data as required. We report on groups and focus boroughs together, but some similarities and differences between focus boroughs are highlighted throughout the findings section.

Findings

The findings have been organised by the evaluation questions. Within each evaluation question, findings from both the quantitative and qualitative strand are presented as appropriate. Not all activity is currently captured in the KPI dataset, e.g., prevention, consultation and group work, so the quantitative data analysis presents a partial picture.

The figure below displays the qualitative thematic map that demonstrates the connections between the developed themes from the qualitative strand. The children, young people, parent and carer findings were weighted more towards the

outcomes and impact, while the staff findings were weighted more towards the process elements of the Vanguard. Please also see the illustrative case studies in Appendix 4 for narrative examples of the outcomes.
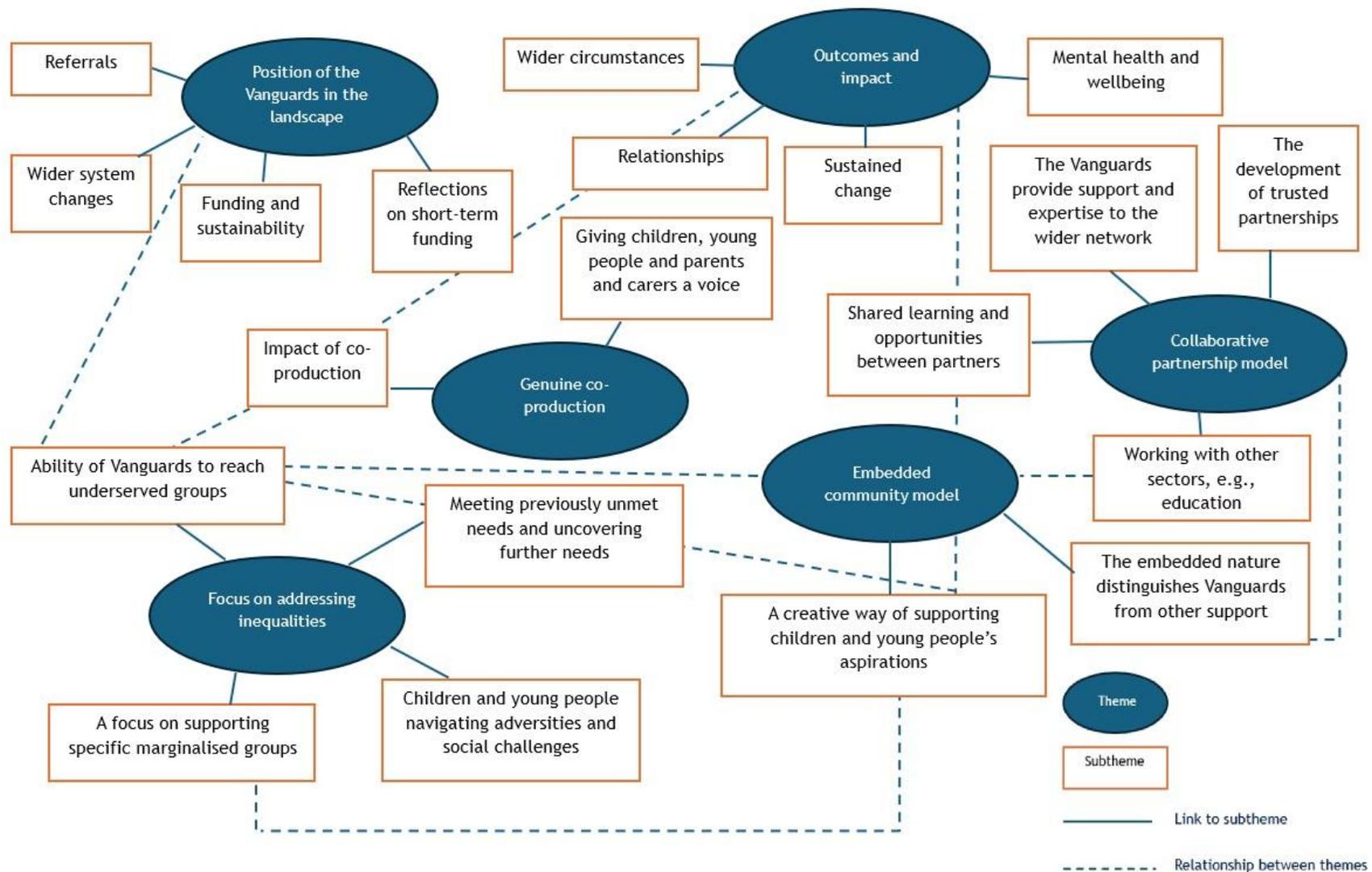
Figure 4: Qualitative findings thematic map

EQ 1: Who was referred to and who was seen by the London Vanguards?

1.1. Referrals

As the table below illustrates, children and young people were referred to the London Vanguards through a wide range of other services and individuals, primarily social services (NEL and SEL) and peer or family referral (NCL). NCL was the only ICB where a large proportion of children and young people self-referred or were referred by peers or family members, and that in the other two ICBs, over half of referrals were recorded as coming from either social services or the local authority.

Table 3: Sources of referral by ICB

Source of referral*	NCL		NEL		SEL	
	n	%	n	%	n	%
Social services	76	14	249	46	123	29
Local authority	22	4	159	29	117	28
Justice services	75	14	28	5	40	9
Peer or family referral	101	19	4	1	12	3
Voluntary sector	46	9	31	6	21	5
NHS	42	8	30	6	23	6
Education services	13	2	23	4	54	13
Self-referral	83	15	1	0	2	0
Youth services	47	9	12	2	7	1
Other	14	3	1	0	9	2
Not recorded	20	4	7	1	17	4
Total	539	100	545	100	425	100

* Sources have been grouped for clarity of presentation. See Appendix 2 for a key of groupings.

1.2. Who accessed the London Vanguards?

NCL and SEL accepted the highest proportion of referrals received (81% and 97% respectively), with NEL accepting 59% of referrals received. It is unclear whether these differences are due to a higher referral acceptance rate or a different threshold for inclusion in the dataset.

Table 4: Referrals received and referral acceptances and rejections as a percentage of referrals received.

ICB	Referrals received	Referrals accepted		Referrals rejected		Missing	
		n	%	n	%	n	%
NCL	539	438	81	101	19	0	0
NEL	545	319	59	223	41	3	1
SEL	425	414	97	11	3	0	0

Note the number of rejected referrals in SEL is very small. This is due to a different referral pathway followed by these services, where consultation and signposting are offered before a formal referral is completed.

In all three ICBs, referral counts rose over the first two years of the programme, beginning to fall again towards the second half of the 2024/25 financial year.
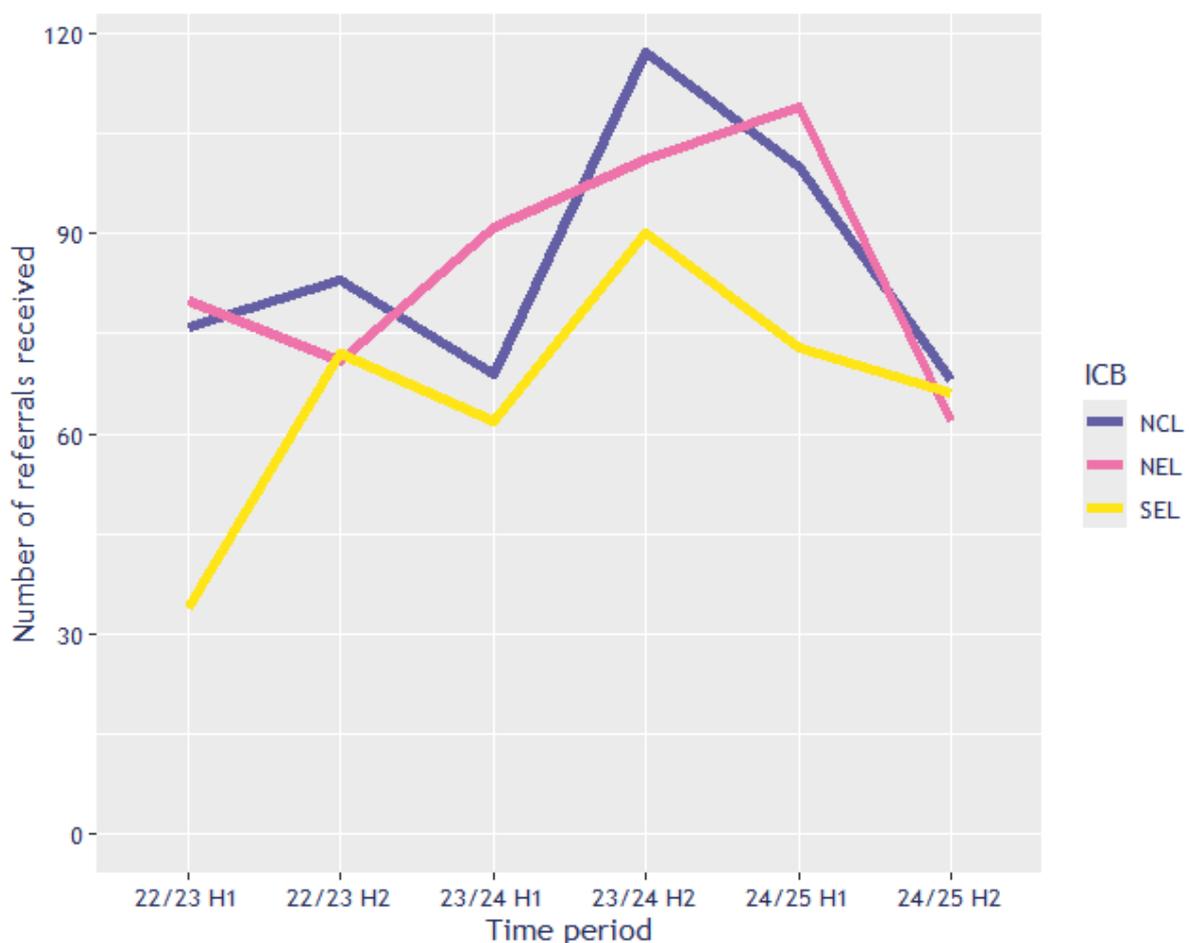

Figure 5: Referrals received by ICB. H1 = April to September, H2 = October to March. Counts for 25/26 H1 are not displayed due to limited data.

Accepted referrals in NCL were both older than rejected referrals in the same ICB and older than accepted referrals in the other two ICBs. See the table below.

Table 5: Median age and missingness by ICB for accepted and rejected referrals

	NCL	NEL	SEL
Median age of accepted referrals	20	15	16
Age missingness (accepted referrals)	0%	0%	31%
Median age of rejected referrals	17	15	-*
Age missingness (rejected referrals)	36%	54%	91%

* Number suppressed to preserve anonymity

1.3. Demographic information on accepted referrals

Aside from age, most demographic information was not recorded for a large majority of rejected referrals, preventing meaningful demographic comparison between accepted and rejected referrals. We have presented demographic data on accepted referrals in the following section.

From the available data, NEL seems to be working with a more gender diverse cohort than the other two ICBs. This could relate to the different cohort covered by the NEL data, or to a specific focus on boys among the other two ICBs, or differences in data capture.

Table 6: Gender identities of accepted referrals across ICBs

ICB	Referrals accepted	Male		Female		Non-binary		Missing	
		n	%	n	%	n	%	n	%
NCL	438	377	86	56	13	<3	0	3	1
NEL	319	172	54	123	39	0	0	24	8
SEL	414	188	45	53	13	0	0	173	42

EQ 2: Are the London Vanguards focused on addressing inequalities for marginalised groups?

The following three tables compare the ethnicities of accepted referrals in each ICB with census data on people aged 0-24 (this is the age range publicly available) from the same area. NCL mainly supported young people from Black ethnic groups, which aligns with the focus of the support as described in the staff interviews (see 2.1. Focus on addressing inequalities for marginalised and vulnerable communities) but is different to the proportion of the ethnicities of the local population. In NEL and SEL, the ethnicities of the children and young people supported were more like the local population, although more children and young people from Black ethnic groups and fewer children and young people from White and Asian ethnic groups were supported, compared to the local population. This was mirrored in the interviews, when the children and young people who were supported were described by staff (see, 'A focus on supporting specific marginalised groups'). Note that ethnicity data was missing for 32% of accepted referrals in SEL.

Table 7: Broad ethnic identities of accepted referrals in NCL, compared with 2021 Census data on people 0-24 from the same area

	Asian		Black		Mixed		Other		White		Missing	
	n	%	n	%	n	%	n	%	n	%	n	%
Accepted referrals	8	2	285	65	72	16	8	2	50	11	15	3
Census data	-	14	-	17	-	11	-	10	-	48	-	0

Table 8: Broad ethnic identities of accepted referrals in NEL, compared with 2021 Census data on people 0-24 from the same area

	Asian		Black		Mixed		Other		White		Missing	
	n	%	n	%	n	%	n	%	n	%	n	%
Accepted referrals	59	18	92	29	60	19	16	5	78	24	14	4
Census data	-	36	-	16	-	9	-	5	-	34	-	0

Table 9: Broad ethnic identities of accepted referrals in SEL, compared with 2021 Census data on people 0-24 from the same area

	Asian		Black		Mixed		Other		White		Missing	
	n	%	n	%	n	%	n	%	n	%	n	%
Accepted referrals	11	3	164	40	34	8	10	2	63	15	132	32
Census data	-	10	-	25	-	12	-	4	-	49	-	0

Children and young people with current or previous interaction with the care system were higher in all three ICBs than the England average: for reference, England-wide rates of looked after children [11] and child protection plans [12] are both under 0.5%. From the available data, a higher proportion of children and young people supported in SEL and NCL was looked after (15% and 13% respectively) than of those seen in NEL (5%). Data on interaction with the care system was missing for a large proportion of young people in NCL. Half of children and young people supported in NCL had both police and youth offending team (YOT) involvement, while in NEL and SEL, most children and young people had either involvement of police only, or neither the involvement of the police nor a YOT. Most children and young people supported in NEL and SEL were living with parents; in NCL, less than half of those supported lived with parents or carers and a larger proportion of those supported were homeless, lived in local authority accommodation, or were accommodated by the secure estate.

Most children and young people supported in NCL (54%) were not in school and did not have an exclusion status recorded (53%), which again might be expected due to their age. Comparing the children and young people supported in NEL and SEL, who had median ages of 15 and 16 respectively, a higher number of young people supported in NEL were in education (64% compared to 45% in SEL) but were currently or previously subject to exclusion (19% in NEL, 30% in SEL), or were not in employment, education, or training (54% in NCL, 16% In NEL and 27% in SEL).

2.1. Focus on addressing inequalities for marginalised and vulnerable communities

During the qualitative interviews, the staff delivering Vanguard described the children and young people that they support. This included children and young people who are navigating adversities and challenges because of health, race and social inequalities. It was widely recognised throughout the evaluation that the staff worked in a flexible and bespoke way to best support children and young people, parents and carers and communities in a myriad of ways. Holistic support was described as being provided across all boroughs in the shape of supporting social barriers children and young people face, including housing.

Violence support

Children and young people supported by the London Vanguards included those who had been impacted by violence, as both victims and perpetrators. In interviews, most children and young people were described by staff as living in the community with 'genuine threats to their safety and life' and who had experienced, or were at risk of, exploitation (see case studies A, B, D in Appendix 4: illustrative case studies). This is mirrored in the KPI data findings relating to known experiences of trauma. Further, it was recognised by staff that children and young people impacted by youth violence are 'marginalised along multiple axes' and hence the London Vanguards are offering a novel community-based approach. There is a strong emphasis on meeting children and young people where they are at, keeping in mind the threats to their safety:

> "Some of our young people, they can't leave their house, because they're
> not safe, so how can we expect them to just get to a clinic where we're

saying, 'Come meet a therapist?' They can't get out of their house, so why would they do that? That's a risk to their life, so we can't expect them to do that, but this programme, being able to go to their houses, being able to pay for a taxi to get them to the right spot, things like that make a massive difference." (Staff, Newham).

The nature of support offered to children and young people was described as differing between the focus boroughs. In Southwark, for example, a focus on preventative work with children and young people who are known to the police, who are at risk of entering the youth justice system, or who are at risk of being affected by violence was described throughout the evaluation, as well as by the staff interviewed only in 2025. Similarly in Newham, staff described supporting children and young people who would otherwise have had to meet a higher threshold to be offered statutory services. Here, the London Vanguards offer clinical services while building on the young person's and family's support available in the community. This is seen as an opportunity for early intervention and work with the family and young person to prevent the child or young person entering the youth justice system. This provision was described by a staff in Newham as filling in a gap in the system in early holistic support. In 2025, a Newham staff member reflected on this, and said that while there are several preventative offers available in the area, there is an absence of an adequate service response for those most affected by youth violence.

Inequalities

The children and young people supported by the London Vanguards were described by staff as also facing inequalities such as homelessness, school exclusion, unsafe housing, and difficult family relationships. This is again mirrored in the KPI data findings relating to known experiences of trauma. As social and contextual factors, the importance of noting that these challenges result from social inequalities, rather than being the fault of the child or young person was highlighted by staff. Further, the children and young people were described by staff as also often having unmet or unidentified speech, language, neurodevelopmental, or emotional needs, as well as mental health difficulties. In 2025, children and young people

spoke again about essential practical support they had received by staff that helped to address some inequalities, for example:

> "I was in temporary accommodation. [Name] helped me get into it. Now, currently, I managed to get my own place. [Name] helped me." And "…even down to my passport, without my passport getting done I would have lost my place." (Young person, Enfield).

It was highlighted by staff and key stakeholders in interviews that the children and young people were often labelled with negative stereotypes, such as being perceived as too high risk, causing them to be rejected by statutory services such as CAMHS, that often have differing levels of risk management. In general, trust was highlighted in interviews as being a significant issue, where it was suggested that the children and young people have often had difficult experiences with other services previously, along with stigma associated in accessing mental health services.

When interviewed for the second time in 2025, key stakeholders built upon this; a key stakeholder from Newham shared the Vanguard team had challenged discrimination in the system (such as racial inequalities), and a key stakeholder from Southwark described how the Vanguard team took a trauma-informed approach in supporting children and young people, by offering a bespoke service based on the individual person's experiences and background. This was mirrored by parents and carers, who described being hesitant about receiving support, based on previous experiences. A parent and carer in Enfield described being referred onto another service by the Vanguard for additional support and had that recommendation not come via the existing trusted relationship, they would not have been open to receiving support from that external service:

> "When someone's come with a recommendation and it's someone that you trust […] you feel a lot safer in accessing that help that you need because it's come recommended from someone that you actually… you trust" (Parent or Carer, Enfield).

2.2. A focus on supporting specific marginalised groups

Across some focus boroughs, a focus on supporting specific marginalised groups of children and young people was discussed by staff and key stakeholders in interviews. This was sometimes a focus on supporting boys; something that key stakeholders described as a gap in their own provision (Southwark); transitions out of the secure estate (Enfield); preventing homelessness (Newham) and a specific focus on supporting children and young people from Black ethnic groups (Islington). The KPI data analysis shows that Black children and young people were the largest ethnic group supported by the London Vanguards.

One staff member described working differently to other clinical teams by embedding themselves in the community, to improve access and prevention work, to prevent crises that lead to involvement in violence. Staff also described the limitations that specifically male children and young people from Black ethnic groups face in accessing support services, which is a gap being filled by the London Vanguards. One staff member described the London Vanguards as helping to 'break the mould', by showing all the positive thing that children and young people from minoritised ethic groups can do and can continue to do with the appropriate support in place. This was supported by key stakeholders in Islington, who further discussed the specific challenges faced by children and young people from Black ethnic groups, and how the London Vanguards can effectively support them to flourish, e.g.,

> "We know the discrimination against Black people anyway [...] And so, it's about how do we then take one of the most vulnerable groups in Islington, and really build a platform of layers of how to protect them and how to empower them and how to enable them and how to support them. And then outside of that, we're also supporting their families. [...] you're taking your time, you're enabling, you're empowering, and they just…. you're hand holding and letting young people know that you can do this, and I'm going to be standing right by your side. [...] They need a scaffolding approach, and Vanguard provides that" (Key stakeholder, Islington).

2.3. Ability of Vanguards to reach underserved groups

Throughout the evaluation, key stakeholders often said that without the London Vanguards, there are many children and young people in their borough who would not be otherwise supported. This was sometimes described as being due to the age of the children and young people, particularly those who would be considered either at the top end of statutory services, or who would not be considered for support due to being too young. The older age supported by the London Vanguards was also demonstrated in the KPI data, where the median age range was between 15 and 20 across the ICBs. However, this was also in relation to several barriers to children and young people having access to appropriate support, as well as not meeting, or exceeding the thresholds for statutory services. Key stakeholders and staff also suggested that the reason these groups are underserved resulted from previous negative experiences with other services, which the Vanguard team tried to overwrite:

> "So when we turn up, we might see a young person who's never had an experience with a psychologist or only ever had bad experiences, and we can do exactly what we were just describing, give them a positive experience of care, help make sense of what's going on, write something that then advocates for them and might get them housed, which is enormous, an enormous outcome." (Staff, Enfield)

Despite being flexible and operating differently to statutory services, the London Vanguards were described in interviews as remaining NHS and local authority led offers, which may also present as a barrier. However, key stakeholders often described positive experiences of the children and young people supported by the London Vanguards in comparison to other support they might have been able to access previously, that was not the best fit for them. As shared by a key stakeholder in 2025:

> "So, like, mental health support, housing support, employment support, health. A lot of [the young people] sometimes have health issues, and I've seen the team from the Vanguard help them sign up to GP, and get their appointments, and navigate the referral processes. So, yeah, all these kinds of areas are areas that, usually, young people wouldn't really have access

to, because they just sometimes don't engage. They feel apprehensive about engaging with other services, other statutory services that are there but might not be as approachable." (Key stakeholder, Enfield)

Furthermore, a key stakeholder from Islington built upon this, sharing that even when a service offered mental health and housing support to the young person, the young person would need to travel to a certain place to make use of the service, and this might not be safe or accessible for them. Since Vanguard brings the service to the young person, they are more likely to engage. The ability of the London Vanguards to reach more children and young people than has previously been possible was widely discussed in interviews in 2024 across all focus boroughs, with the London Vanguards being described as 'filling a gap' in provision. This was often described as the unique offer of understanding the impact of and factors that underpin violence, coupled with a clinical and community-based approach. This was described in interviews as being incongruent with services such as CAMHS that have not been developed with these challenges in mind, with groundings in a medicalised model of care. Mentoring and role-modelling for children and young people that would not otherwise have had access to it was described as a positive element of the Vanguard offer.

