

Focussed Diversion Navigator Mentorship in the Thames Valley Feasibility and Acceptability Study Report

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Executive summary

Introduction

Youth crime and violence remain a significant public health concern in the United Kingdom (UK), with ongoing challenges relating to knife-related harm, school exclusion, gang affiliation, and youth reoffending. National data indicate that knives were involved in 69% of youth homicides in 2022–23, rising to 82% among teenagers aged 13–19 (Youth Endowment Fund [YEF] 2024). Educational exclusion is a key vulnerability marker: permanently excluded pupils are estimated to be twice as likely to commit serious violence within a year compared to those suspended (Cornish et al 2025). Post-pandemic school absence has further intensified concern, with projections suggesting up to 9,000 additional young people could become involved in crime by 2027 (Centre for Social Justice 2023). These trends reinforce the importance of early identification and diversionary intervention prior to escalation.

In response, the UK Government established 18 Violence Reduction Units (VRUs) in 2018, adopting a public health approach that integrates policing, education, health, local authorities, and community organisations. Evidence demonstrates that mentoring, outreach, and navigator support delivered across schools, hospitals, and custody settings can reduce offending and improve wider life outcomes (Cattan et al 2023). Parent and carer interventions also play a protective role, strengthening family functioning, improving behaviour management, and reducing young people’s risk exposure (Sanders et al 2014; Kumpfer and Brown 2019).

This report presents the feasibility and acceptability evaluation of the Focussed Diversion Youth Navigation programme and associated parent support intervention, delivered within the Thames Valley Violence Prevention Partnership (VPP).

The Thames Valley Context

The Thames Valley VPP, operates a family-systems prevention model recognising the influence of social, educational, and familial contexts on youth behaviour. The Thames Valley VPP has developed an established portfolio of early-intervention and mentoring programmes targeting key risk transition points. The Hospital Navigator Scheme achieved 70% engagement and a 77% reduction in repeat emergency department attendance (Bekaert and Cook 2024). The Schools Navigator programme reduced repeat suspensions by 17.5% (Olphin and Reed 2024), while a focused deterrence model for high-harm offending reduced overall crime harm by 54%, with larger reductions among under-18s (Olphin et al 2024). Complementary parent-focused initiatives and exploitation awareness campaigns further extend prevention activity across family systems (Bekaert and Raju 2025; Bekaert et al 2025; Thames Valley Police [TVP] 2025).

Evidence Base for Mentoring and Family Intervention

The Focussed Diversion model is underpinned by a strong evidence base supporting targeted youth mentoring and family-inclusive approaches. Systematic reviews indicate mentoring can reduce delinquency and recidivism by 9–13%, with UK evidence suggesting violence reduction impacts of 10–30%, particularly where engagement is sustained (Gaffney

et al 2022; Rowland et al 2024; Stevens and Olphin 2024). Parenting programmes similarly demonstrate positive effects, including reductions in youth offending and improvements in behavioural and relational functioning (Farrington and Welsh 2003; Webster-Stratton et al 2001). Outcomes are strongest where youth mentoring and family support operate in combination.

Positioning of Focussed Diversion

Within this national, local, and evidence context, Focussed Diversion Youth Navigation with parallel Navigator parent support was developed as an upstream mentoring and navigation intervention targeting young people at risk of exclusion, exploitation, and early offending. The model combines relational mentoring, community diversion, family engagement, and system navigation to strengthen protective factors and prevent escalation into statutory justice pathways.

Evaluation Scope and Study Overview

This report evaluates the feasibility, acceptability, and early implementation learning emerging from the initial delivery phase of the Focussed Diversion (FDiv) programme. The model was trialled across five local authority areas within the Thames Valley: Bracknell Forest, the Royal Borough of Windsor and Maidenhead, Slough, West Berkshire, and Wokingham.

Participants included families with young people identified as disengaged, or at risk of disengagement, from mainstream education and/or at risk of involvement in violence or crime. Eligible young people and their parents or carers were offered intervention support on a voluntary basis, with participation determined through self-selection following referral.

Two parallel interventions were delivered. Young people were offered a youth-led mentoring and navigation programme facilitated by Focussed Diversion Youth Navigator Mentors. This consisted of biweekly relational sessions delivered over an approximately 12-week period, combining mentoring, diversionary activity, and system navigation. Parents and carers were offered a Parent Navigator Mentor intervention delivered over four weeks, alongside access to an optional one-off online training session focused on child exploitation awareness.¹

Primary evaluation outcomes focus on feasibility metrics, including recruitment and retention rates, intervention fidelity, data completeness, and stakeholder acceptability. Secondary outcomes explore early indicators of change, including school engagement and police contact at three-month follow-up.

¹ The full approved protocol is available as preprint with ResearchSquare here: <https://www.researchsquare.com/article/rs-8764044/v1>

Linked Evaluation Components

Two additional analytical strands were undertaken to contextualise the delivery and sustainability of the programme and are also reported:

1. Preliminary Cohort Identification Exercise

This exploratory study examined whether initial police contact could function as a practical identification gateway for children and young people aged 10–15 not currently receiving statutory support. The exercise profiled cohort characteristics across the five participating local authority areas, assessing the viability of police data as an upstream referral mechanism.

2. Service Mapping and Evidence Alignment

A multi-agency service mapping exercise was undertaken to assess the youth prevention and support landscape across the same five Thames Valley local authorities. The mapping aimed to understand the range, accessibility, and suitability of provision available to young people transitioning out of Focussed Diversion mentoring.

Situated within the UK Government’s public health approach to violence reduction, this analysis considered how effectively local systems can sustain positive outcomes beyond the intervention period, particularly for young people aged 11–15.

Provision was classified by sector, delivery model, referral pathway, and prevention tier. A parallel evidence-alignment exercise mapped identified services against the YEF Toolkit, assessing the strength of evidence, expected violence-reduction impact, and indicative cost associated with different intervention types.

Together, these analyses provide an integrated understanding of programme feasibility, early implementation learning, and the wider system context influencing the sustainability and scalability of the Focussed Diversion model.

Key Messages

1. The Navigator mentoring model is feasible, acceptable, and gaining traction.

The programme was successfully implemented across sites, maintaining fidelity to its short-term, diversionary design while allowing flexibility to meet individual need.

High referral rates and strong endorsement from schools, parents, and young people indicate good system uptake and acceptability.

2. The intervention is effectively operating upstream.

Young people are being engaged at an early stage of behavioural escalation, with the cohort profile aligning with preventative targeting and reaching groups at risk of exclusion.

3. **Relational, family-oriented delivery is central to impact.**
The model has evolved into a blended youth and parent support approach, with mentoring, parenting advice, and practical support strengthening engagement and trust.
4. **Community linkage is effective once established, but initial connection remains a key challenge.**
Sustained engagement with community provision is high where placements are secured, highlighting the importance of strengthening early linkage and reducing barriers to access.
5. **Delivery aligns well with the intended model.**
Mentoring duration and activity focus reflect a preventative, protective-factor approach, with most engagements aligning to the planned short-term intervention framework.
6. **The Child Exploitation offer would benefit from a more universal, preventative framing.**
Low uptake suggests that positioning Child Exploitation awareness as a risk-triggered intervention limits its relevance at this stage. Reframing it as a universal resource for all parents may increase engagement and reduce unintended anxiety.
7. **Police data has limited value for early identification.**
While operationally feasible, police data largely identified young people already known to services, indicating limited effectiveness as an upstream referral mechanism.
8. **Multi-agency collaboration is critical to effective delivery.**
Structured partnership working enabled accurate identification, triage, and coordination of support, reinforcing the importance of cross-system information sharing.
9. **Education settings offer a stronger pathway for early intervention.**
Shifting referral routes toward schools improved identification of young people at an earlier stage of need, particularly those experiencing disengagement or exclusion risk.
10. **Sustained outcomes depend on the strength of the local service ecosystem.**
While a range of community provision exists, variability in availability and capacity affects delivery. Strengthening pathways and coordination between mentoring and community services is essential to maintaining long-term impact.

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1. Focussed Diversion Mentorship Feasibility and Acceptability Analysis

1.1 Introduction

The early implementation of the Focussed Diversion model was evaluated through a feasibility and acceptability framework. Drawing on referral data, demographic profiling, engagement outcomes, community linkage activity, intervention mapping, qualitative delivery notes and stakeholder interview, the analysis assesses both operational viability and stakeholder receptivity during the initial delivery period.