Further widening the referral offer

In 2025, based on our interim findings, we discussed with key stakeholders the scope for widening the referral offer to include more girls in addition to those being currently being supported. While key stakeholders from Newham and Enfield agreed with the scope for widening the referral offer to include even more girls, it was noted that the under-representation of girls is likely to be a limitation across London, not just the London Vanguards. However, in Islington, although it was agreed that the referral scope could be widened, it was also noted that the emphasis on supporting boys from Black ethnic groups was deliberate and much needed, due to the systemic barriers that boys and young men from Black ethnic groups face. This was also reflected in the staff interviews, e.g.:

"Sometimes, for example, we may get questions around why we don't offer [Vanguard] for girls or why we do older young people. […] The cohort of men that we are offering the service for, there was definitely a gap in the

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time in terms of the support was needed. There wasn't enough support necessarily directed at this cohort of older or teenage-plus Black men and boys. And we do still see some younger. But generically speaking, it's more older because a lot of them, when you turn 18, don't have any support at all. A lot of the support stops. Whereas obviously, as we know, there's a lot of statutory services and support for young people, even up until a bit older than that." (Staff, Islington)

Another consideration provided by staff interviewees was that children and young people who have experienced trauma may need longer term support, which means that the short-term funding associated with pilots such as Vanguard need careful consideration and planning, and might not be the best fit when considering the best way to support the children and young people.

Availability and capacity of staff was also highlighted by staff in Southwark and Enfield, since the children and young people supported are likely to require support outside of typical working hours:

"The young people that we need to really catch onto or really need to check up on, those are the fine hours. I'm talking about 6pm to maybe 11pm or those kind of shifts. We don't really have… we don't have that availability at all. So, there's a lot of young people going under the radar. And whilst during the day we can pass off in the school, we can out ourselves in youth clubs, how much are we really seeing or how much are we really getting?" (Staff, Enfield).

In Southwark, the London Vanguards staff described the need for more prevention work, with a sense that children and young people seen by them could also have been supported earlier. The London Vanguards described the need for support as being so high that they are still not able to support all who would benefit. It was also acknowledged that the London Vanguards are not the 'only solution', highlighting the willingness of the London Vanguards to work collaboratively with other support services.

2.4. Meeting previously unmet needs and uncovering further needs

Reported prevalence rates of a range of traumatic experiences varied widely between ICBs, as reported by staff in interviews, and in the KPI data analysis. According to the KPI analysis of known and suspected experiences of trauma, NEL saw children and young people with particularly elevated rates of abuse and traumatic experiences happening within the home, whereas young people supported in NCL were most likely to have experienced violence, parental or family separation or conflict, discrimination, neglect, housing issues, or bereavement. Those supported in NEL primarily experienced relationship difficulties and emotional and mental health difficulties. Those supported in SEL were most likely to have experienced violence, parental or family separation or conflict. There were many more suspected disabilities, mental health and neurodevelopmental conditions, compared to diagnoses across all three ICBs. These were particularly depression, post traumatic stress disorder and neurodevelopmental needs. This aligns with what staff said in interviews.

Figures 8-10 offer a picture of children and young people supported in NCL as being particularly affected by issues surrounding mood and the psychological and physiological impact of trauma.
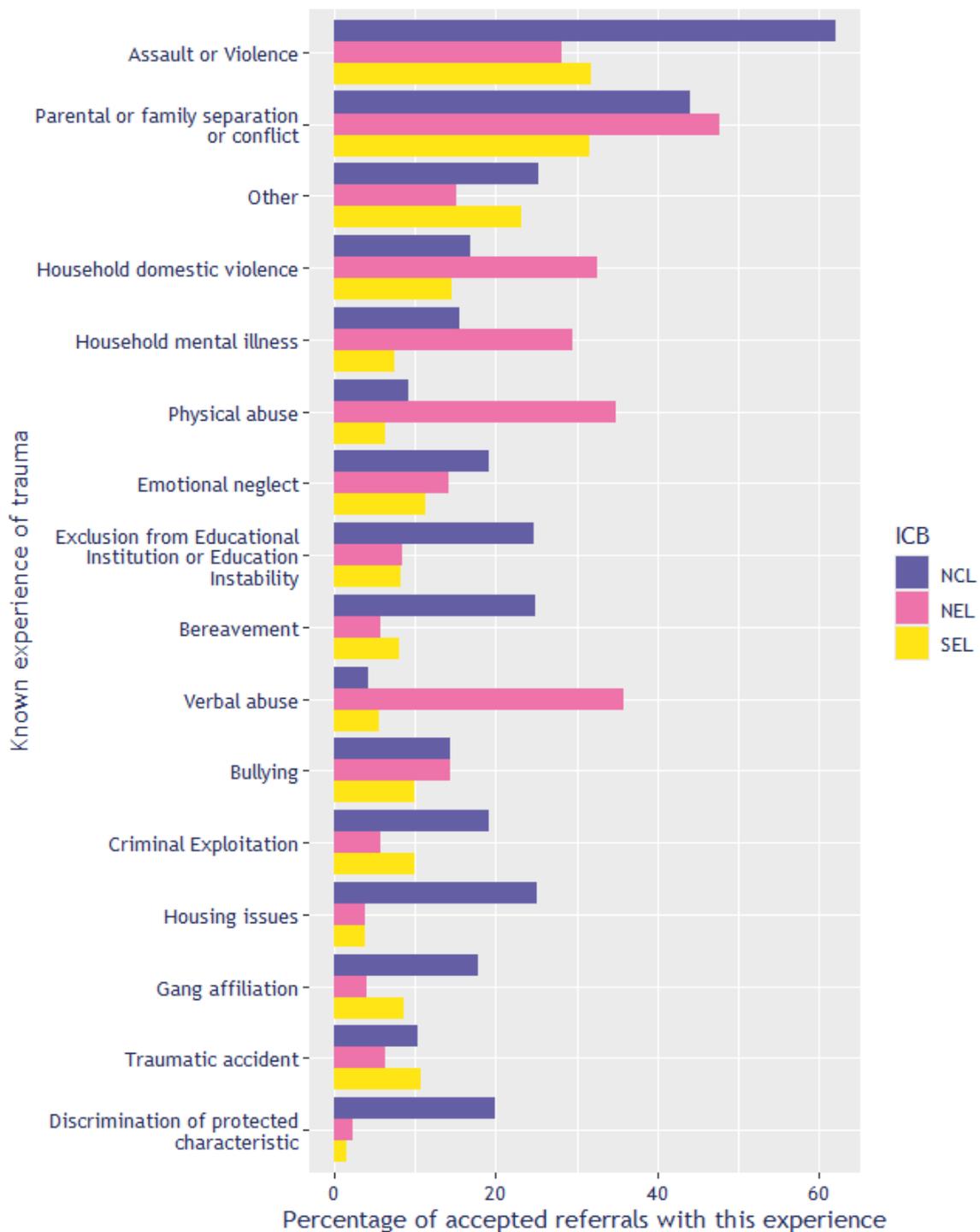

Figure 6: Reported prevalence rates of the most common[1] known experiences of trauma across ICBs (N = 100-494)

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[1] Shown are known experiences reported in 100 or more children and young people across ICBs.
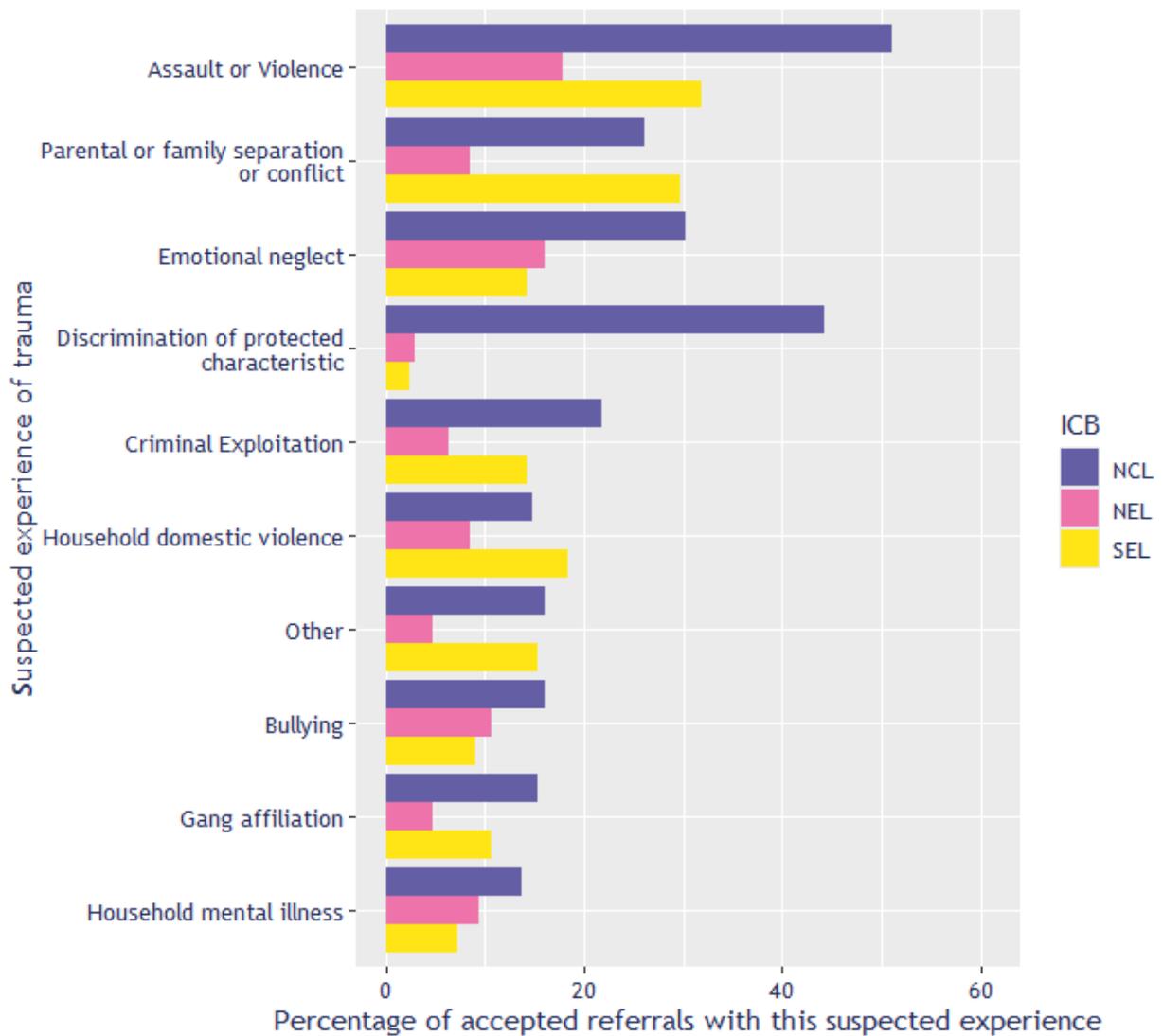
Figure 7: Reported prevalence rates of the most common[2] suspected experiences of trauma across ICBs (N = 120-413)

The columns titled "Needs" offered space for practitioners to report children and young people's general mental health and wellbeing difficulties. These also varied between ICBs, although not as much as the traumatic experiences. See the figure below.

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[2] Shown are experiences that were suspected in 100 or more children and young people across ICBs. Note that the columns containing suspected experiences of trauma were not mandatory for practitioners to complete as of August 2024, which may mean incidence rates are underreported. However, since these columns have been populated at similar rates since this change, it seems likely that suspected experiences are still being reported.
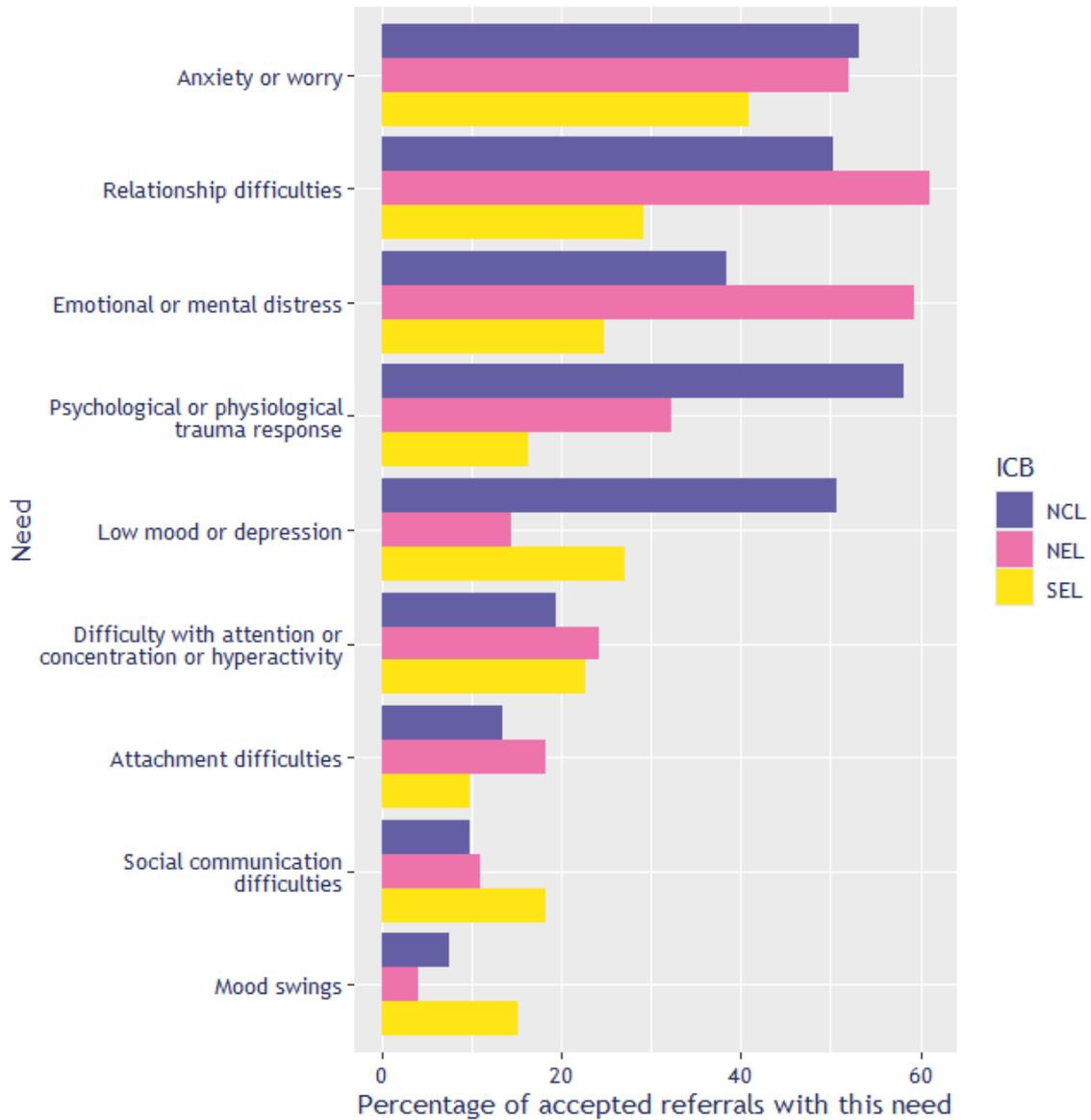
Figure 8: Reported prevalence rates of the most common[3] needs among accepted referrals (N = 109-568)

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[3] Shown are needs that were identified among 100 or more children and young people across ICBs.
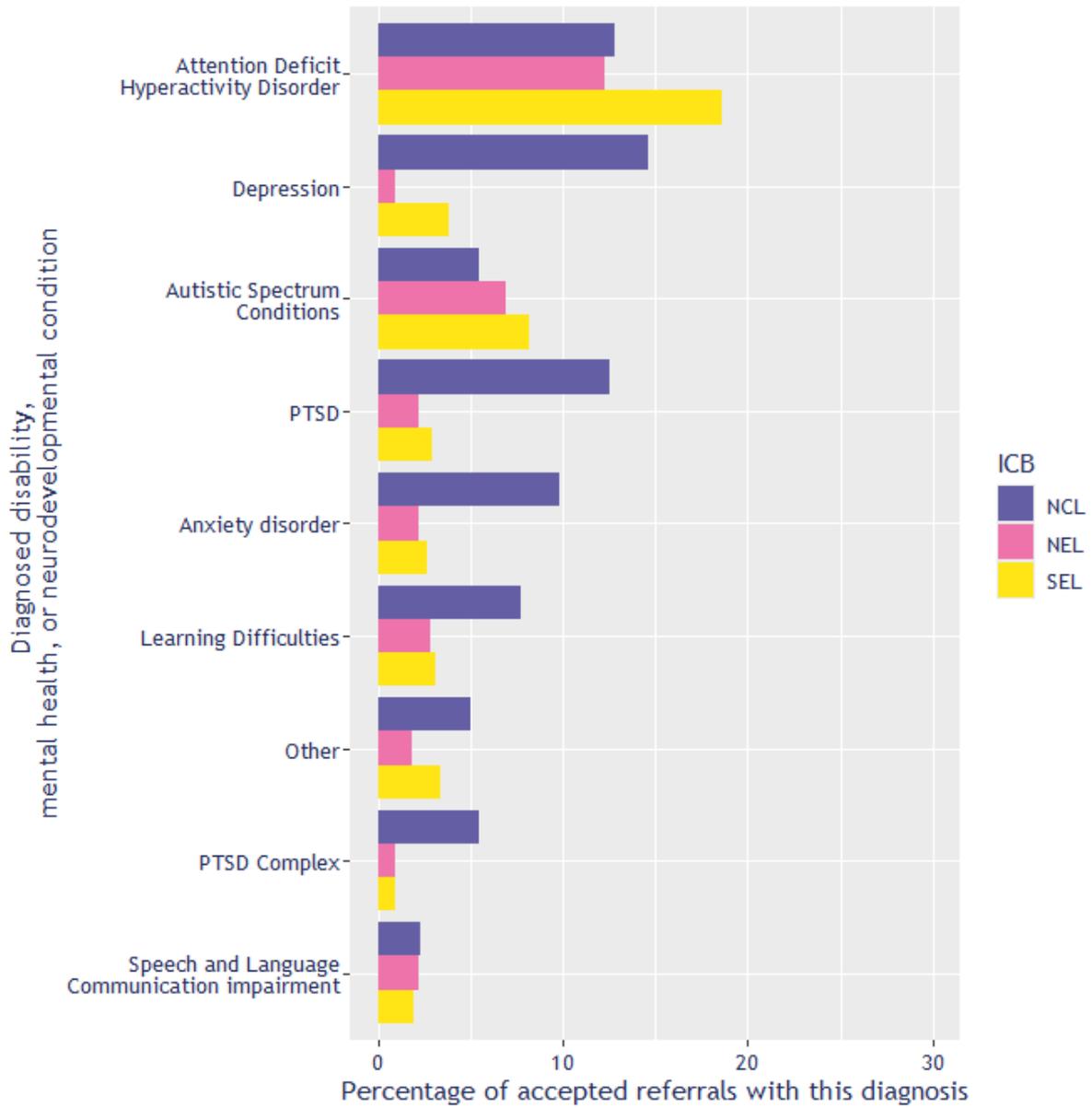
Figure 9: Reported prevalence rates of the most common[4] diagnosed disabilities, mental health and neurodevelopmental conditions among accepted referrals (N = 25-172)

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[4] Shown are diagnoses that occurred among 25 or more children and young people across ICBs.
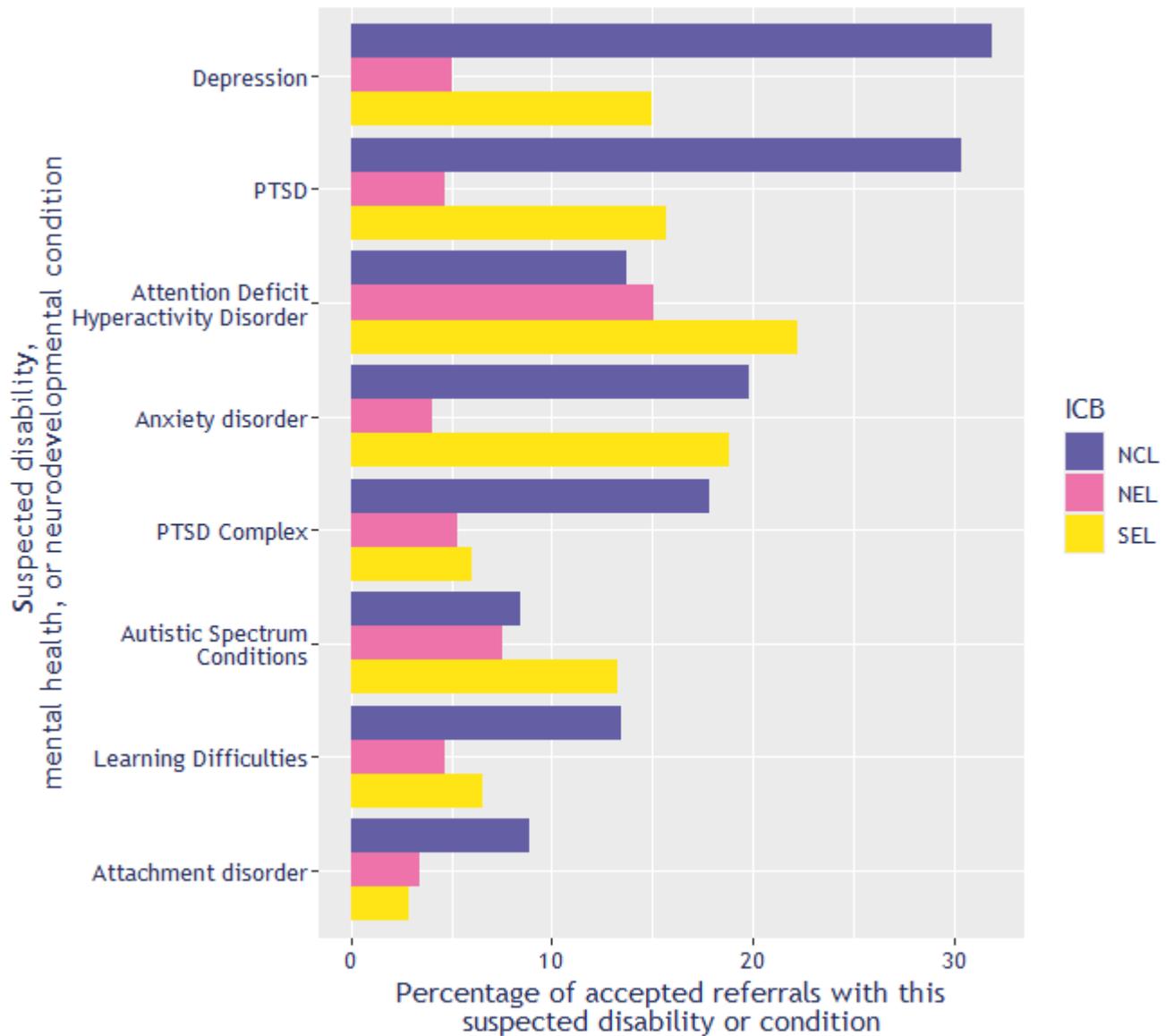
Figure 10: Prevalence rates of the most common[5] suspected disabilities, mental health and neurodevelopmental conditions among accepted referrals (N = 62-218)

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[5] Shown are diagnoses that were suspected among 50 or more children and young people across ICBs. Note that the columns containing suspected diagnoses were not mandatory for practitioners to complete as of August 2024, which may mean incidence rates are underreported. However, since these columns have been populated at similar rates since this change, it seems likely that suspected experiences are still being reported.

As the figure below shows, children and young people supported in NCL had more substance misuse needs in general, with cannabis misuse needs the most common by far. In contrast, young people seen in NEL were more likely to have non-opiate substance misuse needs than cannabis misuse needs. A high proportion of children and young people supported in SEL also used cannabis and non-opiates, but misused vaping more so than children and young people supported in the other two ICBs. There is some variability in practice about what is recorded as a substance misuse issue, which was clarified in the most recent guidance from NHS England, but the historical practice could explain the differences presented here.
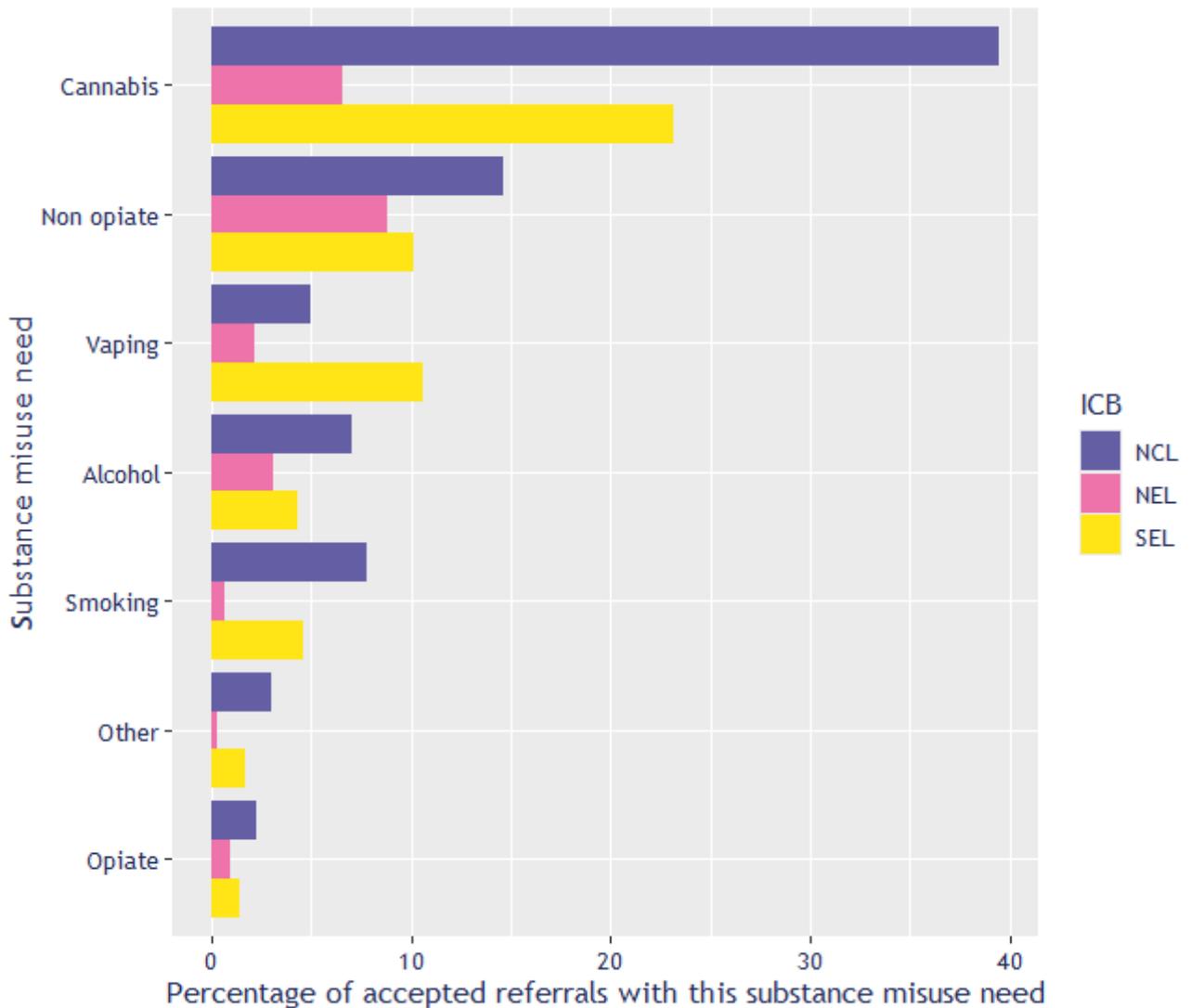
Figure 11: Reported prevalence rates of substance misuse needs among accepted referrals (N = 19-290)

Aligning with the KPI data that shows a high proportion of suspected trauma experiences and needs among the children and young people supported, in 2025, staff from all focus boroughs described uncovering new needs. In particular, these were neurodevelopmental, speech and language, mental health and learning needs, which had gone unnoticed by other services. The flexibility of the programme enabled the staff to meet with children and young people without an agenda in mind, and offer support based on whatever need was live for the young person in that moment in time. Moreover, the Newham staff linked the consent-based and long-term nature of their work to children and young people feeling able to express their needs:

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"A lot of preventative or intervention services have a set time limit. So, already, in the young person's head, they're thinking, 'Okay, I've only got six weeks or 12 weeks to work with this person. What's the point in telling them about all of these things that have gone on in my life?' Whereas, when we don't have that timeframe… well, it's until 25, but yeah, we don't have that gatekeeping on its own, they think, 'Okay, this is going to be a long piece of work where I can actually build a relationship and have someone there that I can trust to tell things.'" (Staff, Newham)

Relationship-building and strong rapport with the young person was highlighted as being important, to understand the young person beyond the information provided on their referral form, which may not necessarily capture all their needs. Strong relationships between the practitioner and young person or family had also enabled the staff to bring in other professionals from their team to further support the young person, such as a speech and language therapist. A staff member interviewed in 2025 also credited this strong relationship in helping the staff uncover the child's family dynamics, and adverse childhood experiences; therefore, uncovering any unmet needs.

EQ 3: What length and type of support was provided by the London Vanguards?

3.1. Length and type of support provided
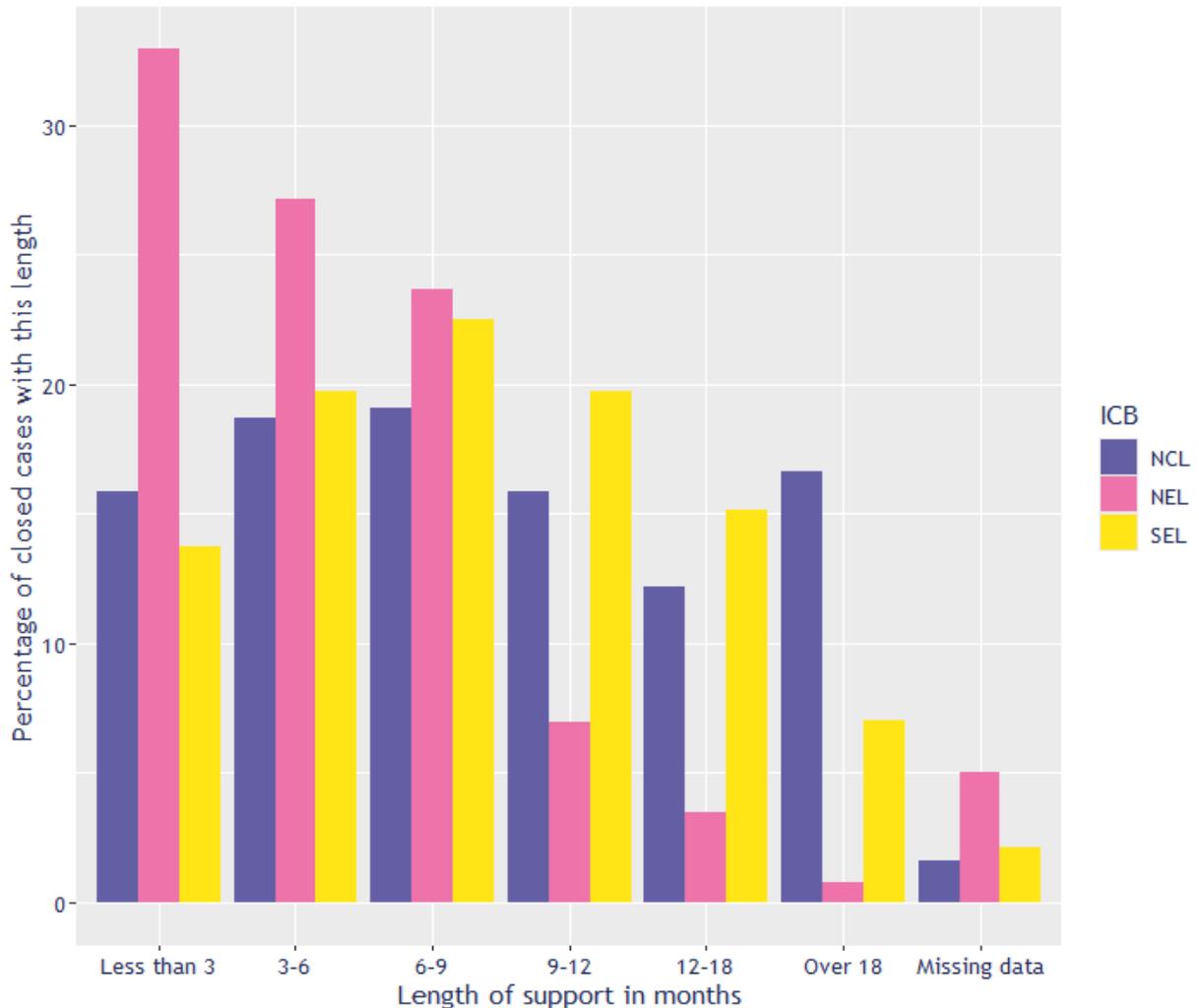
Figure 12: Length of support in months for closed cases[6] (N = 788)

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[6] In agreement with London Vanguards staff, closed cases were determined as those with the column "Inferred discharge date" populated. Duration was determined by the interval between the dates in "Date referral request received" and "Inferred discharge date". Missing data consists of cases where the inferred discharge date predated the referral date.
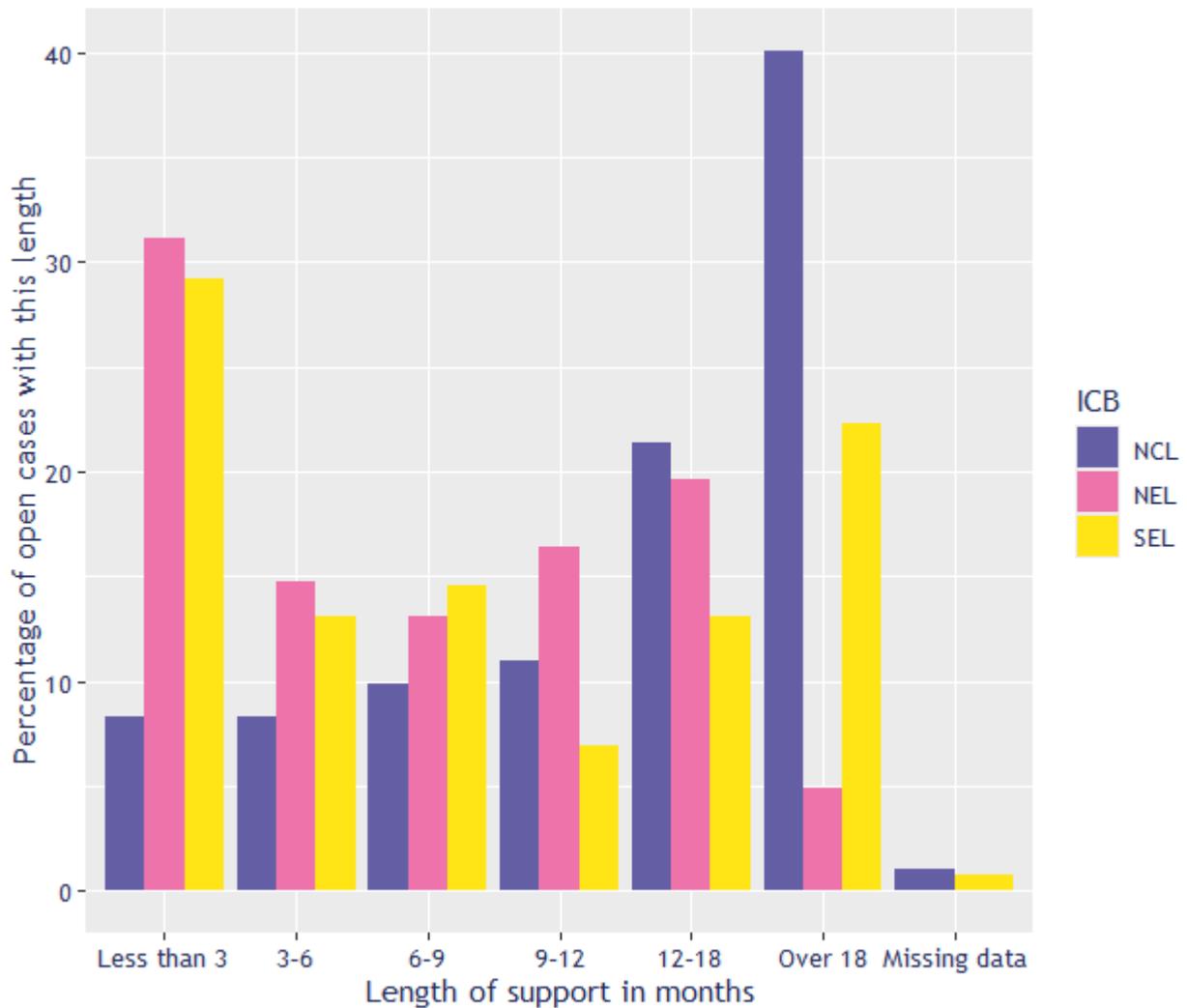
Figure 13: Length of support for cases that were open[7] as of 31 May 2025.

Support was grouped into three types of support for both children and young people and their parents and carers in the dataset:

- Advice and consultation
- Relational/safety interventions
- Specific direct therapy interventions

In practice it was very rarely the case that one of these interventions was delivered to a parent or carer but not to the child or young person.

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[7] Open cases were identified as accepted referrals that did not have an inferred discharge date. Length of support was calculated as duration between referral date and 31/05/2025. Note that as there was no explicit open/closed marker in the dataset, it's possible some cases identified as open were in fact closed, which may inflate the length of support reported here.

Advice and consultation was the most common of the three support types, being delivered to either both the young person and their parent or carer, or just the young person, for nearly two thirds (753/1,171; 64%) of all accepted referrals.

Relational or safety interventions were employed almost as often as advice or consultation services (696/1,171; 59%). In all three ICBs, they were more common than direct therapy or advice and consultation interventions for use with children and young people only. Direct therapy interventions were the least common out of the three interventions (503/1,171; 43%). See the Appendix Detailed quantitative findings on the support provided for more detailed counts of intervention by ICB.

All three interventions were most commonly delivered to both the child or young person and their parent or carer in NEL and SEL, whereas in NCL the parent was only involved in a minority third of cases.

The use of psychologically informed formulation and formulation based care plans varied between ICBs: in NCL, most children and young people were supported with both (360/438; 82%). In NEL, a majority received both (196/319; 61%), whereas in SEL, a minority received both (105/414; 25%). This discrepancy between ICBs may be due to how formulations, and formulation based care plans were perceived and framed; for example, in SEL, where most frontline delivery is conducted by non-clinicians, while psychological knowledge and formulation principles are being embedded, practitioners commonly use young person centred language such as 'our shared understanding', 'goals' and 'personal development plans'. See the Appendix Detailed quantitative findings on the support provided for a detailed breakdown of both variables by ICB.

3.2. Embedded community model

One of the key features of the London Vanguards, as shared by staff, was the embedded nature in the community. Staff described supporting children, young people and parents and carers in a community setting, and the impact of this. Key stakeholders in all boroughs described Vanguards offers that are embedded in the local communities. This was described as enabling children and young people to become engaged in positive activities and for meaningful relationships to form.

The embedded nature distinguishes Vanguard from other support

In 2024, London Vanguards staff described the importance of seeing children and young people who may not engage with the support otherwise, in community settings. For instance, a staff member from Islington described how they have conversations with a young person they support at the gym rather than outside; outside the gym the young person came across as shy and reserved, but at the gym the young person shared freely with the staff member.

In Islington, staff members shared examples of linking up with community projects and youth clubs to work effectively with them and meet children and young people where they already are, rather than 'duplicating' services that already exist. Staff in Newham also described this on-the-ground community work as helping reach children and young people who need this support, but who would not otherwise have access. Newham staff described how they specifically adapt their therapeutic interventions such that they can be delivered in the community, instead of adhering to 'structured and statutory clinical services'. This was, in part, described as providing a wide range of programmes that provide support very early on, up to targeted intensive programmes, and social care styles of support.

Key stakeholders also described the London Vanguards as offering a flexible approach that other services could not provide, as being accessible to children and young people who might not otherwise be able to access support, and a consistent way of working. Some key stakeholders made special reference to the positive and flexible approaches of the team members, leading to impactful support provided.

The fact that the Vanguard support differed from traditional psychological support, focused on helping children in a community setting rather than a clinical setting was noted by key stakeholders. This was mirrored by children, young people, parents and carers who described 'open-ended support' which would not be terminated if they did not attend a session one week. This approach to support was described as particularly facilitative to enabling the children and young people to build trust within the working relationships: "he made it a space where it was safe and it was open enough for me to actually trust him and talk to him" (Young person, Enfield). This differs from the length of support shown in the KPI data, but that discrepancy may be due to data quality, or known issues in the data (see

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strengths and limitations). In 2025, children and young people also spoke to how their working relationships with London Vanguards staff differed from staff they had encountered from other services, e.g., "…my social worker, I think it just feels like you're any job to them. You're just the next job. But with [name], I'd say you feel like she wants to help you whether it's her job [or not]" (Young person, Enfield).

As also discussed in the key learning report (February 2024), London Vanguards staff described relying on community settings both to reach and support children and young people, with key stakeholders in Southwark and Enfield specifically describing the embedded community offer as being particularly facilitative to relationships building between children, young people and those supporting them (see case studies B and D in Appendix 4: illustrative case studies). Being embedded in the community was described by key stakeholders in Newham and Islington as leading to immediate understanding of some of the challenges children and young people in the borough face. Enfield described purposefully attending community areas where other professionals might not think to go to in order to offer something proactive, rather than waiting for referrals to come to them. Key stakeholders in Southwark and Islington also described the London Vanguards being embedded in the community as increasing engagement. In addition, key stakeholders in Islington described the London Vanguards as travelling across boroughs to effectively support children and young people, in ways that other services cannot.

A creative way of supporting children and young people's aspirations

Work with children and young people was described by staff in 2024 as being tailored towards their needs and meeting them in the community. For example, rather than delivering several sessions on general emotional wellbeing as standard, smaller bespoke sessions on more relevant topics, such as consent, sexual relationships, and health might be conducted, depending on the bespoke requirements (see Appendix 4: illustrative case studies).

Individualised and flexible support

All children and young people who took part in the evaluation described the London Vanguards as working in a bespoke, flexible way that was at a pace that suited the child or young person. Examples of working creatively and adaptively to best meet children and young people's needs and being led by their preferences while offering support were provided by staff. The London Vanguards highlighted the importance of working flexibly to meet children and young people where they are at, both in the community and existentially. Staff supporting children and young people often described meeting children and young people where they prefer; the London Vanguards highlighted a 'willingness to be creative' and meet in the community. A prominent example children, young people and parents and carers gave, was youth clubs and this was seen again in 2025. A young person from Enfield spoke to this again in their second interview:

> "I met her through someone that I knew, as well, like that referred me through to her obviously".

A staff member said this flexible working had allowed them to work across a range of domains that might be affecting a young person's mental health, such as housing and education. This staff member noted that these children and young people require support in several areas of their lives, rather than just therapy sessions. More traditional services might be bound by their service remit, and unable to support multifaceted needs, as shared by this staff member. Key stakeholders in Southwark and Enfield also described children and young people becoming engaged in positive activities through the London Vanguards; sometimes becoming involved in activities that they would not otherwise have access to (see case studies A and D in Appendix 4: illustrative case studies).

In 2025, some caveats were highlighted in working flexibly. Firstly, a staff member shared that working in a responsive and flexible way could alienate the Vanguard team members from traditional and statutory services; hence, they needed to balance this way of working with working effectively alongside partners who may be bound by more rigid rules. Moreover, one staff member highlighted that although they work flexibly to meet needs, there is still a limit to what they can try to help a young person; for example, they cannot help people indefinitely.

Children and young people described the London Vanguards as supporting them in different community settings, as chosen by them, with priority given to checking which spaces were safe and preferred:

> "They ask me first where it's safe for me, where I'd like to go. Yeah, and they come to me on my terms" (Young person, Islington).

This was reflected throughout the evaluation, as children and young people described how their London Vanguards workers were still able to meet them in a setting where they felt safe and comfortable, when interviewed for a second time. This varied but often was in their local community.

> "Sometimes it could be at a cafe, like sometimes it could be where she just comes to do a home visit" (Young person, Newham).

Parents and carers also talked positively about this:

> "…the fact that she would come to my younger son, so because of his anxiety, he doesn't go out, he loves the fact that she comes to him" (Parent or carer, Islington).

Accessible support

A key stakeholder from Islington said that this variety of options that was offered to the children and young people regarding what their support could look like helped make the support more accessible. Throughout the evaluation, the open referral process was also described making support more accessible (see Table 3: Sources of referral by ICB for referral sources):

> "The community aspect means that we are reducing barriers and stigma towards accessing support, so we have taken away the layers of challenges and barriers that people might face in getting a referral. So, we don't have a complex referral form. So, people can self-refer, peer refer. They can be referred by voluntary sectors, or by community or faith leaders, to make this a very community-centric offer." (Staff, Newham).

However, in 2024, key stakeholders in Enfield described the lack of a consistent base as an option for face to face work a barrier that has caused instability, such that challenges with finding safe spaces in which to meet children and young people was described. The suggestion was made that funding should be ringfenced

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for a base for such activity, to provide stability and consistency for children and young people. Consistency was described by key stakeholders in Southwark and Islington as key to enabling children and young people to build rapport with people supporting them (see case study C in Appendix 4: illustrative case studies). This might be in the form of a consistent pattern of support, or a consistent place to support children and young people.

A shared space between partners was described by key stakeholders in Southwark as providing important familiarity for children and young people to aid the development of trust in relationships. In both 2024 and 2025, a lack of a consistent base was described as a challenge by staff as well as key stakeholders in Newham. This was found to be challenging both in terms of not being able to consistently meet children and young people in the same place for each session, as well as not being able to have a space where the team could come together for reflection or supervision purposes. Additionally, given the emotional nature of this work, staff found it unhelpful to not have a space where they could informally check in and be in touch with their colleagues. Although the team had found ways around this, e.g., by ensuring a member was always available for a debrief, it was noted that this is easier to do when people are in a similar proximity in a physical space.

Open channel of communication with families

Throughout the evaluation, children, young people, parents and carers described being supported by the London Vanguards in different ways, based on their preferences and needs. In general, children and young people spoke to communication styles and how this helped them access the support they had received, which often included receiving support at times when they needed it most, which may not align with statutory support services working hours:

> "Even when I call on the weekends, like Sunday, they still answer" (Young person, Islington).