Feasibility is considered in relation to programme delivery mechanics, including referral flow, participant identification, parental consent, sustained engagement, and the capacity to broker appropriate community provision. Acceptability is explored across referring agencies, young people, and families, with particular attention to uptake rates, participation patterns, and relational engagement.

Subsequent analysis examines cohort demographics, parental and young person engagement, community linkage outcomes, intervention typology, and implementation learning. Particular attention is given to the extent to which delivery aligns with the model's upstream preventative design, including its emphasis on relational mentoring, protective-factor development, and diversion from exclusion pathways.

1.2 Are referral volumes sufficient to demonstrate feasibility and acceptability?

Referral activity during the initial three-month implementation window (n=93) demonstrates strong early recruitment relative to the projected annual target (N≈200), indicating operational feasibility in participant identification and intake processes. While referral levels may stabilise as previously unmet need is absorbed, sustained inflow during the pilot phase suggests positive early acceptability among referring agencies, particularly educational settings. This pattern indicates that the scheme is addressing a perceived service gap for young people at risk of exclusion. **Overall, early referral trends point to good partner endorsement and sufficient demand to sustain programme delivery.**

'There have been fewer behaviour incidences for both boys but particularly Max who is even actively trying to stop others from engaging in being physical with each other which is great. Both seem very keen for the support and activities that you are supporting them with. I think the scheme is great, thanks for all your hard work!' (school feedback to Navigator Mentor)

1.3 Is there quantifiable indication that the referred cohort might benefit from Navigator Mentorship?

Initially retrospective and prospective, post Navigator Mentor support data were to be compared to quantify any associated improvements in school engagement. However, as timings precluded this analysis, available retrospective data were reviewed at the point of overall analysis with the aim of quantifying whether this was a cohort at risk of school disengagement, and who might benefit from Navigator Mentor support.

Attendance and suspension data were available for 39 young people in the analysed cohort. Overall attendance was relatively high, with a mean of 84.8%, a median of 89.4%, and a range from 37% to 100%, indicating that many young people remained broadly engaged with education. However, a notable subgroup had substantially lower attendance, including several below 75% and one as low as 37%, with around a quarter falling below the 90% threshold for persistent absence, indicating elevated risk of disengagement.

Fixed-term suspension data showed a similarly mixed profile, with a mean of 5.7 days, a median of 1.5 days, a mode of 0 days, and a range from 0 to 34 days. While most young people had little or no recorded suspension, a smaller group had accrued 16–34 days, approaching or exceeding thresholds associated with persistent absence through exclusion alone.

Taken together, these patterns suggest **the cohort predominantly reflects early-stage disengagement**, alongside a smaller subgroup experiencing more entrenched absence and exclusion. This aligns with the preventative aims of the Focused Diversion model, which seeks to intervene early while also identifying and supporting those at greatest risk of escalation.

1.4 What are the demographic characteristics of young people referred to the scheme?

1.4.1 Age and sex

Of the 93 referrals analysed, 67.7% were male and 32.3% female. Referrals were concentrated within the mid-secondary age range, with the highest proportions aged 13 (35.5%) and 14 (32.3%); 13–14 year olds accounted for 67.8% of the cohort overall. Male referrals were weighted to ages 13–14 (69.4% of all males), while female referrals peaked at age 13 (40%). Very few referrals were recorded at age 10 (1.1%), and one case fell outside the specified age range (16 years). While male referrals predominated, the proportion of female referrals (32.3%) is notable within a diversionary behavioural cohort, where female representation is often substantially lower.

Girls are statistically less likely to progress to permanent exclusion yet may still exhibit patterns of persistent disruptive behaviour, including relational aggression, defiance, and emotionally driven classroom dysregulation (Department for Education [DfE] 2019).

Diversionary mentoring programmes positioned upstream of formal exclusion processes are

therefore more likely to identify and engage females earlier in the behavioural escalation pathway, increasing their visibility within referral data. Historically, female distress has been more likely to enter pastoral or safeguarding systems, while male distress has been channelled through disciplinary routes (Gazely et al 2013).