A young person interviewed in 2025 after their support had ended said that the one thing the Vanguard team could improve on is providing follow ups after the support had come to an end. They said it would have been helpful if someone had checked in six months after the support had ended. Additionally, a parent who was interviewed for the first time in 2025 said that they did not receive adequate

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feedback from the London Vanguards staff, about their child's support. The parent was not aware of what the child was doing during the Vanguard sessions and would have liked to be kept updated on the child's support.

Nevertheless, children, young people, parents and carers also described a whole family approach to the support they had received ('family' as defined by them). The London Vanguards were often described as bridging the gap in communication between children, young people and their families initially, with this mediator role lessening over time:

> "She will ask: 'Is it okay for me to share that with Mum so that Mum knows how you're feeling, and so Mum knows how best she can help you?'" (Parent or Carer, Islington).

With this opening up of communication, children and young people described feeling supported to eventually have conversations independently:

> "I can talk to my mum about anything, my younger sister about anything without feeling some type of judgement because I've learnt how to talk" (Young person, Enfield).

With this support inter family relationships in have improved, for example:

> "My mother hasn't joined a session in a while, but I think since then, it's definitely been easier for me to talk to her and understand her a bit more. I don't know, she voices her opinions a bit better." (Young person, Islington).

While the whole family approach was described as being centred on working with children and young people initially, often practitioners would also invest time in parents and carers, often having "one-on-one conversations with my mum because she has her own mental health problems" (Young person, Islington). The key impact of the whole family approach was evidenced through how children, young people, parents and carers reported on their experiences with practitioners, as having a positive impact on all family members. This aligns with findings demonstrated in the KPI data analysis. The support provided to parents and carers themselves was described as something that was much needed in collaboration with the support for their child, e.g.,

"They helped me profoundly at a time where I thought there was no help and there were no answers, and I felt extremely vulnerable and extremely isolated and extremely scared. […] Amongst the darkness, they were just the light that I actually… I can't find the right words that can convey that strongly enough. Yeah, just two very, very amazing individuals that are completely genuine" (Parent or Carer, Enfield)

3.3. The London Vanguards provide support and expertise to the wider network

Like the London Vanguards' flexibility in supporting children and young people, there was an emphasis on listening to the needs of the partnership, and working together based on that need, offering flexible options to different partners. The London Vanguards described the children and young people they support as moving around a lot in London or likely to disengage with services, due to the adversity they face. However, the London Vanguards said that due to their connections in the wider system, there is 'always a link or connection' who is willing to check in with the child or young person as required. The London Vanguards also said that through partnership working, they can see 'real-term system change' by working alongside allies and other organisations. For instance, staff in Enfield shared that by working with and helping charities in the housing sector, they have been able to contribute to a change in housing policy. In 2025, Newham staff said that they too had attempted to make systemic change by not only working with families who did not previously trust services, but also by working with these services and offering them training and consultation for understanding children and young people with certain needs.

Both in 2024 and 2025, key stakeholders in all focus boroughs described the London Vanguards as experts in the system who had a central role in 'holding' support and coordinating other services, having good links to various organisations in the boroughs, and making the key stakeholders' roles easier. In 2025, key stakeholders from Islington and Enfield highlighted that the Vanguard team seemed to have more capacity than them, and hence had been able to check in and engage with the children and young people in a way that the key stakeholders could not, which was helpful. An Enfield key stakeholder appreciated the fact the Vanguard team

could provide clinical support to the children and young people, which even those from non-clinical backgrounds were able to take forward.

Working with the education sector

In 2025, we asked staff to share reflections on working with the education sector. Staff across all focus boroughs were working with the education sector in some capacity, including: joining education meetings, advocating for EHCP plans, working alongside pupil referral units, advocating for children and young people who have faced violence and are deemed too high risk by their schools (see case study G in Appendix 4).

Among Islington staff in particular, it was noted that the schools they work with had been flexible and supportive, and this joint up working provided the schools with a space to offload for themselves. It was also noted that working with schools opened the opportunity for a three-way conversation, in which a young person's needs could be communicated to the school via the Vanguard team, with the young person's consent.

An important consideration highlighted by Enfield staff was that the vast majority of the children and young people that they supported were completely disengaged from education, and hence a lot of their work with children and young people had been about rebuilding trust in education. Additionally, some children and young people may have spent their adolescent years in the secure estate, and therefore their education experience may have been in an offending institute, which had made reading and writing traumatic for them. With this cohort, the Vanguard team's focus was not on working with mainstream education in traditional ways but rather helping people access education in an accessible way, at different ages. Hence, the Vanguard team had tried to position themselves in education, but also in the community, to reach children and young people who did not have access to education.

Working in the wider system

In 2025, staff shared how their way of working has impacted the wider system: this way of working had trickled into and been picked up by other services, and the Vanguard had become better known, leading to strong relationships with partners.

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One staff member shared that by being able to model a unique way of working and thinking, other services were beginning to pick up on this and showing an interest in this work. Another staff member similarly shared that there are people and services on every level advocating for this way of working, hence it is an ongoing process. Although staff believed that their work was influencing the system to some extent, they did not necessarily believe that it will lead to full systems change. Staff noted that systems change takes time, and they are not always in a position to bring about the required change. It was highlighted that wider system change could be possible through investment, commitment, and 'genuine interest' from senior decision makers who can influence policy. Staff added to this that senior decision makers should show familiarity with the contexts that the children and young people have grown up in, or be willing to understand and exercise empathy, as demonstrated in the quote below, but this is an area that requires further exploration:

> "And you're just making decisions without maybe having context and understanding of what it might be like to grow up or to be [...] a young person growing up in London and the different challenges [...] as long as those in those positions either are willing to understand and exercise empathy, or have grown up in these environments, and kind of have an awareness, then I think that's quite key [for wider system changes]." (Staff, Islington)

EQ 4: Was genuine co-production part of the development of the support offer?

For those children and young people whose support included a formulation based care plan, in most instances this plan was both co-produced and shared (78%; see also case studies E and G in Appendix 4), in a small minority the plan was co-produced but not shared (10%). See Table 23 in Appendix 3 for a detailed breakdown of these variables by ICB.

Staff, key stakeholders, and families described how children and young people and parents and carers across all focus boroughs are given a voice through the Vanguard work. All boroughs shared distinct examples of how they have incorporated co-

production into their work. The impact of this on the children, young people, and families was also discussed; please see A3.3. Findings to support EQ4: Was genuine co-production part of the development of the support offer? for further detail.

Giving children, young people and parents and carers a voice

The London Vanguards reflected on listening to children, young people and parents and carers, and giving equal weight to what they said rather than following their own agendas. The ways the London Vanguards have been doing this was described as involving the child or young person and the family as relevant in decision making, for example, in developing a plan for the support (see case studies D and E in Appendix 4: illustrative case studies), designing media pieces to debunk stigma and myths about mental health, the journey of receiving support, setting up a podcast, providing translations, and delivering peer to peer parent and carer support and guidance.

In second interviews, children and young people described further ways in which they had been contributing to the London Vanguards in these specific ways, e.g.,

> "I helped design a leaflet. I gave him a perspective on what young people like to see." (Young person, Southwark).

Both Southwark and Newham also consulted the children and young people about renaming their Vanguard offer to make it more approachable.

In 2025, staff shared that their co-production work had continued to give a voice to children, young people, and parents and carers. A Southwark staff member shared that their co-production work had progressed since last year and due to relationships with their partners becoming stronger, they had been able to access more networks and reach more children and young people. Therefore, children and young people's voices were said to have been part of the central development of the programme to a greater extent, compared to in 2024.

Children and young people described being involved in the delivery of workshops, as well as designing and sitting on interview panels for hiring London Vanguards staff. Beyond recruiting the staff, parents and carers were also asked about ways in which the London Vanguards could make themselves more prominent in the borough. It was described by the London Vanguards as important to give children,

young people, parents and carers this voice and ownership, given their previous experience with 'certain services and systems' in which they may not have felt heard. It was felt that this co-production work holds the staff 'accountable' in terms of their aim to be ethical and accessible.

EQ 5: What are the experiences of, and learning from the collaborative partnership model?

A key feature of the Vanguard work was described by staff as the collaboration between statutory and VCSE partners. In 2025, the topic of multi-agency working was revisited in interviews, and staff as well as key stakeholders across all focus boroughs said that they had continued to work in partnership to best support children and young people. A central theme in the interviews in 2025 was that at the heart of the partnership work lies the needs of the young person, and that these were emphasised when working together. One staff member said that a significant part of the Vanguard role was bridging the gap between different networks in a young person's life to help them in seeing things from a shared perspective, even while working within different remits.

5.1. The development of trusted partnerships

The London Vanguards described the development of trusted relationships across varied organisations such as statutory, grassroots and voluntary and faith-based organisations. Examples of good partnership working included bringing different organisations that are supporting the children and young people together and working as one to ensure the best support possible.

Bridging the gap between services

In 2025, a staff member reflected on how this trusted relationship is especially beneficial for this cohort of children and young people who have complex situations, and therefore may not turn up to appointments, for example. Since the Vanguard team works with a smaller cohort and in a non-time limited way, they can bridge the gap between children, young people and other multiagency groups, such as statutory services, who may be overwhelmed by the large number of referrals they receive. This has allowed staff the bridge the relationship back to mainstream mental health services, if that is the most appropriate service for the

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young person in the long term. The bridging of this support was described as being sustainable and preventative; since the Vanguard team may not be around indefinitely, and since they work in a unique way that may not be replicable, it was considered important to establish a relationship between the young person and other support services.

Successfully helping a family to build a bridge with a statutory service may also help the family to rethink their opinion of statutory services and hold a more favourable opinion of them in the future, according to staff. Another benefit of families being connected to wider community services, as shared by a staff member interviewed for the first time in 2025, was that different services may be available at different hours of the day. For example, London Vanguards staff may not be available in the evenings and at night. Parents and carers in Newham's co-production group also spoke to this bridging of gaps by London Vanguards staff in 2025 describing it as

> "a very holistic service, because it looks at also supporting children with SEN needs, as we know, which is being delayed hugely."

The importance of common values

Key stakeholders in Newham, Islington and Enfield discussed the importance of having aligned values and objectives between organisations. This included working towards the same aims and sharing the same ethos, that ultimately leads to more focused support for children and young people. This was described as a 'golden thread' by an Islington key stakeholder in 2025. Although the London Vanguards staff is committed to partnership working, they recognised it can sometimes slow things down: for example, 'matching diaries' to undertake joint work was described as being time-consuming. An additional challenge mentioned by staff in 2025 included other professionals in the network having different perspectives about how to help the young person and not wanting to be held accountable or responsible when supporting children and young people who have a high level of risk associated with them.

Staff from Newham and Islington shared that they had adopted the AMBIT informed approach of a team-around-the-worker model; it was shared that joint working may not always be in the best interest of the young person, because the young

person might wish to meet with only one professional. Hence, sometimes there was a need for there to be a team around the worker, rather than the young person. While some partners were described as being open to this model, tensions were described with systems such as youth justice, who tend to have numerous screenings and assessments embedded into their practice. It was shared that some of the children and young people could not tolerate so many assessments with different professionals. Finally, it was highlighted by the Enfield staff that building partnerships from the ground up had proven to be more successful for them, as compared to partnerships that had been set up top-down, i.e. decided by senior managers.

5.2. Shared learning and opportunities between partners

The London Vanguards discussed shared learning between the partners about what the community needs, rather than one of them dictating what they were there to do. There was an emphasis on listening to, and learning from the community partners' experiences, as shared by staff in Southwark: "…the [community] partners know their communities best". Overall, the London Vanguards described partnership working as leading to work being done quicker, and since information was shared with the network, people were more aware and held accountable for their part in the support.

The London Vanguards described collaborative working as giving rise to 'cross-organisational learning' and 'development'. For example, some London Vanguards staff shared how they have learned more about neurodevelopmental assessments and mental health from CAMHS and NHS partners. At the same time, clinical staff shared how they have been able to learn from their community partners around areas that they do not have professional expertise in, such as housing.

Furthermore, community workers were described as being able to 'bridge the gap' between the clinical staff and children and young people, by sharing their expertise on how to appropriately communicate with children and young people. Members of the Newham co-production group also shared insight into this: a parent described how despite the Newham practitioners being highly qualified and specialised, they spoke to parents using uncomplicated language, in a friendly manner.

Similarly, a staff member from Southwark described letting the family know that the staff is there to go on a 'journey' with the family. This can include sitting in on the therapy sessions with the family, if requested, as well as reminding the parents and carers that they do not have to partake in the sessions or answer any questions they do not wish to. This type of support was described as the London Vanguards being a bridge between the family and with services that they would not trust in otherwise.

Children and young people's histories

In the key learning report (February 2024), the findings indicated that there may be some factors that impact on staff being able to know children and young people and their personal histories and contexts. We explored this further in the qualitative strand of phase two of the evaluation. In doing so, we found that staff said that it may be difficult to obtain a clear history of the child or young person if they have been in contact with multiple systems or services that are not joined up.

Moreover, it can also be challenging to know where to go to obtain relevant information. Children and young people may also become fatigued by services, which can impact on how much they are willing to share with professionals.

However, due to the joint nature of working, staff may get access to databases, such as local authority and social care records. Yet, this was also described as being challenging at times, due to competing priorities between services. For instance, a generic concern was raised by a staff member: if the youth justice sector used information obtained by the London Vanguards to implicate a child or young person in crime, this may impact on the Vanguard's relationship and trust with that child or young person. The London Vanguards also expressed a desire to form their own relationship with and understanding of the child or young person, regardless of the amount of written history available to them. Staff described the importance of openness and curiosity when getting to know the young person, rather than relying on assumptions.

EQ 6: What were the experiences and outcomes of children, young people, parents and carers supported by the London Vanguards?

The experiences of staff and the impact mobilising and delivering the Vanguard offer has had on them is reflected throughout the evaluation findings. In particular, the challenges of setting up partnership working and the benefits of them once developed (EQ 5), the uncertainty caused by the short-term funding (EQ 9 below) and the impact of co-production enabling them to understand and respond to the needs of their communities (EQ 4) among others.

To capture the full impact of the programme and account for the nonlinear trajectories of the children and young people being supported, analysis of outcomes in the KPI data was mostly restricted to closed cases[8], except for Table 28 in the Appendix.

6.1. Practitioner rated outcomes

Practitioners completed six outcome variables indicating improvement in different areas with "Yes/No" responses. The following chart shows the percentage of closed cases with different responses for these markers. Values of "Z" were used in under 5% of cases for each marker by each ICB, so these are not shown separately and are included under "Not Recorded".

From the available data, children and young people supported in NCL saw the highest rates of improvement in relation to mental health and wellbeing and offending behaviour compared to other outcomes. Education status and mental health and wellbeing showed most improvement among children and young people supported in NEL compared to other outcomes, and high risk behaviour frequency and mental health and wellbeing were rated most highly by practitioners in SEL, compared to other outcomes. Our understanding of practitioner-reported improvement is limited and there were high rates of missingness, so these findings should be interpreted with caution. There were differences across the ICBs in

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[8] In agreement with NHS England, closed cases were determined as those with the column "Inferred discharge date" populated.

interpretation of the data fields and the way they have been completed, for example, recording "No" when the outcome was not relevant as well as when an improvement was not seen, which has caused a bias in the data presented here. See figure below.

Figure 14: Practitioner rated outcomes for closed cases by ICB (N = 788)

N.B. There were differences across the ICBs in interpretation of the data fields e.g., recording "No" when the outcome was not relevant as well as when the outcome was not seen, which has caused a bias in the data.

Additionally, in NCL and NEL, children and young people were rated as having more positive outcomes and progress on both their mental health and wellbeing and their goals if they received direct therapy, compared to if they received advice and consultation and relational or safety interventions. See Appendix 2 for counts of intervention type by ICB and a breakdown of goal progress by intervention type. From the available data, it appears that children and young people whose parents and carers also received support were reported to have made slightly higher rates of progress towards their goals, and slightly more improved mental health and wellbeing as shown in the following three figures.
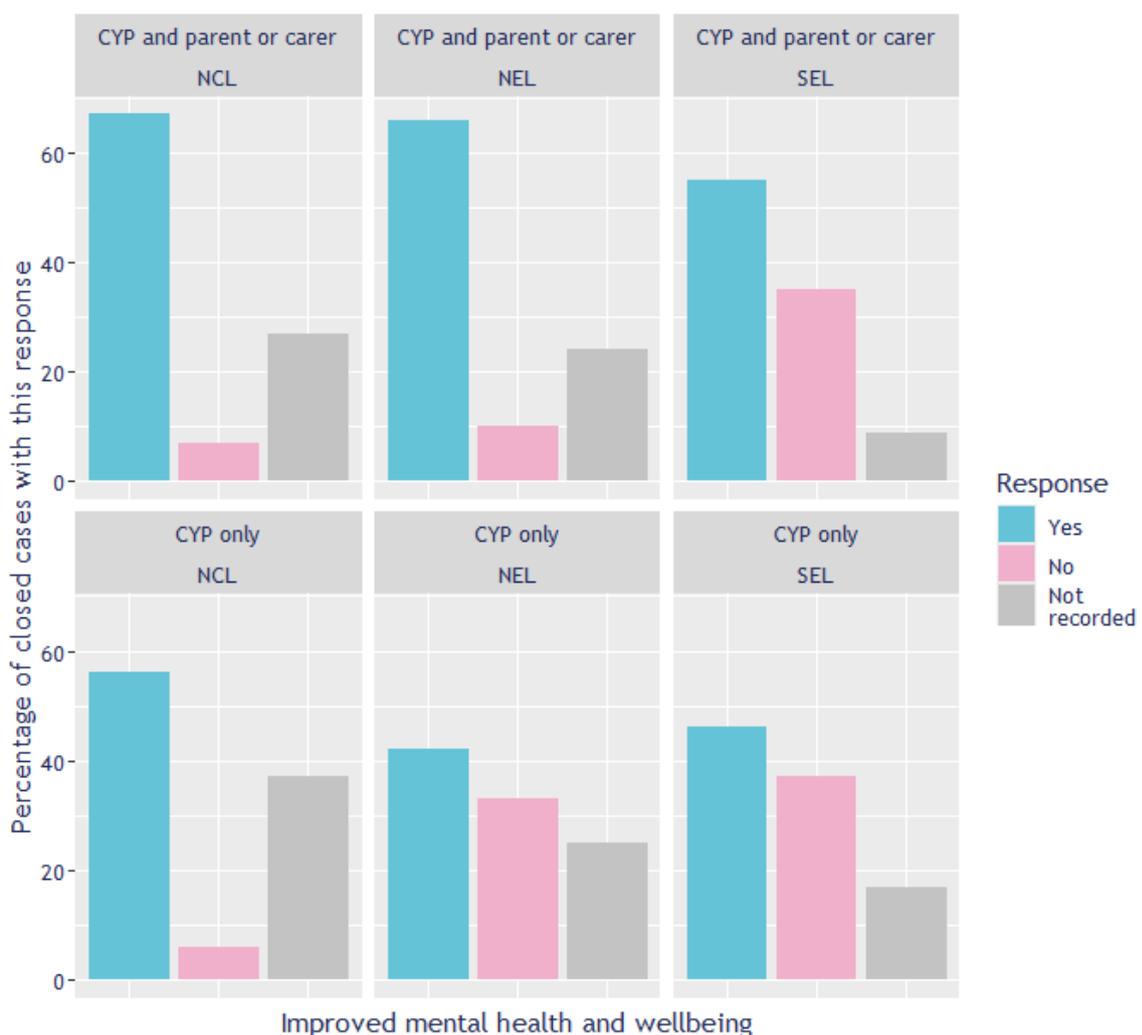
Figure 15: Mental health and wellbeing outcomes for closed cases supported through advice or consultation interventions (N = 502)

N.B. There were differences across the ICBs in interpretation of the data fields e.g., recording "No" when the outcome was not relevant as well as when the outcome was not seen, which has caused a bias in the data.

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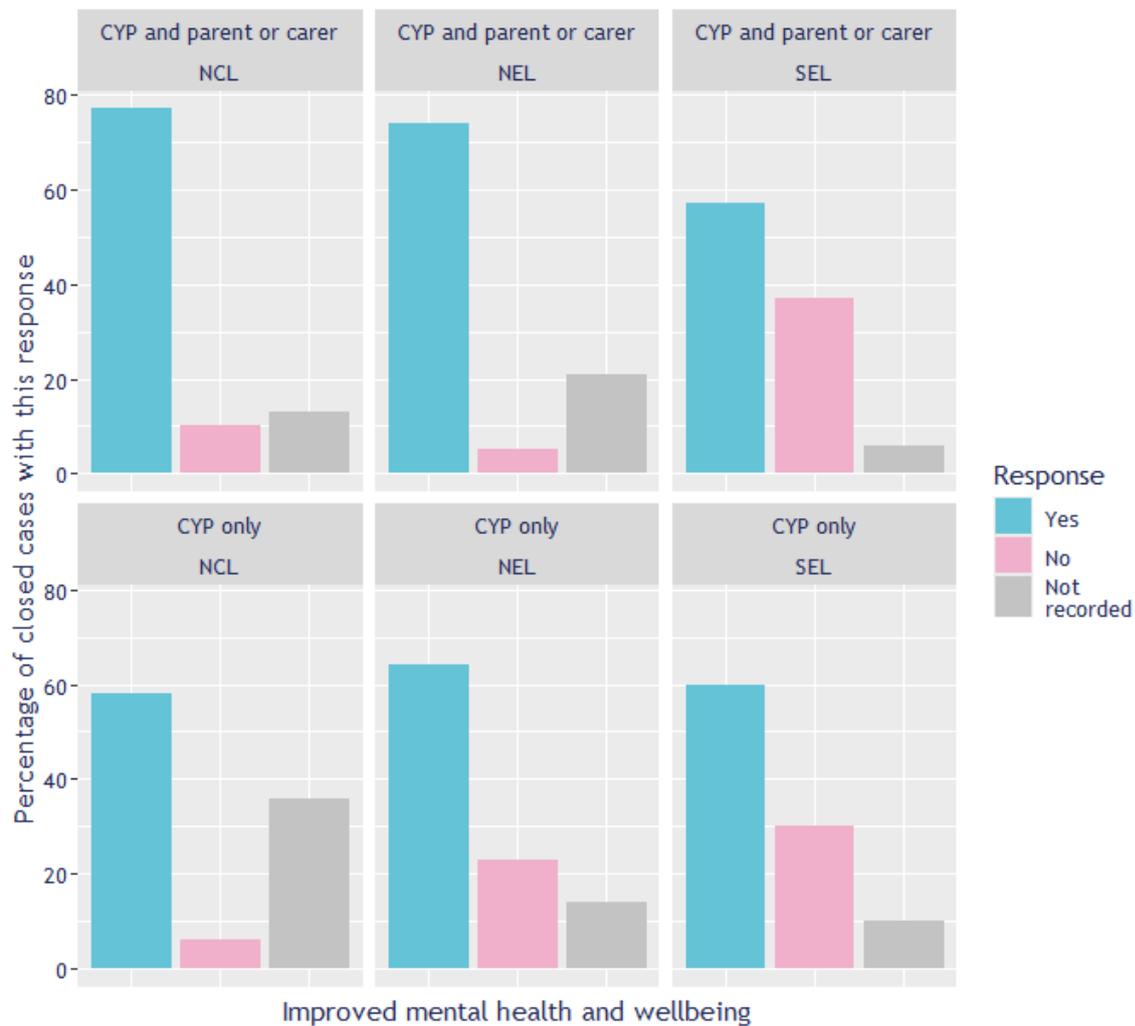
Figure 16: Mental health and wellbeing outcomes for closed cases supported through relational or safety interventions (N = 447)

N.B. There were differences across the ICBs in interpretation of the data fields e.g., recording "No" when the outcome was not relevant as well as when the outcome was not seen, which has caused a bias in the data
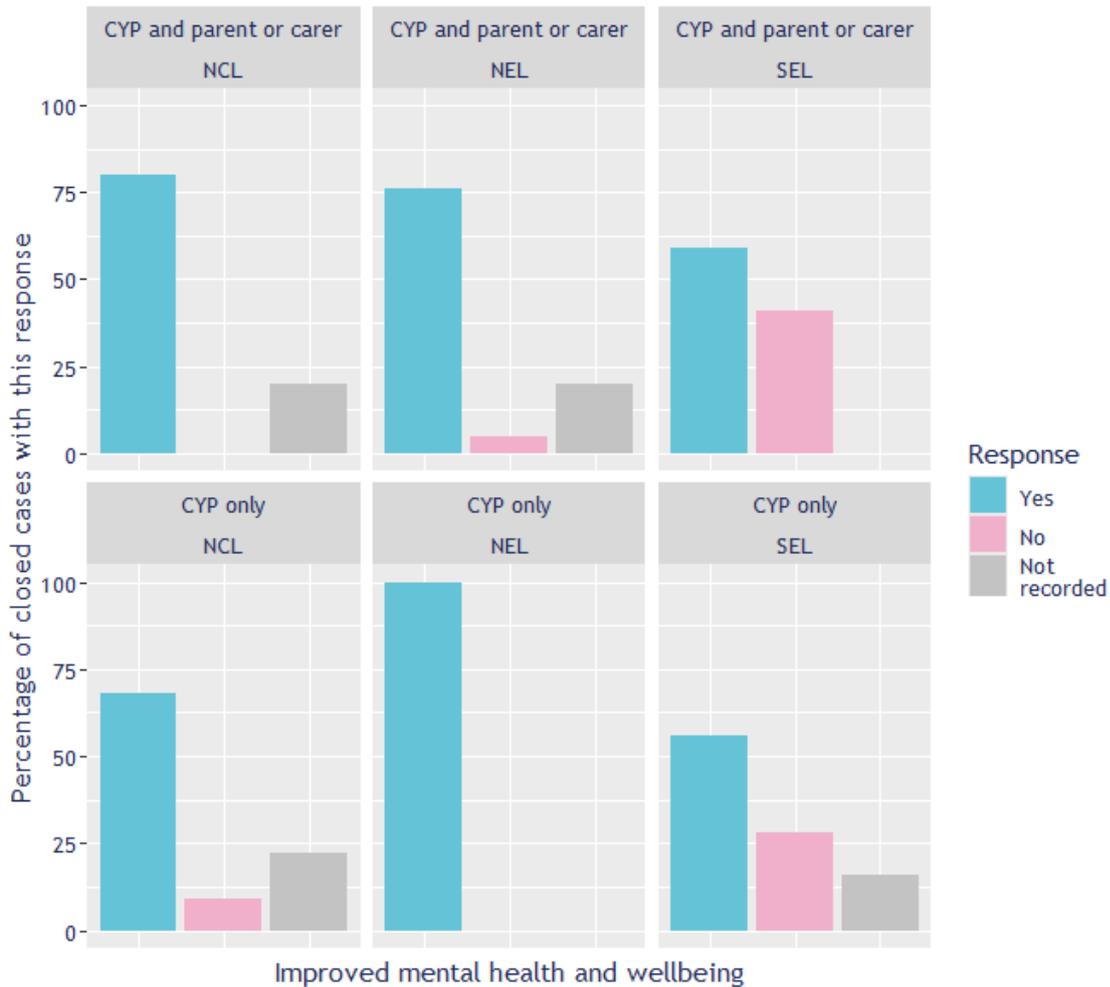
Figure 17: Mental health and wellbeing outcomes for closed cases supported through direct therapy interventions (N = 308)

N.B. There were differences across the ICBs in interpretation of the data fields e.g., recording "No" when the outcome was not relevant as well as when the outcome was not seen, which has caused a bias in the data.

6.2. Qualitative outcomes and impact

Mental health and wellbeing

Throughout the evaluation, children, young people, parents and carers described a range of positive improvements relating to mental health and wellbeing. Often this was a sense of feeling more confident and an improved sense of self-esteem since receiving support from the London Vanguards:

"I would say I'm becoming more confident, being around new people and new surroundings. That's all…more… adapting to it, new places and things and being in big groups, having talks" (Young person, Southwark).

Linked to this, children, young people, parents and carers in all focus boroughs also described feeling more positive, happier and less angry since receiving support. This included children and young people describing taking part in more activities and being more active than before. Being busy and engaged in the London Vanguards' activities was sometimes described as a positive influence and keeping the children and young people on the right track. Further, children and young people described the value of having the support that has enabled them to take a different path, and to have better outcomes than they may have previously seen. For example:

"…it wouldn't have taken a turn to where I am now. Because I'll be honest, I couldn't do all of it by myself, and it was always good to have that support […] It's just like my mindset on life or the way I'm thinking of it might be different". (Young person, Enfield)

Further to this, children and young people in all focus boroughs throughout the evaluation described being more aware of themselves and the impact they have on others since receiving support from the London Vanguards. This included an associated increased capacity to deal with their own feelings, including anger and a previous lack of motivation to live life to its fullest and to strive for success:

"I'm a lot more self-aware and a lot more mature, ever since I've worked with [name] I've calmed down. I've found more of myself, and I'm more one-on-one with me, and I can express myself in a more open way because I used to… I would be quite closed. I wouldn't really talk about how I felt. So now, I can express how I feel. I can talk about how I feel because I feel like [name] opened up that part of me" (Young person, Enfield).

Many children and young people described being the 'best version' of themselves since receiving support from the London Vanguards, which was often described as a general sense of improvement overall and the ability to now flourish and succeed. This was often attributed to the London Vanguards having belief in the

children and young people, usually a belief they described as not having in themselves to start with:

> "I feel like it's because he believed in me. It's like, something similar to that because he saw something in me that I didn't see in myself because the way that my life was before I met [name], it was going down. Then, [name] saw that I was much better than that. So, he helped me to go back up" (Young person, Enfield).

This sentiment was echoed by parents and carers, who described their children as doing 'a lot better' and a general sense of vast improvements in their lives that would not have been the case without the support of the London Vanguards. Parents and carers also described positive changes that had occurred over time, in their second interviews, e.g., "the difference now and when I previously spoke to you, he was depressed then. He's not depressed now". (Parent or carer, Islington).

In addition to the positive impact on their children, parents and carers also described improvements to their own lives, including improvements in their mental health and wellbeing in their second interviews, e.g.,

> "I'm not sad all the time and anxious. He's making progress, and I know he's going to be okay". (Parent or carer, Islington).

Key stakeholders in all boroughs also gave examples of children and young people's improved wellbeing. This was sometimes a better understanding of themselves and their own needs which included an exploration of their own belief system (e.g., Southwark, Islington), an improved sense of agency and advocating for themselves (e.g., Newham), improved confidence in children and young people (see also case study B in Appendix 4: illustrative case studies), and improved confidence in parents and carers generally and in their abilities to support their child (e.g., Newham, Islington, Enfield):

> "There is more hope for that young person now. He has a sense of agency; I think he has appreciated being able to be part of the thinking and the planning. [...] he's been scaffolded and prompted to advocate for himself, and Vanguard I've noticed [...] they kind of support the young person to do it for themselves, which I think has been really effective." (Key stakeholder, Newham).

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Staff across all focus boroughs also described increased confidence, motivation, and help-seeking behaviour in the children and young people they have supported, throughout the evaluation. It was noted by staff that by providing children and young people with a positive experience of mental health services through the Vanguard work, they may be more open to engaging with other services in the future.

Relationships

Throughout the evaluation, children, young people, parents and carers described experiencing improved peer and family relationships since receiving support from the London Vanguards. This included improved friendships, engaging in more positive activities with friends, and often, improved relationships with their parents, carers and siblings. Parents and carers described taking different approaches with their children, implementing communication styles that they learnt through this support, that had also led to improved family dynamics. For example:

> "Now I actually wait, and I listen. I wait for them to finish what they have to say, and then, especially with my younger son, I will then say to him, 'Okay, what I'm getting out of what you're saying is,' and then I'll actually say to him what I think he said, so that he can say to me, 'Well, yes, Mum,' or, 'No, Mum, you've got it wrong,' or right." (Parent or Carer, Islington).

Parents and carers also described the non-judgmental nature of this support as being vital to positive outcomes and at odds with previous support they had received. They described this support as enabling them to have improved relationships with their children and for them to feel supported. They described the London Vanguards as validating their feelings and providing direct support to them as parents and carers, which is vital such that parent and carer mental health has been demonstrated as being directly related to child wellbeing:

> "Within the first 10 minutes of me speaking, basically said to me, 'I get it now.' And that, straight away, made me feel validated and that I wasn't being judged, and I felt safe in order to continue. […] And then, [name] and turned round and said to me, 'We're here to support [young person]. That's our primary. But what I'm getting here is, 'Who's supporting you?' And I'm

actually very concerned for you. Where's your outlet in all of this? And I want you to know that we're not only just here for [young person]. We're here to support you.' And for me, that was massive because anyone that I'd spoken to up to that point, that wasn't said. So yeah, that moved me to a whole other level." (Parent or Carer, Enfield).

Key stakeholders in all focus boroughs also gave examples of children and young people's improved relationships. Sometimes this was where key stakeholders had identified that the children and young people had developed more friendships through receiving support from the London Vanguards, leading to improved wellbeing through these peer relationships and engaging in positive activities together, and also leading to more referrals to Vanguard (e.g., Southwark). Sometimes this was described as an improvement in family relationships, either through the family being supported, or specific to the children and young people's improved relationships with specific family members (e.g., Southwark, Newham), and relationships with staff working in supportive ways (e.g., Southwark, Islington, Enfield):

> "It shows that they value what's been on offer because they will vote with their feet, especially because it's voluntary. So, I think that the fact that they're experiencing a good relationship is of value. Not everything is just about, like, these magical things that they're just turning around their lives completely. But actually, them experiencing a positive relationship for me is that sometimes a really good outcome because it's not something they probably experience a lot in their lives." (Key stakeholder, Islington).

Parents and carers also described the non-judgmental nature of this support as being vital to positive outcomes and at odds with previous support they had received. They described this support as enabling them to have improved relationships with their children and for them to feel supported. They described the London Vanguards as validating their feelings and providing direct support to them as parents and carers, which is vital such that parent and carer mental health impacts child mental health.

Wider circumstances

Children and young people in Islington described being successful in gaining employment through the Vanguard support they had received in the application and interview process, but also the support more generally enabling them to feel able to get a good job e.g.,

> "He helped me get a good job [he] takes care of me, and actually pushes me and helps me develop myself in the right way. And that's how I was able to get a job" (Young person, Islington).

Other children and young people described being supported to apply for education courses, leading to acceptance. Improved housing was also discussed by key stakeholders, particularly in the context of the benefits of children and young people and their families having the London Vanguards advocate for their housing needs, leading to key improvements, for example, being rehoused (see case study E in Appendix 4). Additionally, children and young people in Newham and Enfield described improvements in their living situations through the support of the London Vanguards, e.g.,

> "Anything to do with my housing, she helps me out. Like, forms I'm unable to do, she helps me out" (Young person, Islington).

Key stakeholders in Southwark, Islington and Enfield gave examples of improvements in children and young people's wider circumstances, due to the support of the London Vanguards. This included a sense of turning their life around, due to improved life chances and prospects, often through an improvement in their education and employment attendance and attainment (see case study B in Appendix 4: illustrative case studies). Similar examples were shared in 2025 during the second round of interviews, from key stakeholders across all four focus boroughs. The importance of the long-term nature of the work of the London Vanguards, rather than focusing on short term change was highlighted by key stakeholders:

> "[For] some young people change takes longer than others, and recognising that it's a process, it's a journey that, [...] particularly with those hardest to reach, it doesn't happen overnight. So, a flexible, long-term, person-centred

approach to working with young people, I think has really developed and shone through." (Key stakeholder, Islington).

Throughout the evaluation, across all focus boroughs, staff also shared examples of how children and young people had shown improvements in wider areas of their lives. This ranged from being comfortable enough to trust and talk to professionals and showing increased understanding of their difficulties, to showing improvements in education, improved self-presentation (e.g., dressing more professionally in a work setting), receiving better housing, getting involved in the community, and receiving help with job interviews. It was noted by one staff member that positive outcomes are being seen 'across the board', but they may not be 'necessarily linear' or 'quick'.

Staff from Newham also shared examples of how children and young people had showed a reduction in being involved in youth violence; one staff member shared how children and young people had demonstrated a desire to move away from being involved in violence, and reflected on where this involvement had come from. This was also echoed by young people from Southwark and Newham, who reflected on how they had changed, and were no longer involved in violence and being arrested.

All interview and focus group participants were asked about any neutral or negative outcomes since being supported, as well as positive ones. No neutral or negative outcomes were described. This does not mirror the findings from the KPI data analysis, where some children and young people were rated by practitioners as not seeing improvements in some areas, however, this discrepancy could be due to a range of factors including the data quality issues as identified, and the potential for social desirability bias in the interviews. Additionally, meaningful change for some children and young people, for example, an improved housing situation, or improved relationships, may not show as change on standardised clinical outcome measures.

Sustained change

In 2025, participants were asked to reflect on whether children and young people had sustained the positive changes discussed in the 2024. Staff as well as key stakeholders across all four focus boroughs said that generally, most children and

young people had sustained the positive changes across nearly a year. Staff from all four focus boroughs also shared examples of children and young people who had shown enough changes throughout their support such that their contact with the Vanguard team had decreased or their support had even been closed off. Even when support had decreased, London Vanguards staff in Southwark, Newham, and Islington said they were still available for the children and young people to reach out to them. Key stakeholders credited the positive sustained changes to children and children and young people retaining the resources that they had learned through the Vanguard work, the long-lasting, consistent and holistic nature of the work, as well as the relationships formed with heir practitioner:

> "I'm hoping that with Elevate, because they have such great relationships with the young people, and the relationship is also always centred around the young person, I'm hoping that the young people feel really seen and heard, and that it motivates them to want to be different for the long run." (Key stakeholder, Islington).

This was mirrored by children and young people, who said that they had continued to follow the advice of London Vanguards staff. Although several examples of new as well as sustained positive changes were shared, it was noted by key stakeholders and staff that the children and young people supported by the London Vanguards face instability in their life, due to a variety of reasons, as discussed in previous themes. Considering this, it could be challenging to notice improvements in the children and young people due to their fluctuating life circumstances. A Newham staff member said that their service approach was designed to acknowledge that children and young people are impacted by structural and systemic issues. Therefore if, for example, a young person's housing remained unsafe and unstable, positive changes were less likely to be sustained. One young person spoke of their mental health and wellbeing having improved and being sustained due to an improvement in their housing situation. A Southwark staff member who was interviewed for the first time in 2025 said that long-term work was required to ensure sustained change. Another staff member from Southwark also suggested that the onus of maintaining these changes is not solely on the young person:

"In order to sustain those changes, young people need people around them also. I think that's why it's important to bring along their parents or bring along the support network, because when you do take [this stuff] out of the equation, what you offer needs to be able to be replicated, or people need to understand it to be able to kind of keep that going." (Staff, Southwark).

It was also shared by staff that there can be pressure on staff to note positive outcomes; a Southwark staff member stated that this work is long-term, requiring time and patience, and even if positive outcomes cannot be captured, this work can serve as a source of preventative support.

6.3. Discharges and onward referrals

Of the 1,171 children and young people whose support ended, from the available data, most children and young people in NCL and NEL received an onwards referral, or their support ended (26%). Most support was recorded to have ended in SEL due to withdrawal from engagement (19%). For some children and young people who were discharged because of referral to another service, practitioners indicated that they had been referred onto a range of services including CAMHS, MASH, mentoring, the secure estate or youth justice system, social care, another Vanguard, Your Choice or another service. The most common (N=11) was a referral onto social care. See Table 30: Referrals to other services for more information.

EQ 7: What were the experiences of, and the impact on, staff and key stakeholders?

The experiences of staff and the impact mobilising and delivering the Vanguard offer has had on them is reflected throughout the evaluation findings. In particular, the challenges of setting up partnership working and the benefits of them once developed (EQ 5), the uncertainty caused by the short-term funding (EQ 9) and the impact of co-production (EQ 4) among others.

Key stakeholders in all boroughs described their work with the London Vanguards as an opportunity to share learning and support each other as well as collaboration leading to the best support being provided. The key stakeholders described working with the London Vanguards in various ways, such as discussing cases together (Southwark), jointly delivering support to children and young people

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(Newham), and providing mutual support and receiving expert advice (Enfield). In Islington, key stakeholders described the London Vanguards as complementing their work, providing clinical expertise, and collaboration in the form of referring children and young people to the London Vanguards for support. In 2025, key stakeholders provided further examples of how their collaboration with the London Vanguards had led to increased opportunities to best support children and young people.

7.1. The development of trusted partnerships

In 2024 there were some challenges described by key stakeholders in Newham, relating to shifting different organisations' perspectives, including management, and the impact on the capacity to conduct work to support children and young people. These challenges were described as having been during mobilisation, short term and resolved at the time of interview. These challenges were also reflected across boroughs in the key learning report (February 2024).

In 2025, the challenges described by key stakeholders included: difficulties in getting in touch with one of the Vanguard's charity partners, as compared to the other one (in Southwark), as well as some challenges in joining up and understanding working dynamics, and the need to obtain consent to be supported (in Newham).

Key stakeholders in all boroughs also discussed the London Vanguards crucial role in widening the network for children, young people and families. This included putting them in touch with a wider range of support services, but also within the Vanguard offer, key stakeholders described families benefitting from being able to get support and guidance from multiple professionals within the network (see case study D in Appendix 4: illustrative case studies).

EQ 8: What best practice and learning can be used to develop recommendations to inform service improvement and the future sustainability of the Vanguard?

Areas of best practice, as highlighted throughout the findings from the evaluation include support that is flexible, embedded in the community and responsive to individual needs (see EQ 2), genuine co-production which leads to bespoke support that is more aligned with those it seeks to support (see EQ 4). Additionally, partnership learning between services has demonstrated to be effective and beneficial for the children and young people being supported, as well as providing an opportunity for learning from one another and bringing different knowledge and skills to the support offer (see EQ 5).

Funding

Moreover, a key recommendation to inform the future sustainability of the London Vanguards was in relation to the short-term funding cycle, which was described as in contrast with the amount of time it takes to engage, build relationships with, and provide meaningful support to children and young people navigating adversities. This was discussed in more detail in the key learning report (February 2024) and echoed in the staff interviews in 2025. One staff member said that it may be potentially harmful for a team to enter a young person's life, work with them, and then exit their life because the funding ceased. Other staff members said that the stopping support once the funding comes to an end can also be harmful for other services in the partnership who had come to rely on the London Vanguards team, and uncertainty around funding can create anxiety for staff, who may choose to move on from their role in pursuit of more stability. It was also noted that there was a lack of understanding this way of working, and the costs associated with it, from senior decision makers. A staff member suggested that funding should not only be long-term, but also consistent: funders may underestimate how long it takes to develop and embed a service such as this, and therefore by the time the service is up and running, funding may be coming to an end.

Shared learning

In 2024, London Vanguards staff described the wider system as becoming 'fatigued' with short-term funded pilots such as the Vanguard, and that there is not enough learning being transferred between such pilots. The London Vanguards staff described short-term pilots as sometimes feeling reactive and fragmented, leading to decreased interest about new approaches being introduced. While this was primarily discussed in interviews with staff in Newham, in the professional advisory group session, attendees agreed that this is a difficulty felt across all boroughs. Staff in all focus boroughs considered funding to be an important factor in ensuring that the work of the London Vanguards can continue. This was supported by the perspectives of key stakeholders in Newham and Enfield.

In 2025, staff interviewed for a second time shared reflections on how to transfer learning between different short-term funded pilots. Staff suggested that those working on similar pilots should continue to come together at shared learning events, to share and learn from the evidence and what has worked across different areas:

> "So, say if we have a lot of issues with school exclusions and young people not being allowed back due to risk [...] say if that issue's happening in Islington [for example] [...] but they've found a way to work with the schools, and they shared that [with us] [...] it kind of gives evidence to what we're doing across London." (Staff, Newham).

It was highlighted that that is necessary to meaningfully transfer learning between such pilots, to prevent duplication of services. Although delivery staff across the four focus boroughs were eager to keep learning and share their own learning, it was also noted that within such spaces, everyone might be competing with one another for resources and funding. One staff member from Newham also stressed the importance of keeping these shared learning spaces local to London only, because the remit of the London Vanguards can be different to that of out-of-London Vanguards, according to the staff member. This was discussed with the professional advisory group, and reflections on the best way to take this forward are presented in the recommendations section.

There was also an emphasis on learning from what already exists and works, rather than frequently coming up with a novel programme. For instance, a staff member shared that if a short-term funded programme seems to be benefiting the community, its short-term funding could be extended, or new funding should be applied to the existing model, instead of developing a completely new thing.

Staff also emphasised the importance of applying and disseminating this learning meaningfully, and mental health services in particular demonstrating a commitment to working differently. This staff member suggested that it was not charities and social care that needed to apply this learning and change their way of working, but rather, CAMHS that needed to take this learning forward.

Additional sustainability considerations

Staff reflected on additional sustainability considerations, besides funding. These included buy-in across the partnership (especially from statutory services), more therapeutic training for staff, as well as senior decision makers believing in and investing in the offer. Having dedicated staff who are interested in and able to work with the children and young people without feeling 'overwhelmed' or 'paralysed' was also mentioned by one staff member. This was added to by a Newham staff member who was interviewed for the first time in 2025, who highlighted the importance of a team of people with the right skills and experiences that complemented one another. Another staff member reflected on the importance of sustaining this work, since it is a pilot programme and hence will not last indefinitely; therefore, their focus is on linking the young person they are supporting with community resources, so that support can continue beyond the London Vanguards support.

EQ 9: How are the London Vanguards situated in the landscape?

In 2024, key stakeholders perceived the position of the London Vanguards in the wider landscape in various ways. Some described the London Vanguards as offering something unique in a space where there is a scarcity of support for children and young people (Islington and Southwark). Others said that Vanguards sit within many other programmes in the area, but that within that, the London Vanguards

complement other services and offer something unique that would not otherwise be available (Newham). Key stakeholders in all focus boroughs reflected that the London Vanguards however also sit within wider systems that they may not be able to influence, e.g., housing, and in 2025, when interviewed for the second time, key stakeholders said that wider systems may have limited awareness of the London Vanguards' work and remit. Notably, by 2025, some Vanguards were described as having become better known, leading to stronger relationships with partners.