In addition, recent school practice literature points to evolving patterns in female behavioural presentation. Increases in female suspensions, peer conflict, and emotionally mediated behavioural incidents have been noted, with contributory factors including social media–related conflict, relational bullying dynamics, and post-pandemic anxiety dysregulation (Anglia Ruskin University 2024; House of Commons Library 2020). As such, the female referral rate observed here may reflect broader systemic shifts rather than purely local variation.

Total numbers according to age and sex are illustrated in table 1 below, and bar graph overview in figure 1.

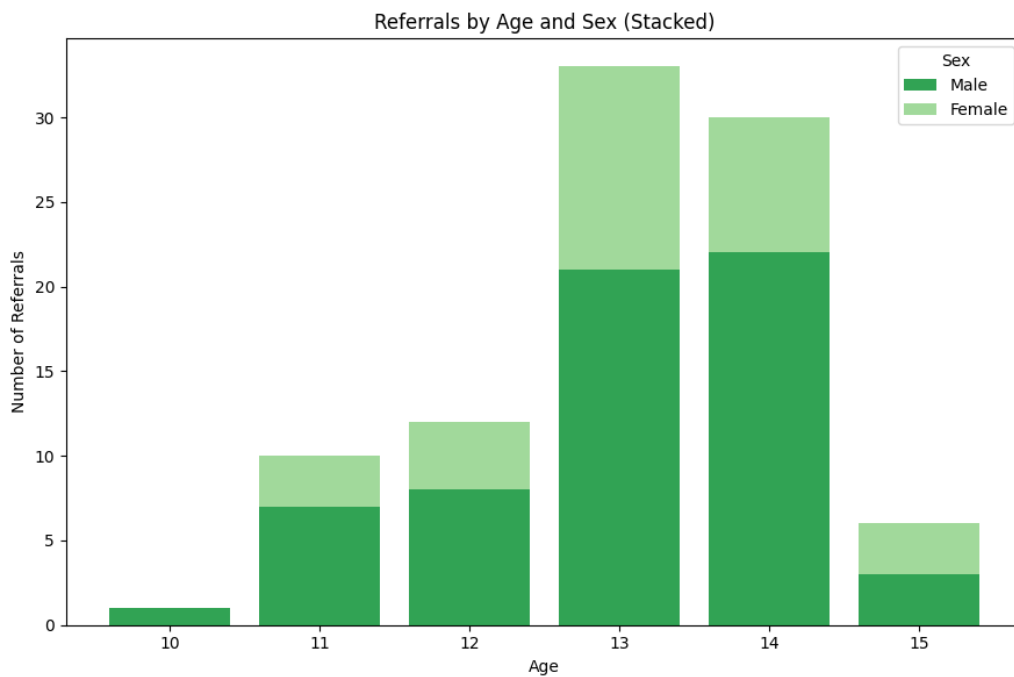


Figure 1: Referral distribution by age and sex (stacked)

Age	Total	% total	Male	% male	Female	% female
10	1	1.1%	1	1.6%	0	0%
11	10	10.8%	7	11.3%	3	10%
12	12	12.9%	8	12.9%	4	13.3%
13	33	35.5%	21	33.9%	12	40%
14	30	32.3%	22	35.5%	8	26.7%
15	6	6.5%	3	4.8%	3	10%

Table 1: Total numbers according to age, and breakdown by sex male/female

1.4.2 Ethnicity

The cohort was predominantly White British (64.5%), with ethnic minority representation 35.5% of the cohort, of which Pakistani young people comprised the largest minority group (11.8%). Minority ethnic referrals were male-dominated, particularly among Pakistani and Roma groups. Ethnic minority referrals were concentrated within ages 13–14, aligning with the overall age peak in behavioural referrals. The representation of Roma and Gypsy/Traveller young people, while small in absolute numbers, is proportionally notable in relation to national figures, and may warrant further contextual analysis relative to local demographic baselines.