9.1. Moving into the next phase

In 2025, London Vanguards staff were asked to describe upcoming planned changes to their Vanguard offer. This was in response to the planned reduction in funding for the pilot, during the 2025-2028 period. In Southwark, some staff described reductions in funding, which would affect the number of boroughs and age range of children and young people they would be able to work with, as well as how many clinicians and professionals would be available to provide support. However, in contrast, two staff members said that additional staff were going to be brought on board and trained soon. Other changes mentioned included the development of parent groups, and further peer support for children and young people. One of their VCSE partners had also received access to a workspace that would be available for Vanguard work.

In Newham, some staff also described the reduction of funding for the period of 2025-2028. Like Southwark, this had created concern around being able to reach children and young people who need support, and staff sustainability. One staff member said that the funding for their role would be coming to an end soon. The impact of this, as shared by the staff member, would be that the service would lose consistent communication and opportunities to incorporate youth voice in their work. The staff member hoped that in their absence, someone else would take the resources created by them and continue this work.

In Islington, staff said they were uncertain about their funding horizon. Staff discussed the importance of the funding and this work continuing, given the lack of services delivering this support in a flexible and non-clinical way, which matched the needs of the children and young people they support.

Enfield staff interviewed in 2025 were under the impression that the service was planned to come to an end, due to a reduction in funding. Due to this, they had found it difficult to work with children and young people, knowing that they would soon need to withdraw the support being offered. They also said that the withdrawal of support would be unhelpful for communities who might not have access to other support, or who may be missed by other services. The staff also said there was a contradiction between the support they had delivered so far, and their funding being cut: the team had worked on creating a long-term model of care, focused on partnerships, sustainability, and longevity, which now would not get the space and time to be realised fully.

Strengths and limitations

This report draws on incredibly rich sources of information, not least the varied and in-depth transcripts from the interviews and focus groups, spanning four participant groups. This is supplemented by insights from the KPI dataset, which included over three years' worth of data. We received positive feedback from staff participants, who reflected that they enjoyed taking part in the evaluation, and particularly valued the opportunity to meet as a team to discuss how things have gone so far in the delivery of Vanguard. It is important that participants also benefit from taking part in research and evaluation, so this feedback is welcomed.

However, there is also important context to the findings that needs to be considered. First, while some missing data and inconsistency are to be expected in all datasets, the KPI data had missing rates of up to 50% among closed cases in fields including Yes or No outcome markers and goal progress scores. This affects the quality of any conclusions drawn from the existing data. One of the reasons we learned from the London Vanguards for high missingness in outcome fields was that these were not always appropriate areas of outcome for the children and young people supported, or areas they have been working on. The "Z" code (not applicable) was introduced to the dataset in April 2024, though as of June 2025 it had not been widely used. NHS England has been leading data assurance meetings and working on resources and guidance for the London Vanguards to address the challenges in recording data.

Second, we are aware of some differences in interpretation of the KPI data specification and how to enter data, which will have an impact on what the analyses show, for example, what is recorded as substance misuse. In addition, a high proportion of preventative intervention was conducted by VCSE delivery partners in SEL, as a collaborative provider network with input from NHS colleagues, with consent not given to share demographic information with NHS England. This differs from delivery in the other two ICBs, where an integrated team or statutory provider serves as the 'front door' to the service, which means that there may be differences shown in the findings that relate to data availability or data quality, rather than real differences. Correspondingly, we have been able to determine that the practitioner-rated outcome fields were completed using a combination of information derived from mental health and wellbeing outcome measures (some standardised and others bespoke), and clinical judgement. Therefore, our understanding of practitioner-reported improvement is limited, and this should be interpreted with caution. However, it is great that NHS England is providing additional support to the London Vanguards to align understanding of how to complete the dataset going forward. We also heard that there is a great deal of work being done locally on outcomes measurement that is appropriate for the children and young people supported, given the wide range of children and young people who are supported in a range of ways. In some boroughs this is through practitioner-reported standardised mental health and wellbeing outcome measures, and in other boroughs this is through bespoke measures focused on children and young people's goals. To make the most of the outcomes that have already been collected and analysed for local purposes, we asked the London Vanguards to submit information about these local analyses and have used these to bolster the outcomes collected in the KPI dataset. These are presented in Appendix 3. Additionally, some of the KPI dataset includes data from 2022-2023 which pertains to an aligned programme (see note on NEL data in Appendix 2).

Third, the self-selecting nature of the sample may mean that those most engaged, or interested in taking part in the evaluation will be represented. While the recruitment strategy of the participants being identified and supported through the evaluation process by the London Vanguards has proven to be successful and follows a trauma-informed approach, it is also likely that participants who took

part in the evaluation are those who have the most positive relationships with the London Vanguards. Therefore, the findings are likely be weighted towards those who have had positive experiences. In addition, some children and young people accessing the London Vanguards may have recently been the victim of life changing injuries resulting in them and their families being in acute crisis and therefore unable to be asked to engage with an evaluation. Some interviews were also conducted using an interpreter; while there may be concerns over the accuracy of translation, this also strengthens the evaluation, by adding voices that would otherwise have been missed. There is also an awareness of being evaluated and some key stakeholders and parents and carers expressed concerns about the support from the London Vanguards ceasing, and thus they may have been more likely to share positive experiences. In addition, to best support the children and young people, a professional from the London Vanguards often joined the interviews, at the young people's request, which may mean that the participants were less forthcoming with any thoughts about how the support could have been improved, although this model of support in the evaluation was encouraged.

Discussion

Overall, all children, young people parents and carers who took part in the evaluation described the London Vanguards as working in a bespoke, flexible way that is at a pace that suits them. This was echoed by the staff and key stakeholders; the London Vanguards were described by professionals working around them as experts in the system who provide support and expertise in a range of ways. This is at the individual, community and system level, and speaks to the bespoke nature of the London Vanguards support: their ability to offer advice, guidance, advocacy, training and consultation, as well as direct support to children, young people, parents and carers. The holistic and whole-being support was appreciated by those who took part in the evaluation, who often described the benefits of focusing on addressing the societal adversities children, young people, parents and carers face which had positively impacted wellbeing and in turn could lead to positive longer term outcomes.

The evidence from this evaluation suggests that the London Vanguards provide support to a wider range of children and young people compared to other services

that may not be accessible to the children and young people they support, such as CAMHS. This is likely due to age limitations, or other perceived risk factors from the services' perspectives. As such, the London Vanguards can support younger children, and those who would either not meet – or exceed – risk assessment thresholds. This highlights the importance of the support provided by the London Vanguards which covers the all-important early intervention and prevention stages, as well as support at the top end of need. The London Vanguards described both meeting children and young people's previously unmet needs, and uncovering more needs through their work with them.

As such, the support provided bridges a gap in mental health and wellbeing support for children and young people who are navigating adversities and social challenges. The London Vanguards were sometimes described by staff and key stakeholders as existing in a dearth of other services, otherwise they were described as working in among a lot of other programmes, and short-term funded pilots in the area. Sometimes it was unclear how the London Vanguards fitted in, and the need for learning from other programmes was highlighted. The Violence Reduction Academy [14] that was established in London, with the aim to build evidence and share best practice around ways to reduce violence, supporting the health system to implement them, will go some way to mitigate this. The Violence Reduction Academy has gathered learning and hosted various events to facilitate knowledge sharing and collaboration among practitioners from different sectors, reinforcing the Academy's mission to improve community health and safety. Each of the London Vanguards is operating differently, as evidenced by the differences across each ICB, for example, the variation in the source of referrals and demographic characteristics of the referrals. In this evaluation, we analysed the London Vanguards model as a whole, and found that all teams are collectively working towards the principles of both the CMSVRP model and the Framework for Integrated Care. The evidence in this evaluation suggests that these principles are being met, although more evidence would be required to explore Framework principle six in relation to sustaining trauma informed organisations ("There is a commitment by all to build and sustain trauma informed organisations"). While the commitment is evident, challenges with wider system working have been

identified, and sustained changes to organisations will be seen outside the lifetime of this evaluation.

The evidence from this evaluation shows that most of the London Vanguards are primarily supporting boys and children and young people from Black ethnic groups, and in some boroughs, this was based on their local analysis of need. The recent VRU commissioned strategic needs assessment of serious violence in London identified that Black Londoners were overrepresented as both victims and suspects of serious violence [13]. In addition, research shows that boys are less likely to engage with statutory services such as CAMHS [15] and that children and young people from Black ethnic groups are less likely to access psychological interventions [16]. One of the main barriers to children and young people who are from minoritised groups accessing traditional statutory support has been previously identified as stigma [15] (see also [16]). The embedded nature of the London Vanguards in the community is a unique selling point of the approach, which enables children, young people, parents and carers to have familiarity; an instant trust and understanding with those supporting them.

For example, the children, young people, parents and carers that the London Vanguards are supporting were described as often having a distrust in support services due to previous negative experiences of services that are not set up to meet their needs (e.g., [19]). This was mitigated by the London Vanguards ability to meet people where they are at, and to provide bespoke support to – and around – the child or young person and their family. This supports recent findings from the VRU commissioned MyEnds project, the evaluation of which led to recommendations for further joined up working and promotion of VCSE-led and community-based support for children and young people who may be affected by violence [20].

This evaluation evidences the ability of the London Vanguards to effectively support children and young people through the development of trusting relationships, which is considered a protective factor for children and young people's involvement in violence through enabling children and young people to feel safe enough through trust, respect, empathy and stability [21]. The findings also highlight the importance of children, young people, parents and carers feeling

understood and not judged in the support they receive. Further, being supported by workers with whom they can identify, or who exhibit cultural humility was highlighted as an important element of the work that the London Vanguards have been able to provide, which other services may not. Parents, carers and children and young people who took part in the evaluation described staff who are enthusiastic, positive and who work hard to understand and support them.

Three broad outcome areas were identified in the logic model for exploration in the evaluation:

- Better access for children, young people and families from marginalised communities (e.g., those disproportionately impacted by social and structural inequalities such as racism).
- Improved wellbeing for children, young people, their families and carers.
- Trauma informed organisations developed.

The findings of our evaluation provide evidence for each of these outcome areas. The strongest evidence from this evaluation is for better access for children, young people and families from marginalised communities, and improved wellbeing for children, young people, their families and carers. From the qualitative findings, it is clear the London Vanguards teams are taking a trauma informed approach to providing support, and that work is being done to train and develop the wider system in trauma informed approaches, but that there have been challenges in doing this. As such, there seems to be more work to be done in this area, including considering how best to evidence this work; we are aware that some training numbers and initial feedback are collected locally, but this could be more consistently implemented to provide further evidence for the systems change and sustained impact outcomes. Similarly, the London Vanguards described their prevention activities, which have not been captured in the KPI reporting. Further consideration could be given to how best to succinctly report this work, including any anticipated outcomes linked to existing evidence.

Children, young people, parents and carers in all focus boroughs described how positive the support of the London Vanguards had been and what a difference it had made to their lives, including to their mental health and wellbeing, education and employment, housing, engagement with their family and their community,

taking part in positive activities, and in general an overall positive impact to their day-to-day living. In places, the support received was described as transformational, and the lives of children, young people, parents and carers as vastly improved. Many described the ability of the London Vanguards to help improve family dynamics through the implementation of communication strategies, and much welcomed support to parents and carers as well as their child. These outcomes were echoed by the staff and key stakeholders, who described outcomes and impact that they had observed in the children, young people, parents and carers themselves.

The KPI data analysis shows that children and young people's mental health and wellbeing and progress towards their goals were rated slightly higher when their parent or carer also received support, and was reported to be highest in some ICBs for those receiving direct therapy, then relational or safety interventions, then advice or consultation. These findings speak to the aim of the London Vanguards to provide whole family support. The work with parents and carers also pertains to the sustainability of the programme such that parents and carers are likely to implement strategies they have learnt through the London Vanguards with other children in the home, which is a legacy of the work. In addition, compared to other outcomes within each individual ICB, children and young people supported in NCL and NEL saw the highest rates of improvement in relation to mental health and wellbeing compared to other outcomes, and children and young people in SEL saw highest rates of improvement in both high risk behaviour frequency and mental health, compared to other outcomes, as rated by practitioners. Differences between the outcomes reported by the London Vanguards could be due to several factors, such as differences in delivery which are based on local analysis of need (for example, NCL is a clinically led model, SEL is VCSE led and NEL is a community-psychology led support service), data capture and understanding, and warrant further exploration to gain a better understanding of the differences between the ICBs.

The positive outcomes that relate to the children and young people's wider circumstances (e.g., education, employment, housing) are particularly key and relate to sustained change for the individual and system levels. The need to

address these wider outcomes also highlights the need for long term holistic support that the London Vanguards have been providing.

The outcomes from this evaluation are derived from a combination of the KPI data and qualitative enquiry. A balance is being made to allow the reporting of the London Vanguards outcomes nationally, which means that the London Vanguards collect and analyse their own data to assess the support they provide on a local level. As demonstrated in the 'additional outcomes data from the London Vanguards' section, this spans a range of outcome areas, including wider circumstance outcomes and scores from both standardised and bespoke outcome measures. This information is then compiled for national reporting, which means that the national reporting comprises data from several sources compiled into single indicators, which is a pragmatic way for the London Vanguards to report their outcomes in an aggregated way, which should be considered when exploring the national level outcomes.

The findings in this report evidence the unique roles that statutory and VCSE organisations bring to the London Vanguards offer as a whole, with an emphasis on learning from each other. While difficulties in partnership working were identified in early points of the evaluation regarding mobilisation, these challenges had been worked through by the end of the evaluation and effective, co-ordinated delivery is being achieved.

The outcome of a reduction in the impact of violence in the community was identified in the logic model as a longer term outcome. The outcomes and impact in this report were grouped into three main areas: mental health and wellbeing, relationships, and wider circumstances, which directly map onto the Youth Endowment Fund's Outcomes Framework [22], which links violence to societal factors (exploitation, stigma), community (connectedness, provision of activities), school and employment, family and relationships, and individual factors, as demonstrated in an ecosystem.

Further, the short to medium term success of violence reduction programmes for children and young people are often measured via behaviours and attitudes (see, [23]), with longer term outcomes demonstrated in crime statistics over approximately ten years (e.g., [24]). In addition, the London Vanguards in some

ICBs had a focus on prevention and early intervention work, which aligns with the focus of the London Violence Reduction Unit [26] which is on approaches that are rooted in prevention and early intervention, as well as investing in positive opportunities for young people, families and communities. Nevertheless, staff qualitatively described examples of children and young people engaging in less violent behaviour after receiving support, and the positive outcomes demonstrated in the 'offending behaviour' KPI data also speaks to this outcome.

Finally, staff described how children and young people and parents and carers across all focus boroughs are given a voice through the London Vanguards work in a variety of ways such as being part of recruitment, designing and delivering workshops and materials and providing peer support. As a central facet of the London Vanguards offer, the impact of co-production was described in all focus boroughs as enabling the London Vanguards to able to build trusted relationships with the communities they are in, and provide support that better meets the needs of children and young people. The co-production elements of the programme may also be a key legacy of the programme that ensures support continues to be appropriate to the needs of children and young people who need it most.

Moving forward

The evidence in this report suggests that there may be further scope for the reach of the London Vanguards. This includes a focus on girls, the education sector, and widening the thresholds for referrals even further. Previous research in London has also indicated a gap in support for girls affected by violence [25]. However, the London Vanguards support children and young people based on their own analyses of local need and as such they may determine that they are already focused on the groups of children and young people who have the highest levels of need. The willingness of the London Vanguards to collaborate was demonstrated throughout the evaluation and would be a facilitative factor in any further collaboration, or roll out of the Vanguard to new boroughs or for specific groups of focus. However, this will need to be carefully balanced with the reduction of funding for the pilot in the 2025-28 period.

London Vanguards staff discussed the demands and pressures of the wider system as having an unintended impact on their work, which includes the wider system in

parts holding stigmatised views of children and young people who have been involved in the youth justice system. There have been some challenges working within wider systems when trying to embed the unique approach of the London Vanguards that is often not aligned with the London Vanguards ways of working, i.e., a public health, trauma informed approach. Within the wider system, scope was identified to improve the London Vanguards' presence and advertise what they do, which may mitigate this in part. In addition, this links to the considerations given to the scope to widen the offer; there is potential here to explore which elements of the system hold these views and would benefit from closer collaboration with the London Vanguards to affect systems change.

The need for children and young people, particularly those who have experienced trauma, to receive long-term support has been described as being in contrast with short-term funding. The importance of shifting support away from focusing only on previous trauma, towards supporting children through significant current and potential future traumas has been discussed in previous research with young men and boys from Black ethnic groups who are affected by community violence [27]. Evidence from the evaluation demonstrates the impact of the uncertainty surrounding funding, which in turn has an impact on relationship building, which is coupled with the impact on longer-term outcomes associated with violence reduction. A challenge here is of the nature of funding pathways and how commissioning opportunities arise.

However, the London Vanguards also described the wider system as becoming 'fatigued' with short-term funded pilots. It is important for the London Vanguards to explore how to learn effectively from all the programmes in the space, and how to best co-exist. In some focus boroughs, staff and key stakeholders described the London Vanguards as offering something unique in a space where there is a scarcity of support. In other focus boroughs, this was described as a deluge of programmes that it was difficult to sort through and determine where Vanguard fits. The professional advisory group agreed that it is important to understand what opportunities already exist in a local area and to offer something complementary and distinct. The NCL Vanguard has conducted scoping work to explore how their offer can be distinct from the other offers in the space. The SEL Vanguard also shared that their work overlaps with local authority-led services in preventative

work, and that their focus is on understanding what youth offending services already offer, what referral pathways are available, and what else is needed that they can provide. NEL Vanguard described challenges with finding common ground with local authorities regarding what system change approaches can look like. This may be due to the perception of local authorities working in a business-as-usual manner, according to the professional advisory group. The continued scoping work of the London Vanguards, and the suggestions of a model of learning from both the London and national Vanguards should enable programmes to learn from and complement each other.

Links to policy

Approaches like London Vanguards are strategically valuable because they break down silos between health, social care, community, and justice settings, aligning with the mission-led push for cross-department co-operation.

The London Vanguards directly aligns with the NHS England 10 year plan [28], and the UK Labour Government mission [29]. By offering psychological support, family or carer support, and building links between health, social care, community and justice services, the London Vanguards aim to prevent violence and its escalation, which aligns with the 10 year plan aims of focusing on prevention and reducing serious harm and knife crime over time.

Through this evaluation, the London Vanguard have demonstrated how community-based, integrated, prevention-oriented care can work in a complex city context, and the learning can offer real-world lessons in how to reorganise workforce and service delivery to meet the 10 Year Plan's ambitions of workforce redesign, integration, flexibility and new roles. However, scaling up such a transformation across the NHS will require sustained investment in workforce training, IT systems, shared governance, and local ownership.

Further, according to the Labour Government's 2025 NHS mandate [30], there is a strategic shift from hospital-based care to community care, prevention rather than treatment, and integrated services. By focusing upstream on prevention in the community, the London Vanguards can reduce serious violence, helping to relieve some of the burden on policing and the youth justice system, and complementing measures such as more neighbourhood police, with community-based

interventions. This feeds directly into the "Safer Streets" mission. The London Vanguards also fit with broader NHS aims to reduce health inequalities, support young people's mental health, and prevent long-term harm; all of which support a healthier population and a more sustainable healthcare system, and the potential to reduce NHS waiting lists and future costs.

Many vulnerabilities that lead to youth violence, including poverty, social exclusion, marginalisation, and poor mental health are also barriers to opportunity. The Government's missions emphasise opportunity, fairness, and social mobility. By offering support to children and young people, especially those from marginalised communities, the London Vanguards model can help reduce those barriers, giving children and young people a better chance at education, employment and healthier lives. The aim of the London Vanguards model corresponds closely to the ambition of Young Futures Hubs [31], and as such the learning from this evaluation should be considered, including how to ensure children and young people who may not otherwise receive support can be provided with accessible support in the community, through the VCSE's expertise, and the emphasis on co-production, partnership and collaboration. The aim is that the Hubs will be a universal, preventive layer that will enable young people to engage before they reach crisis point, which will complement the London Vanguards, who will additionally offer specialist and accessible support.

Recommendations

The following recommendations were developed based on the evaluation findings and further consultations with our three advisory groups and Peer Power young advisors. Although these recommendations are aimed at different parts of the programme, they are interdependent.

1.1. Recommendations for London Vanguards staff:

- A continued advocacy for, and emphasis on flexible approaches to support, particularly in ways that we have found through the evaluation to be effective for children and young people. For example, meeting children and young people where they are at, and providing responsive, reliable and flexible support.

- In addition to providing direct support to parents and carers where appropriate, parents and carers should additionally be regularly updated and informed about the support that their child receives, where feasible and appropriate.
  - o The parent carer advisory group highlighted the importance of this, as it allows the parent or carer to supplement the support by providing an additional perspective on their child's behaviour.
- Linked to both sustained outcomes and the sustainability of the programme, consider the long term support and networks around the children, young people and their families.
  - o Strong multi-agency links, and especially community partner links, could ensure that long-term support for families can be passed on to them after involvement from London Vanguards. The young people's advisory group suggested that conversations about the support ending could start up to six months before the support ends, to allow time to prepare.
- Consider the most suitable ways of tracking long term outcomes of children and young people who are no longer regularly engaged with the support.
  - o This is likely to be the 'wider circumstances' outcomes and may include tracking their goals, or wellbeing. The young people's advisory groups suggested that this should be a maximum of one page.

1.2. Recommendations for NHS England:

- The continued development of London shared learning events in addition to the national shared learning events, to encourage the transfer of learning and development of cross-London networks. An emphasis on early learning from what support and programmes already exist is important to ensure that support is not duplicated.
- Support the London Vanguards to ensure there is strong and consistent buy-in from senior decision makers, who understand, have belief in and trust in this work.

- o This recommendation comes from our identification of a need for top-down advocacy and investment from senior decision makers.
- Consider further reductions in mandatory KPI reporting fields, particularly fields that did not have varied responses, or are not considered a priority by the London Vanguards.
- Provide clear and consistent guidance and training on completion of the national KPI data set to the London Vanguards.
- Consider providing guidance in relation to systems for KPI reporting that may streamline or assist with data entry across the London Vanguards, such as software that would allow London Vanguards staff to access and modify fields consistently, more easily and could automate the periodic task of collating records.
- Encourage or clarify the use of a single value to be used in all instances when a data field is not considered appropriate, e.g., the 'Z' value, which has not been widely adopted to date.
- Support the London Vanguards in their wider systems work, particularly in the areas identified that are not aligned with the Vanguard ways of working and may not be ready to change.
    - o This support may be in the form of strategic planning, facilitating existing links and networking in the system, as well as facilitating cross-learning from other Vanguards nationally.
- Consider the learning from the London Vanguards in the commissioning of future services, including statutory services, such as CAMHS.
    - o CAMHS and adult mental health services could apply learning from the areas of effective practice as evidenced in this evaluation, e.g., improving access; not excluding patients for using substances, being more flexible in the support offer, providing more outreach, and a wider range of holistic interventions.