When comparing with latest DfE (2025) statistics the ethnic composition of the cohort broadly reflects the national school population profile for England, with White British young people comprising 64.5% (national profile of 60%) of referrals and ethnic minority groups 35.5% (national profile of 38%). Pakistani young people represent the largest minority group (11.8%), appearing over-represented relative to national benchmarks (6%), though this may reflect local demographic distribution. Representation of Roma and Gypsy/Traveller young people (3.2%) is notably elevated compared to national school census proportions (<0.5%), aligning with established evidence of heightened educational vulnerability within these communities (DfE 2024). Interpretation of ethnic disproportionality should be treated cautiously in the absence of local population comparators. In Slough, for example Asian pupils exceed 40% in some school populations, and Black heritage populations are higher than national in urban Berkshire authorities (e.g., Reading, Slough) (DfE 2025).

When benchmarked against national exclusion disproportionality data (DfE, 2024), the ethnic composition of the cohort suggests appropriate upstream reach. White British young people, who account for the largest volume of exclusions nationally, form the majority of referrals, while Pakistani pupils, who experience elevated suspension risk, are proportionately represented. Notably, Roma and Gypsy/Traveller young people, the most

exclusion-vulnerable ethnic group are engaged at levels exceeding national population prevalence, indicating effective preventative targeting. Representation of Black Caribbean pupils, who experience high exclusion rates nationally, is comparatively low; however, interpretation is limited without specific local demographic comparators.

Categories, numbers, and percentages with regard to ethnicity of the cohort are detailed in table 2 below.

Ethnicity	Local cohort	%
White British	60	64.5%
Pakistani	11	11.8%
Roma	3	3.2%
White and Asian	3	3.2%
White and Black Caribbean	2	2.2%
All other individual categories (each n=1)	14	15.1%

Table 2: Ethnicity - Categories, numbers, and percentages

Overall, the cohort broadly reflects national ethnic patterns, but **shows targeted reach into higher-risk groups** - particularly Pakistani and Gypsy/Roma young people - **suggesting effective preventative engagement**, while highlighting the need for cautious interpretation without local demographic context.

1.5 Did parents consent to Focused Diversion for their child?

Of the 58 referrals that had progressed to parental approach at the time of analysis, 54 (93.1%) had accepted the offer of Focused Diversion support for their child, with only four families declining (6.9%). This high uptake rate is indicative of **strong parental and young person acceptability** and suggests minimal gatekeeping by parents at the point of intervention offer.

The high acceptance rate likely reflects the programme’s positioning as an upstream preventative offer rather than a punitive response to entrenched behavioural issues. Families may perceive the intervention as supportive and strengths-based, reducing stigma and resistance. Additionally, earlier-stage behavioural concerns may feel more addressable to families than difficulties that have already escalated to exclusion, supporting higher

uptake at the point of offer. School endorsement may also legitimise engagement, increasing parental confidence in the referral.

1.6 Do young people respond positively to the Focussed Diversion offer?

The offer was overwhelmingly accepted by young people. Only 4 of the young people from the 54 offered Focussed Diversion declined the offer. Of these, three were female aged 13–14 and one male aged 14. While this may suggest a gendered engagement dynamic in mid-adolescence, numbers are too small to support firm conclusions.

Youth Navigator Mentors frequently operated within complex multi-agency environments, interfacing with education, safeguarding, and statutory systems. Cases included young people at acute risk of exclusion, periods of suspension, and reintegration planning, with mentors undertaking liaison and advocacy roles with schools. In several instances, young people returned to education following prolonged resistance or narrowly avoided permanent exclusion, indicating feasibility in influencing education engagement trajectories.

1.7 Did parents engage with Focused Diversion Parent Mentors and the Parent Support Training?

1.7.1 Mentorship

Observational data indicate that parent engagement, initially conceptualised as uptake of a discrete Parent Support Navigator Mentor function, evolved in delivery to encompass advisory and signposting support provided directly by Focussed Diversion Youth Navigator Mentors. Under this expanded operational definition, 17 cases (30.4%) evidenced clear parental engagement i.e. specifically working with parents on contextual considerations or positive interaction with their child.

Case level notes indicate that Youth Navigator Mentors frequently undertook wider family-based work, delivering psychoeducational parenting input (e.g., emotional regulation strategies, meltdown management, and addressing dynamics of blame and shame), alongside positive parenting frameworks and structured parenting scale interventions. Support also extended into complex family contexts, including domestic abuse, bereavement, and parental wellbeing, where mentors provided emotional containment and facilitated access to specialist services through targeted signposting. Youth Navigator Mentors additionally supported parents to navigate statutory systems, most notably education processes such as Education, Health and Care Plans (EHCPs), school liaison, and advocacy in relation to suspension or exclusion risk.