1.3. Recommendations for both NHS England and London Vanguards staff:

- Alongside other sustainability considerations (such as training, dedicated staff, and community involvement) long-term consistent funding is required

to deliver the direct work required (for example, youth work and work with VCSE organisations), as recognised by staff as well as parents and carers.

- In any further roll-out of the Vanguard, allocating more time to mobilisation and the crucial work of aligning partner organisations is key. A phased approach is suggested that allows time for working with local teams to understand how mobilisation could work in practice, speaking to senior leads to ensure they are on board, and ensuring the relevant arrangements are in place for an agreed way forward.

- Collaboratively agree on the most feasible and appropriate way to capture and monitor the prevention, consultation and group work, activity and outcomes.

- Continued commitment to ensuring children, young people and parents and carers are supported by staff they can identify with, or who exhibit cultural humility to ensure inequalities that have already been experienced are not compounded.

Conclusion

Overall, the evaluation findings suggest that the London Vanguards are providing bespoke, flexible and holistic psychologically informed support to children and young people who are navigating adversities and social challenges and who may otherwise not be supported. The holistic and whole-being support was appreciated by those who took part in the evaluation, who often described the benefits of focusing on addressing the societal adversities children, young people, parents and carers face which had positively impacted wellbeing and in turn could lead to positive longer term outcomes. This evaluation evidences the ability of the London Vanguards to effectively support children and young people through the development of trusting relationships, which is considered a protective factor for children and young people's involvement in violence through enabling children and young people to feel safe enough through trust, respect, empathy and stability. Further work to affect change in the wider systems to ensure both systemic and sustained change is also evidenced and ongoing. The outcome areas identified in the logic model are evidenced in this evaluation, particularly better access for

children, young people and families from marginalised communities (e.g., those disproportionately impacted by social and structural inequalities such as racism) and improved wellbeing for children, young people, their parents and carers.

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Appendices

Appendix 1: Peer Power consultation report

The report below was compiled by colleagues at Peer Power.

Vanguard Review Participation – September 2025 VRP Session Purpose

On 18th September 2025, the Violence Reduction Partnership (VRP) session was led by colleagues from **Anna Freud's Research and Evaluation Team** as part of their ongoing review of the **Vanguard Programme**. The purpose of the session was to gather young partners' perspectives on the recommendations from the evaluation, particularly around communication with parents and carers, transition planning, and post programme support.

Outcomes and Key Insights

Young partners offered a range of thoughtful and nuanced views, emphasising the importance of choice, clarity, and trust in relationships between professionals, parents, and young people.

Communication with Parents and Carers

Young people expressed mixed feelings about parental involvement. While some recognised the benefits of keeping parents informed and encouraging participation, others highlighted concerns about privacy, safety, and generational misunderstandings.

- There was strong agreement that information-sharing boundaries should be made explicit from the outset.
- Young people emphasised that communication must be individualised, taking into account family dynamics and potential risks.
- While parents providing context about home life was viewed as valuable, young people cautioned that this insight should not "cloud professional judgement."

Transition and Post-Programme Support

Participants viewed the endings of support as particularly challenging and recommended proactive, structured transition planning.

- They suggested that all young people should receive clear notice when support is changing or ending, alongside a pathway or information pack outlining next steps and available services.
- There was strong endorsement for continued signposting and reassurance that young people could return for help in the future.

Community and Ongoing Support Networks

Young people supported the idea of connecting to community-based services after Vanguard participation, including youth clubs, charities, faith groups, and other local organisations.

- They valued the notion of "providing roots" and creating continuity through community connections.
- Emphasis was placed on ensuring that post-Vanguard support is tailored to individual needs and preferences, rather than one-size-fits-all.

Summary

Overall, young partners demonstrated a sophisticated understanding of the balance between safety, communication, and autonomy. Their feedback reinforced the need for:

- Transparent communication between professionals, young people, and parents/carers.
- Early and structured planning for programme endings.
- Meaningful signposting to accessible, youth-friendly community support networks.

This insight will feed directly into Anna Freud's evaluation and help ensure the Vanguard model remains responsive, relational, and young person centred.

Appendix 2: further information on analysis of the KPI dataset

A2.1. Our approach to statistical disclosure control

Statistical disclosure control is the practice of amending or suppressing small quantities in statistics to avoid publishing data that identifies individuals [32]. In compiling the quantitative analysis for this report, principles-based statistical disclosure control was applied: our main objectives were to avoid publishing sensitive information about identifiable individuals and to preserve data quality and clarity of presentation.

As such, in instances where publication of small quantities was not judged to be likely to lead to identification of individuals, these were either included as such, or suppressed without suppressing other quantities to ensure they could not be deduced. In the few instances where we identified a risk of publishing sensitive information on identifiable individuals, categories were grouped or counts of several categories were suppressed to ensure true disclosure control.

A2.2: Key of KPI data groupings

Table 3 lists for each ICB the number of referrals from several sources. As there was a large number of sources in the data with few referrals associated, sources were grouped for clarity of presentation. The grouping took place as follows:

Original value in KPI dataset	Grouped value	Total count across ICBs
D02 Education Services	Education services	90
D09 Justice Youth Offending Team	Justice services	73
D08 Justice Probation Service	Justice services	35
D06 Justice Liaison and Diversion Service	Justice services	14
D07 Justice Police	Justice services	12
D05 Justice Courts	Justice services	9
D10 Local Authority	Local authority	298
D11 NHS Mental Health Care	NHS	77
D12 NHS Primary Health Care	NHS	10
D14 Hospital	NHS	5
D13 A and E	NHS	3
D17 School Nurse	Other	1
D03 Housing Services	Other	15
D20 Victim and witness care services	Other	8
D04 Independent Health Care	Other	1
D16 Peer referral	Peer or family referral	79
D15 Parent or carer or relative	Peer or family referral	38
D18 Self-referral	Self-referral	86
D19 Social Services	Social services	448
D21 Voluntary Sector	Voluntary sector	98
D22 Youth Services	Youth services	65
Z97 Other	Not recorded	30
Z98 Not stated	Not recorded	9
Z99 Not known or recorded	Not recorded	3
No value	Not recorded	2

Table 15: First known accommodation status for accepted referrals lists first known accommodation status for accepted referrals within each ICB. Values in this

column were grouped for clarity of presentation. The grouping took place as follows:

Original value in KPI dataset	Grouped value	Total count across ICBs
T03 Childrens home Local Authority	Children's home	19
T04 Childrens home Private Sector	Children's home	3
T27 Secure Childrens Home	Children's home	1
T06 Homeless	Homeless	35
T07 Homeless at home due to safety risk	Homeless	14
T18 Night shelter or emergency hostel	Homeless	1
T21 Sofa surfing	Homeless	11
T08 Hostel	Hostel	11
T02 Bail or probation hostel	In state custody	9
T09 Immigration Removal Centre	In state custody	1
T29 Young Offender Institution	In state custody	1
T31 Prison	In state custody	39
T11 Living independently	Living independently	49
T12 Living with foster carers	Living with non-parent carers	21
T14 Living with other family members	Living with non-parent carers	67
T15 Living with parents	Living with parents	705
T05 Emergency Local Authority accommodation	Emergency or temporary local authority accommodation	10
T25 Temporary Local Authority accommodation	Emergency or temporary local authority accommodation	44
Z99 Not known or recorded	Not recorded	17
NA	Not recorded	32
Z98 Not stated	Not recorded	7
T01 Healthcare residential facility	Other	1
T16 Missing from home	Other	3

Z97 Other	Other	13
T13 Living with friends	Other	2
T24 Supported accommodation with staff	Supported accommodation	55

A2.3. A note on KPI data from North East London

Further context for the Newham data analysis, specifically pertaining to the period April 2022 – April 2023 is provided below.

KPI data analysed from April 2022 to April 2023 pertained to Your Choice delivery. Your Choice is a CBT informed intervention that supports young people from 11-17 years for up to 20 weeks, which differs significantly from Vanguard. All referrals during this time period were only through the local authority, via a MASH referral. There was no Clinical Psychology input or overview from April 2022 - April 2023. The Clinical Lead and Operational Lead (both ELFT clinicians) were appointed in August-September 2022. The Clinical and Operational Leads then undertook a period of service re-design to re-align Vanguard delivery in Newham to the CMSVRP model. The Clinical and Operational Leads took over clinical responsibility and service delivery from April 2023. Referrals from 1st April 2023 could be made directly to what is now known as the New WAY team and referrals were accepted from everyone (professionals, Self, peer, family, VCFS, etc. etc) – increasing accessibility and responding to the needs of those aged 18-25.

KPI data from Waltham Forest data primarily pertains to referrals that were already open to MASH, and does not include children and young people who engaged through Streetbase (the peer-to-peer engagement outreach service) and Project Zero (VCSE partner).

Appendix 3: further findings from the quantitative and qualitative data to support the evaluation questions

The following information, organised into the evaluation questions headings, is analysis that is aligned to the relevant evaluation questions but may not answer them directly.

A3.1. Findings to support EQ2: Are the London Vanguards focused on addressing inequalities for marginalised groups?

Detailed quantitative findings on young people's previous and current interaction with the care system, the (youth) justice system, the housing system, and the education system
Table 10: Looked after status of accepted referrals

11Table 12: Child Protection Plan / Child in Need Plan status of accepted

ICB	Accepted referrals	Looked after		Not looked after		No, but previously looked after		Not recorded	
		n	%	n	%	n	%	n	%
NCL	438	57	13	227	52	48	11	106	24
NEL	319	17	5	267	84	11	3	24	8
SEL	414	63	15	311	75	20	5	20	5

referrals

13

Child Protection Plan / Child in Need Plan status	NCL		NEL		SEL	
	n	%	n	%	n	%
Has never been under a CiNP or CPP	137	31	167	52	194	47
Is currently under a CPP	28	6	24	8	88	21
Was previously under a CPP	52	12	16	5	39	9
Never under CPP but currently under CiNP	20	5	67	21	27	7
Never under CPP but previously under CiNP	19	4	3	1	5	1
Previously under CPP and currently under CiNP	5	1	3	1	<3	<1
Not recorded	177	40	39	12	59	14
Total	438	100	319	100	414	100

Table 14: Current or previous contact with the police and the Youth Offending Team for accepted referrals

Current or previous contact with...	NCL		NEL		SEL	
	n	%	n	%	n	%
Both Police and YOT	220	50	63	20	123	30
Police but not YOT	61	14	108	34	87	21
Police, value for YOT not recorded	55	13	39	12	23	6
Neither	59	13	101	32	136	33
Both values not recorded	133	30	215	67	31	7
Other combinations	11	3	19	6	25	6
Total	438	100	319	100	414	100

Table 15: First known accommodation status for accepted referrals

First known accommodation status	NCL		NEL		SEL	
	n	%	n	%	n	%
Children's home	4	1	7	2	12	3
Emergency or temporary local authority accommodation	37	8	7	2	10	2
Homeless	54	12	2	1	5	1
Hostel	11	3	0	0	0	0
In state custody	43	10	2	1	5	1
Living independently	35	8	2	1	12	3
Living with non-parent carers	26	6	19	6	43	10
Living with parents	176	40	273	86	256	62
Supported accommodation	29	7	0	0	26	6
Other	8	2	3	1	8	2
Not recorded	15	3	4	1	37	9
Total	438	100	319	100	414	100

Table 16: Education status for accepted referrals

Education status	NCL		NEL		SEL	
	n	%	n	%	n	%
School/College	73	17	204	64	187	45
Not in employment, education, or training	235	54	50	16	110	27
Apprenticeship	11	3	2	1	2	0
Alternative education provision	21	5	34	11	41	10
Home educated	1	0	1	0	17	4
Other[9]	36	8	11	3	28	7
Not recorded	61	14	17	5	29	7
Total	438	100	319	100	414	100

Table 17: Exclusion status for accepted referrals

Exclusion status	NCL		NEL		SEL	
	n	%	n	%	n	%
Not excluded	76	17	143	45	169	41
Not excluded but previously excluded	84	19	14	4	45	11
Subject to permanent exclusion	27	6	24	8	32	8
Subject to fixed term exclusion	13	3	11	3	22	5
Missing from school	4	1	12	4	24	6
Not recorded	234	53	115	36	122	29
Total	438	100	319	100	414	100

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[9] Alongside "Z97 Other", the category "Other" includes values of "U08 Special school", "U07 Private tutoring", and "U03 Extended School Non Attendance", as each of these values had 10 or fewer cases across the ICB.

The importance of children and young people being supported by people with whom they can identify

Children, young people and parents and carers described the importance of receiving support from people with similar lived experiences, to enable children and young people to feel understood, for example: "they've witnessed the same things that I've seen" (Young person, Southwark) and "he's been through some of the same experiences as me. So, he can relate" (Young person, Islington).

Crucially, children and young people described these shared lived experiences as a meaningful grounding for honest and trusting relationships, within which the child or young person can be open and not feel as though they need to hold back: "It's more relatable. You can talk more [...] you don't have to lie and cover things up" (Young person, Newham). The importance of children and young people being supported by people with whom they can identify was also discussed in the key learning report (February 2024).

Key stakeholders described the facilitative nature of the London Vanguards being able to meet children and young people's needs in being supported by someone they can identify with, and the potential disengagement that would be likely to happen if that was not possible, for example,

> "[Young person] only has positive things to say about the support he's receiving because they respected his view, he did ask for a Black male, [...] which was why [staff name] was assigned to work with him. [...] if they've not been able to identify a Black, male therapist support for him, then he [...] would probably just give up and say he's not interested because I do have many young people who have declined support from some services.''
> (Key stakeholder, Southwark)

Alongside this, cultural humility is also a key element of the support that was discussed by key stakeholders throughout the evaluation. This was mirrored by children, young people and parents and carers, who described initial reservations about receiving support from Vanguards who do not share the same race, gender or cultural background, but praised the openness of the London Vanguards, to mitigate this:

"[She] really listens because, I think, my son was always quite worried that, with (name) coming from an English background, how would she ever really understand what it's like for a young, black male growing up in the UK, growing up in London? But (name) is very, very open" (Parent or Carer, Islington).

Building on this openness and sharing between the London Vanguards and children and young people, parents and carers also described the London Vanguards as researching belief systems, cultures and backgrounds of the children and young people they support, to enable them to have a better understanding of the children and young people's world views and experiences. For example:

"Elevate [Islington Vanguard] still tries to be open to that and understand that there are going to be some religious aspects of someone's life that can shape what they think [...] I do feel that they've actually researched, and they've actually spoken to the young people so that they get it right" (Parent or Carer, Islington).

Working within the wider system

In 2024, London Vanguards staff discussed the demands and pressures of the wider system as having an unintended impact on their work; for example, external providers in busy teams neglecting to update the London Vanguards staff regularly. In Enfield, the London Vanguards described the system as a 'lottery' in terms of how helpful other organisations will be in supporting a child or young person. The London Vanguards reported that the wider system may hold a stigmatised view of the child or young person due to their involvement in the youth justice system, which may impact the support that the child or young person receives:

"There's the victimisation lottery, where whether you're treated as a victim and somebody deserving of support or whether you're treated as a culpable criminal is not down to objective factors at all [...] this means that sometimes we're working in absolute harmony with the other agencies we work with, and sometimes, we do bash heads a bit because they think somebody should be put through the criminal justice system." (Staff, Enfield)

In 2025, one staff member interviewed for a second time reflected that while staff roles within the Vanguard differed to the position of a social worker or a youth justice worker, which enabled them to form a good relationship with the person they were helping, it led to tensions in the system:

> "I think my position, as somebody who comes in in a non-statutory role, who does set goals but the therapeutic goals… they're not, again, statutory goals… meant that I was able to form a different kind of relationship [with the mother]. But that also put me in a bit of an ostracised position with the rest of the system who do have particular goals that they're trying to meet." (Staff, Newham)

A challenge highlighted in working within the education sector was that some institutions were described as being set in their way of working, for example working with a one size fits all rule which contrasted with the flexible and open approach that the Vanguard teams adopted. One unique challenge highlighted by a staff member in Southwark was around schools viewing one of their partner charities more favourably, as compared to the other. The staff member speculated that perhaps mainstream schools were anxious about working with their charity partner's team members who had lived experience of the criminal justice system:

> "One of our charities is a… they're very much modelled on activity-based, sport-based engagement, which I think is more palatable to schools. The other provider is very lived experience led, if you like. […] And then, I think, mainstream schools are… depending on the school… I know they all have different approaches. But some of the schools can be a bit reluctant to have people with known lived experience of criminal justice come in and engage with a mainstream group of young people." (Staff, Southwark)

Additional data on who was supported

The information below was provided by the London Vanguards in Summer 2025 and details their own local analyses. As one would expect, the additional local analysis submitted by Vanguards on the needs, experiences, and identities of the children and young people supported appeared to match our findings from the KPI dataset. Two smaller partners from SEL were the Palace for Life Foundation's Football Coaching and Mental Health initiative in Bromley, which submitted data on 21

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children and young people, and the New WAY programme in Newham, which submitted data on 36 children and young people: at both of these partners, most of the children and young people supported had a Black ethnic background.

Additional indirect support delivered in Camden by session type is detailed in the table below, along with a summary of the narrative feedback about the support provided.

Table 18: Counts of indirect support delivered in Camden by session type

Service offered	Number of sessions completed
Advice and guidance	324
Clinical supervision	170
Consultations	990
Reflective practice	76
Trauma-informed training	17
Total	1,574

Table 19: Counts of indirect support delivered in Camden by audience

Organisation Type	Number of sessions completed
Third Sector Service Providers	629
Adult community mental health services	172
Council Adult services	106
Police & Justice System	152
Council Young People's Services	186
Providers of social care and support	115
Children and Young People's Mental Health Services	91
Education services	39
Mixed organisation type MDT	37
Legal Advice Charity	28
Safeguarding services	11
Primary Care	10
Forensic mental health providers	3
Other	9
Total	1588

For 21 attendees to these sessions, the feedback collected was shared with us. Attendees were asked to rate their agreement with several positive statements about the support received, focused on increased confidence in their work, acquisition of new skills, and impact on service user outcomes. Mean scores were at least 7/10 for all items, with the highest ratings for items surrounding new ideas and skills, and feeling able to do one's job effectively.

In SEL, the Vanguard clinical team delivered various bespoke trainings for frontline workers in relevant psychological theories and approaches. These included a session on trauma informed practice for civic leaders within Southwark, delivered in partnership with the Active Communities Network, which had 25 attendees. Another training on mental health and exploitation for Vanguard case workers and CAMHS practitioners was delivered twice by an expert by experience, to a total of 19 attendees.

In addition, South London and Maudsley NHS Trust and the Centre for Child and Parent Support partnered to deliver workforce development within the Family Partnership Model (FPM) to all SEL Vanguard partners. A total of 15 practitioners across received four or five-session foundational FPM training courses, 8 participants received three-session practitioner supervision training, and 4 participants received train-the-trainer courses, which were implemented for sustainability.

Across SEL, the secondary support was received well, with attendees describing the content as useful and leaders from the partners that sent attendees noting an improvement in job planning and satisfaction.

A3.2. Findings to support EQ3: What length and type of support was provided by the London Vanguards?

Detailed quantitative findings on the support provided

Practitioners used several columns in the KPI dataset to indicate different types of support provided to children and young people, as well as their parents and carers. In practice, it was rarely the case that a parent or carer received a certain kind of support without their child receiving the same kind of support. In the below three tables, we show the number of cases receiving each kind of support.

Table 20: Advice and consultation interventions by ICB for accepted referrals

	NCL		NEL		SEL	
	n	%	n	%	n	%
Both CYP and P/C	128	29	180	56	144	35
CYP only[10]	221	50	22	7	58	14
Neither[11]	41	9	36	11	170	41
Other	15	3	14	4	8	2
Both not recorded	33	8	67	21	34	8
Total	438	100	319	100	414	100

Table 21: Relational or safety interventions by ICB for accepted referrals

	NCL		NEL		SEL	
	n	%	n	%	n	%
Both CYP and P/C	78	18	180	56	144	35
CYP only[12]	257	59	37	12	64	15
Neither[13]	55	13	49	15	150	36
Other	9	2	1	0	2	0
Both not recorded	39	9	83	26	87	21
Total	438	100	319	100	414	100

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[10] Includes cases where the CYP value was "Y" and the P/C value was missing.
[11] Includes cases where the CYP value was "N" and the P/C value was missing.
[12] Includes cases where the CYP value was "Y" and the P/C value was missing.
[13] Includes cases where the CYP value was "N" and the P/C value was missing.

Table 22: Direct therapy interventions by ICB for accepted referrals

	NCL		NEL		SEL	
	n	%	n	%	n	%
Both CYP and P/C	38	9	134	42	36	9
CYP only[14]	225	51	18	6	52	13
Neither[15]	100	23	90	28	231	56
Other	10	2	1	0	8	2
Both not recorded	65	15	76	24	87	21
Total	438	100	319	100	414	100

Practitioners also indicated whether a psychologically informed formulation was employed and whether a care plan based on this was implemented.

Table 23: Psychologically informed formulations and formulation based care plans by ICB for accepted referrals

	NCL		NEL		SEL	
	n	%	n	%	n	%
Formulation and Care Plan	360	82	196	61	105	25
Formulation but no Care Plan[16]	34	8	16	5	18	4
Neither[17]	13	3	35	11	235	57
Other	2	0	4	1	17	4
Both not recorded	29	7	68	21	39	9
Total	438	100	319	100	414	100

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[14] Includes cases where the CYP value was "Y" and the P/C value was missing.
[15] Includes cases where the CYP value was "N" and the P/C value was missing.
[16] Includes cases where the formulation value was "Y" and the care plan value was missing.
[17] Includes cases where the formulation value was "N" and the care plan value was missing.

Additional information on the support provided by the London Vanguards

Below we have summarised the descriptions of support provided by the London Vanguards that were shared with us along with their local analyses. See the programme descriptions in the section Background for information on the services delivered by Vanguard services themselves.

In Bromley, the Palace for Life Foundation offered football coaching with an additional focus on emotional wellbeing and pathways into employment and training. In Greenwich and Bexley, The Charton Athletics Football Club delivered group mentoring within school settings with a focus on early intervention and prevention, as well as a mobile outreach programme that met young people wherever they were after school.

A3.3. Findings to support EQ4: Was genuine co-production part of the development of the support offer?

Impact of co-production

The London Vanguards said that co-production helped them understand and respond to the needs of the community, and connect with the community by involving them in their work. This was described as having led to the formation of trusted relationships between the London Vanguards and the community. The London Vanguards said that listening to children and young people's voices and expertise has upskilled them in areas they previously had little knowledge of. Co-production work was also described by staff as providing children and young people with a platform for their voices to be heard, and which in turn influences the Vanguard work. It can be empowering for children and young people to be given ownership and trust in this manner. Further, staff said that children and young people's involvement in co-production is beneficial to them to gain not only work experience but also to be paid the London living wage for their involvement.

Staff also described the importance of acknowledging the parents' and carers' as well as children and young people's time that they give to co-production efforts. A

staff member recalled how a parent was surprised to learn that their opinion mattered to the London Vanguards staff; there was hence an emphasis on recognising and appreciating the difference that the voice of children, young people, and parents and carers makes in their work.

In instances when the children and young people co-produced materials for the London Vanguards, the London Vanguards highlighted how this is a small way of passing on ownership to the young person and demonstrating that the staff trust them enough to hold this responsibility. This increased responsibility can be a source of confidence for children and young people, as shared by staff in 2025. These co-production experiences may also provide opportunities for young people to self-reflect:

> "We design our Vanguard posters for services. I tend to go, get the young people to do drafts for us. And again, it's not that, there's the collaborate element of it, but it's not that to say I've got young people designing, it's self-learning, because they've got to start thinking, 'Well, what do I write on there?' If I'm writing mental health, we're going to ask you, 'What does that mean for you?' And 'Why have you decided to do it this way for us?'" (Staff, Southwark)

The London Vanguards' emphasis on ensuring that parents, carers and children and young people's voices are heard was described by the key stakeholders in all focus boroughs. Key stakeholders in Islington and Newham said that the London Vanguards have worked in a genuine way to ensure the work is informed by what they have heard from parents and carers as well as children and young people, giving examples of parents and carers benefitting from others' lived experiences through participation work, that would not be possible otherwise (Islington). Additionally, in 2025, when interviewed for the second time, a Newham key stakeholder described co-production as the Vanguard legacy, which would continue through their co-production group:

> "The co-production group is a really helpful legacy as well, and what it is that Vanguard wanted to do. The fact that you've got a group of parents that can do for themselves, and can also help others. So, even if funding

goes, because as we know, funding comes and goes, that there is a legacy piece there as well." (Key stakeholder, Newham)

The impact of co-production on parents and carers was also described as positive by members of Newham's co-production group, whereby they felt a sense of pride in having a central role in renaming the service, e.g.,

"So, for me, I think that is a good impact for me as a person, I feel so proud, being part of that team. […] So, yeah, there is a lot of positives for me." (Parent or carer, Newham).

Beyond naming the service, members of the group appreciated the opportunity of having a say in the appointment of a Newham practitioner, who they felt was the best fit for the children and young people in their community. The group shared the importance of providing parents and carers with a "seat at the table", to ensure that services can keep developing and improving with parent and carer input.

Co-production and sharing formulation based care plans

In the KPI dataset, practitioners reported whether formulation based care plans, were in use, and whether they were co-produced and shared with children and young people. Most formulation based care plans were co-produced and shared, as the table below shows.

Table 24: Co-production and sharing of formulation based care plan for those with a plan, by ICB

Plan	NCL		NEL		SEL	
	n	%	n	%	n	%
Plan co-produced and shared	272	75	169	85	90	76
Plan co-produced but not shared[18]	48	13	5	3	16	14
Neither[19]	20	6	8	4	10	8
Other	10	3	15	8	2	2

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[18] Includes cases where the co-production value was "Y" and the shared value was missing.
[19] Includes cases where the co-production value was "N" and the shared value was missing.

Both not recorded	12	3	3	2	0	0
Total	**362**	**100**	**200**	**102**	**118**	**100**

A3.5. Findings to support EQ6: What were the experiences and outcomes of children, young people, parents and carers supported by the London Vanguards?

Goal progress by intervention type and case status

Practitioner rated scores on goal tools indicated the extent of progress made. The goal ratings correspond to the following outcomes:

Score	Goal progress description
1	No progress or no goals met
2	Little progress or at least one goal met
3	Some progress or some goals met
4	Significant progress or many goals met
5	All goals met

There was also a score of 0 indicating a goals tool had not been used – these scores have been treated as missing.

The tables below display the mean goal progress scores among cases receiving the three interventions that were offered to both children and young people and their parents and carers: advice and consultation, relational or safety interventions, and specific direct therapy. Counts, mean scores, and missingness are shown separately for cases where only a child or young person received the support, and for cases where both a child or young person and their parent or carer received the support. Note that these three types of intervention were not mutually exclusive, so the three tables show overlapping sets of children and young people.

Children and young people who received these three types of support were rated as having similar rates of progress on their goals. From the available data, it appears that children and young people whose parents and carers also received support were reported to have made slightly higher rates of progress towards their goals.

Note: the differences between groups is small, and our understanding of practitioner-reported improvement is limited, and these findings should be interpreted with caution. There may be differences across the ICBs in interpretation of the data fields and the way they have been completed, for example, recording "No" when the outcome was not relevant as well as when the outcome was not seen, which has caused a bias in the data presented here.

Table 25: Mean group goal progress scores, and missingness for advice and consultation interventions among closed cases

ICB	Support provided to		Mean group goal progress score		Proportion of missing scores	
	CYP only	CYP and P/C	CYP only	CYP and P/C	CYP only	CYP and P/C
NCL	147	60	2.79	2.93	52%	55%
NEL	12	163	3.00	3.50	75%	31%
SEL	46	74	2.21	2.77	39%	36%

Table 26: Mean group goal progress scores, and missingness for relational or safety interventions among closed cases

ICB	Support provided to		Mean group goal progress score		Proportion of missing scores	
	CYP only	CYP and P/C	CYP only	CYP and P/C	CYP only	CYP and P/C
NCL	162	30	2.83	3.12	53%	43%
NEL	22	134	2.89	3.65	59%	28%
SEL	50	49	2.55	2.70	42%	33%

Table 27: Mean group goal progress scores, and missingness for specific direct therapy interventions among closed cases

ICB	Support provided to		Mean group goal progress score		Proportion of missing scores	
	CYP only	CYP and P/C	CYP only	CYP and P/C	CYP only	CYP and P/C
NCL	116	10	2.95	3.50	48%	80%
NEL	5*	128	4.50	3.69	20%	26%
SEL	32	17	2.48	3.55	34%	35%

*We advise caution in drawing conclusions on this data due to the small number included

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We also include here the progress scores for open and closed cases, where these were available. Goal progress scores for open cases was similar to goal progress for closed cases in all three ICBs.

Table 28: Mean goal progress scores and missingness by case status and ICB

ICB	Numbers of cases with this status		Mean group goal progress score		Proportion of missing scores	
	Open	Closed	Open	Closed	Open	Closed
NCL	192	246	2.84	2.84	52%	59%
NEL	61	258	2.86	3.43	89%	53%
SEL	130	284	2.35	2.45	36%	45%

Additional outcomes data from the London Vanguards

Aside from the outcomes data collected centrally in the KPI dataset, several Vanguards shared their own approach to outcome measurement and data points through their own local analyses. Note we did not see or analyse the datasets that the following statistics are taken from: all analyses was conducted by the London Vanguards.

In Bromley, 18 of the 20 participants in the first cohort of the Palace for Life Foundation's Street Soccer initiative completed the 10-week programme with a Level 1 coaching qualification from the FA, three participants took on new volunteering placements at football clubs, and one participant secured a full time job.

In Newham, New WAY designed a bespoke outcome tool based on Goal Based Outcomes, informed by the support that children, young people, and families asked for. Children and young people were given the option to select the goal domains they'd like to prioritise, with the most selected options being 'Emotional Wellbeing', 'Education/Employment', 'Family Support', 'Housing', and 'Physical Health'. For all domains, at least 50% of children and young people who had selected this domain reported an improvement, with 67% of goals seeing an improvement overall.

In Haringey, a variety of measures was used to measure young people's progress. A sample of 29 out of 166 supported young people was selected and analysed by London Vanguards staff: these were selected to represent a cross section of ages, presentations and support needs. Young people showed significant improvements on the clinician-rated Health of the Nation Outcome Scales (HoNOS/HoNOSCA) and Threshold Assessment Grid (TAG) measures (effect sizes 0.86 and 0.91 respectively), please note: instead of the first measurement, each young person's baseline score was taken to be the most severe among the first three measurements taken. Several self-rated outcome measures were also used: on Goal Based Outcomes, 28% of goals improved significantly, and on the Brief INSPIRE tool, where children and young people rate the support received and a score of 0-100 is calculated, the median score was 80.

In Enfield, similar data was collated on a sample of 35 out of 122 young people supported, selected as those accessing the most intensive support due to the level of risk and complexity. At 6-12 months of support, 23 out of 32 paired TAG scores showed a reduction of more than 3 points, indicating substantial improvement: the average decrease was 3.6 points. Outcomes continued to improve when measured for a third time at 12-24 months within a smaller sample, with an average decrease of 5.9 points. Practitioners rated young people on the STABILITY Score, a bespoke practitioner-rated measure of life stability including items such as housing, immigration status, and finances, as well as the HoNOS measure. Both showed a similar pattern of progressive improvement.

Discharges and onwards referrals

Information about discharges and onward referrals was recorded in the KPI dataset in a variety of ways. Firstly, in some cases, practitioners completed a column titled 'Reason for transition or discharge' once a case was closed.

Table 29: Inferred discharge reason among closed cases

Inferred Discharge Reason	NCL		NEL		SEL	
	n	%	n	%	n	%
Referral Or Intervention Concluded	114	46	121	47	77	27
Withdrawal From Engagement	62	25	22	9	79	28
Referred To Another Service	32	13	22	9	48	17
Out Of Area Placement	11	4	8	3	9	3
Remanded To Custody[20]	17	7	0	0	1	0
Other[21]	5	2	43	17	22	8
Not Recorded	5	2	42	16	48	17
Total	246	100	258	100	284	100

For some of the children and young who were discharged because of referral to another service, practitioners used the column "Write in reason for transition or discharge" to record information about the other service the young person was discharged to. These values have been grouped and summarised below:

Table 30: Referrals to other services

Service	Count
CAMHS	3
MASH	3
Mentoring	3
Secure Estate / Youth Justice System	5
Social care	11
Vanguard	7
Your Choice	2
Other service	9
No value recorded	57

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[20] Includes values of "N05 Remanded to Custody Cypse" and "N06 Remanded to Custody Prison".
[21] Includes values of "Z97 Other" and "N07 Supported by Social Prescribing Activities".

Finally, practitioners completed two columns titled 'Onward referrals (child/young person)' and 'Onward referrals (parent/carers)' with a 'Y' or 'N' value. These values are combined and summarised in the table below.

Table 31: Onward referrals for children, young people and parents and carers in each ICB

Onward referrals	NCL		NEL		SEL	
	n	%	n	%	n	%
Both CYP and P/C	32	7	55	17	22	5
CYP only[22]	146	33	62	19	72	17
Neither[23]	176	40	89	28	207	50
Other	21	5	20	6	12	3
Missing	63	14	93	29	101	24
Total	438	100	319	100	414	100

[22] Includes cases where the CYP value was "Y" and the P/C value was missing.
[23] Includes cases where the CYP value was "N" and the P/C value was missing.

Appendix 4: illustrative case studies

Case studies were written by the London Vanguards and submitted to NHS England as part of the annual review process. Each one, selected by the evaluation team, is illustrative of the support provided and observed outcomes.

Case study A (Enfield)

One setting provides long-term placements for students with significant difficulties and short-term placements for those needing respite from mainstream schools.

The Vanguard contacted the headteacher to discuss potential collaboration. The mentors request support in managing pupils' behaviour.

In the context of this work, intervening at the inter-action level aimed to bring about changes in how mentors interacted with pupils (i.e. their responses to pupils' behaviour), which could open space for change across other levels of context.

The trauma training was conducted on an inset day, lasted two hours and aimed to help mentors view students' behaviour through a trauma lens, fostering a different relationship characterised by understanding behaviour functions. Psychoeducation on trauma and trauma-informed practice was provided.

At the end of the training, mentors provided positive feedback, expressing reassurance that they were already implementing effective strategies.

Case study B (Newham)

15-year-old female whose parents raised concerns about her mental health and presentation; her mother stated she observed cuts to her wrists indicating self-harm and worried she was using cannabis. Emerging concerns around exploitation and online grooming; it's unclear who she is talking to online and there have been two missing episodes where she was returned home or to her cousin's house.

Following intensive therapeutic mentoring, parent mediation meetings and family therapy meetings, her confidence has now been restored, her latest parents' evening went really well, and her grades improved.

Case study C (Southwark)

16-year-old male. He lives with his parent and three siblings. From an early age he has been exposed to gang culture and drug abuse with him being at an elevated risk of not just indulging and experimenting with drugs, but also using drugs as a source of income. There are issues around trauma, the family environment, and influences within the family and local area that dates back even prior to his birth.

He was referred internally through a delivery partner of our organisation. The concerns were him having a lack of positive role models as well as concerns surrounding criminal activity i.e., dealing drugs.

He has been a constant participant of weekly youth-hub drop-in sessions. This engagement it has allowed us to build on our relationship and trust with him.

Initially, he would not share information on personal issues, but now he is very vocal and shares experiences. This shows that the relationship and trust has been built over time and secondly, we have a greater scope as a support network to support him in the best way possible.

> **Case study D (Islington)**
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> A young male was referred to Elevate via social care, following concerns regarding his mental and physical wellbeing due to being victim of several serious incidents within the community. He experienced physical harm and exploitation, and was a victim of peer assaults. He has now been assessed and awaiting diagnosis for ASD and ADHD.
>
> It was agreed that he would have a choice to meet with the Vanguard again if he would like to, and that he was able to stop sessions at any time. This was vital as it enabled him to feel empowered in decision making and also reinforcing that his voice is heard.
>
> He said that he would like for professionals to remain in communication with one another so that they were all aware of what was going on for him.
>
> He continues to engage in support and often expresses wanting more for himself and out of his life, despite the traumatic events he has experienced. He also now attends tutoring sessions and has been accepted to study at college.
>
> He has been open to trying new activities in relation to supporting positive overall wellbeing.

In 2024/25 the template for the case studies changed to enable the London Vanguards to standardise their reporting nationally. The following case studies reflect that, and include further granular detail reflective of the support provided, and outcomes seen.

Case study E (NEL)

Male, age 23, Asian or Asian British, not in education, employment or training.

Supported for 6-9 months.

Background Information: Young person (YP) has extended history of being criminally exploited and interacting with the criminal justice system, alongside voluntary admissions into local mental health services. YP referred from pan-London exploitation support service, following change of address which reduced the imminent physical risk of exploitation and violence. The referral outlined possible communication/learning differences, alongside emotional dysregulation concerns with no additional evidence to confirm what the young person's support needs profile was. YP also known to Home Treatment Team and local adult community mental health service. YP requested support with mental health, housing and forward planning.

Emotional dysregulation, social needs, exposure to criminal/sexual exploitation.

Young person was presenting with social isolation, emotional dysregulation, hypervigilance, hyperarousal, mild paranoia, some passive suicidal ideation. Flashbacks and reliving of previous traumatic incidents. He was very isolated and was not leaving the house. He had difficulty keeping up with his basic needs e.g. cleaning home and preparing food, however shortly after the intervention began, he married his long term partner who supported with his basic needs.

Facilitated/contributed to shared formulation, advice/consultation for other practitioners, practical advice and signposting,

YP reported feeling overwhelmed by multiple services contacting him via letter and phone but not providing clarity on how he could access support that worked for him and his wife. New WAY practitioners organised an inter-service meeting to map support and input from other open referrals, also developed and shared formulation. This enabled broader system understanding of New WAY's remit and reduced duplication of support e.g. community mental health offering medication support vs home treatment team offering daily phone check ins.

Relationships building, safety planning, 1:1 therapy, advocacy, practical advice and signposting for young person, relationship building, advocacy, practical advice and signposting for family/carers.

Outcomes:

Emotional wellbeing: YP requested a space to discuss experiences of trauma and exploitation and learn skills to help them manage their emotions.

What has changed: YP has an understanding of strategies that can support them during moments of dysregulation, and understands what might cause increased dysregulation through psychoeducation around PTSD. Their family have been able to better support them in moments of dysregulation and are noticing less periods of emotional dysregulation. YP is also able to share more accurately their experiences of trauma and exploitation with professionals and manage their dysregulation during those conversations.

Housing: YP requested support with navigating housing system and advocacy support due to impact on living arrangement on mental health and overcrowding concerns due to him expecting a child with his partner. **What has changed:** Practitioner liaised with housing services and highlighted YP mental health needs and how current housing impacted this. Family are currently awaiting housing assessment.

Criminal Justice System: YP requested support and advocacy to navigate the criminal justice system. Specifically relate to crimes committed whilst he was the victim of criminal exploitation. **What has changed:** Psychologically informed letter written by psychologist to outline the effect of criminal exploitation and subsequent mental health impacts for court appearances. Also, in person support for court appearances per YP's request. This enabled the YP to engage with court processes and manage their emotional regulation in a way that worked well for them. They have been able to understand processes better and make quicker steps towards a resolution.

Speech, language & communication: YP and network requested support to understand communication profile and understand SLC skills in relation to broader mental health and wellbeing. **What has changed:** The YP now understands where communication break downs might happen for then and is starting to understand

more about the reasons why, specifically linked to their emotional regulation. They are able to share this understanding with their partner and use strategies introduced to reduce moments of escalation which can lead to communication breakdown.

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Case study F (NCL)

Male

YP had been referred to the Local Authority Integrated Gangs Unit following an arrest. He shared with his caseworker that he had been feeling anxious and was worried about being out in the community. YP had also sustained an injury at the time of his arrest which was impacting on his mobility, this further contributed to his anxiety when out of his home and the resulting limitations had a significant impact on his mood. YP's caseworker suggested inviting a psychologist to join them to offer support regarding his mental well-being.

YP was also experiencing instability with his housing at the point of referral which was further impacting his mental and emotional well-being. YP had grown up in an economically deprived community with high levels of social exclusion and marginalisation.

During initial meetings, YP shared a sense of hesitancy about engaging with services due to previous experiences with professional systems. He felt that in the past they had preconceived ideas about him and his story. The psychologist took a youth-led approach and drawing on trauma-informed principles collaborated with YP to create a plan for support.

YP spoke about circumstances that suggest he has had some difficult life experiences describing himself as a young person who had to become a man at a very early age. He spoke about deprivation in his community and witnessing violence and offending early in his life. YP had a disrupted schooling experience

and was excluded before GCSEs. It's likely that these circumstances have made YP more vulnerable to social exclusion and exploitation and has increased his risk of marginalisation, reduced opportunities available to him and increased his risk of offending. YP had been arrested prior to our initial engagement. Coupled with an increased risk to his safety in the community and housing instability these circumstances contributed to increased anxiety, and a critical view of self. YP was spending most of his time at home and was becoming increasingly isolated. He spoke about not having any sense purpose in his day-to-day life. YP identified his relationship with his family as protective and wanted to work towards a meaningful career as this was a family value that had been shared with him. YP was keen to think more about his values, what influenced these and how he would like to honour them in a preferred way of living.

Taking a narrative therapy approach, the psychologist discussed with YP his ideas for preferred ways of living and linked these to some of the values that he held. They thought together about things he would like to be doing and did some problem solving when faced with barriers linked to his safety. YP's caseworker also joined some of these conversations to offer further support with helping YP access opportunities.

The psychologist also supported YP throughout his court proceedings. Being present during this time was experienced by YP as a demonstration of care. Attending court with YP also opened opportunities for narrative discussions around ideas linked to identity and stories held about himself and his community. The psychologist liaised with various professionals in YP's network including his solicitor, probation worker and housing offices with the dual aim of connecting the network to work more efficiently and improving accessibility for YP. Joining appointments with YP also provided an opportunity for the psychologist to offer ideas from psychology to other professionals as alternative ways to make sense of the difficulties that young people encounter.

Finally, the psychologist alongside YP's caseworker supported him with various stability needs, particularly regarding his housing. YP was referred for housing

support out of the area and the psychologist was able to attend assessment appointments with YP, to offer a psychological perspective on some of the challenges he encountered.

YP was involved in all levels of the intervention as the psychologist took a youth-led approach throughout the intervention. YP was encouraged to make decisions pertaining to the psychologist's involvement with other professionals and systems.

Outcomes

A positive outcome that has come from this is that he has been able to form a good relationship with the psychologist, something he had felt hesitant about at first. YP was offered choice on where meetings took place to prioritise his sense of safety and to support engagement and accessibility and the psychologist took a non-expert stance encouraging YP to be the expert in his own story.

YP has also been offered housing out of the area which has given a greater sense of safety and as a result has allowed for greater access of opportunities. YP has also grown in confidence in accessing other services and now attends probation and housing related meeting independently.

YP continues to access the service as he is keen to further think about his identity and also wants to explore education opportunities.

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Case study G (SEL)

Female, age 14, White British.

Background Information: YP is a 14-year-old girl of white British ethnicity who lives with her parent and sibling, who has additional needs. Her parents are separated but maintain a positive relationship. She was referred to the Vanguard programme by her social worker due to serious concerns about suicidal ideation, self-harm, substance misuse, and potential child exploitation.

At the time of her initial assessment, YP was not attending school but has since enrolled full-time at a Pupil Referral Unit (PRU). She was previously on a Child in Need (CIN) plan but is now on a Child Protection (CP) plan, reflecting the level of intervention needed. Recently, YP was diagnosed with ADHD and is undergoing testing for Autism Spectrum Disorder (ASD), ensuring she receives tailored support for her needs.

Anxiety/depression/low mood, exposure to criminal/sexual exploitation, self-harm, alcohol/substance misuse, absenteeism from school.

- **Facilitated / contributed to shared formulation:** The case study describes collaborative efforts to support YP's mental health, safety, and family relationships, which implies a shared approach to planning her care.
- **Advice / consultation to other practitioners:** The practitioner has liaised with YP's social worker and CAMHS regularly, which aligns with providing advice or consultation to support her outcomes.
- **Case reviews (MDT):** Given YP's involvement with multiple services (such as social workers, CAMHS, and educational support), case reviews with a multi-disciplinary team (MDT) would likely be a part of her ongoing care.

Relationships building, safety planning, 1:1 therapy, advocacy, and mentoring for young person, relationship building, safety planning and risk management, family therapy/mediation and practical advice and signposting for family/carers.

Outcomes:

The Vanguard intervention has helped YP stabilise her mental health and reduce high-risk behaviours like self-harm and substance misuse. By building resilience, addressing triggers, and increasing YP's awareness of exploitation risks, the intervention has prevented the need for more intensive support services, such as mental health inpatient services. The ongoing support has also allowed YP to develop effective coping strategies to manage her challenges without escalating to more intensive interventions.

Direct improvement in YP's mental health, resilience and wellbeing, improved social relationships, reduced anxiety for YP and/or family members,

improved/consistent engagement in meaningful activities, increased stability in learning and/or home environment, integrated working resulting in more effective care, reduction in high risk behaviours.

Through the Vanguard programme, there was a noticeable enhancement in holistic care and collaboration between core services, including the PRU, CAMHS, and social services. Practitioner's role in regularly liaising with YP's school and her social worker enabled a seamless flow of information, supporting YP's well-being in multiple areas and ensuring consistent care. This integrated approach fostered improved working relationships, as all professionals involved in YP's case were aligned in their goals, leading to more cohesive support. Additionally, practitioner's guidance helped YP and her family navigate various services more effectively, such as accessing sexual health support and understanding mental health resources. This support reduced confusion for YP and her mother, making the process of accessing essential services smoother.