Therefore, **while the model was originally designed with separate youth and parent Navigator Mentor roles** to mitigate potential conflicts of interest, **implementation experience suggests that relational continuity with a single practitioner may strengthen family engagement.** Involvement appears selective and needs-led rather than universal. This

emergent blended “family mentor” model appears to enhance relational continuity and trust, thereby improving engagement feasibility. However, it carries implications for role delineation, boundary management, and practitioner capacity. Overall, parental involvement emerged as needs-led but highly receptive where offered. The case study below illustrates this blended role.

Focussed Diversion Navigator Mentorship Case Study

A 14-year-old male was referred to Focussed Diversion presenting with ADHD, school disengagement, emerging cannabis use, negative peer influence, low-level anti-social behaviour risk, and family communication strain. Despite these risk factors, assessment identified strong protective assets, including engaged parents, regular participation in football, reflective capacity when guided, and voluntary willingness to engage.

Intervention adopted a strengths-based, relational mentoring approach delivered flexibly across home, school, and community settings. Support combined diversionary activity, ADHD-informed executive functioning scaffolding, substance education, restorative communication work, and multi-agency collaboration with a specialist drug and alcohol worker.

Early sessions prioritised rapport-building and psychological safety, leading to rapid trust formation and open discussion of sensitive issues, including cannabis use and unsafe moped riding. Rather than enforcement-led confrontation, mentoring utilised curiosity-based risk exploration and staged harm reduction. A joint specialist session supported the young person to reflect on tolerance, peer pressure, and the impact of cannabis on ADHD and exam performance. He set a self-directed harm-reduction goal (delaying first daily use), marking a shift from risk minimisation to active behaviour change.

Mentoring also supported structured revision planning, emotional regulation following a school incident, and improved communication with parents. Community-based diversion (e.g., bowling, continued football participation, planned strength and conditioning programme) provided natural contexts for reinforcing pro-social decision-making and confidence.

Outcomes to date indicate strengthened protective factors and early-stage risk reduction, including:

- Increased insight into substance-related health, legal, and educational impacts
- Improved awareness of moped safety and legal risk
- Implementation of an ADHD-informed revision structure
- Greater openness with parents and professionals
- Willingness to engage with specialist services

Substance use has not ceased but has transitioned from concealed behaviour to openly discussed and cognitively processed risk, a critical diversionary milestone.

This case demonstrates how voluntary engagement, relational continuity, ADHD-informed scaffolding, harm-reduction practice, and multi-agency collaboration can generate early behavioural recalibration without escalation into statutory intervention. The young person remains actively engaged, indicating sustained relational impact consistent with the programme's preventative and diversionary objective.

1.7.2 Parent Support Training

Uptake of the Child Exploitation awareness training delivered via Thames Valley Police was notably low, with only three parents participating. Anecdotal feedback from Navigator Mentors suggested that parents did not perceive exploitation risk as relevant to what they viewed as relatively early-stage school disruption. In some cases, introducing Child Exploitation awareness training appeared to generate unintended anxiety, with parents expressing concern that the offer implied their child was already at risk. While exploitation awareness is universally applicable, the findings suggest that both the framing and timing of this element of the offer warrant consideration. Positioning Child Exploitation awareness input as a universal preventative resource for all parents through different avenues such as school-led initiatives, rather than risk-contingent, may mitigate parental defensiveness. This outcome likely also reflects the early shift in cohort profile, with referrals weighted more heavily toward school disengagement than police contact, potentially reducing perceived salience of exploitation-focused interventions at the point of engagement. In summary, **uptake of Child Exploitation training was low because parents did not perceive it as relevant and sometimes found it anxiety-inducing, suggesting that its framing and timing should shift toward a universal, preventative approach rather than a risk-triggered offer.**

1.8 Did the young people successfully link into a community activity and was this engagement sustained?

A core objective of the Focussed Diversion model is to strengthen protective factors through connection to pro-social community activity. Sustained engagement in structured provision, including sport, youth groups, and skills-based programmes, is understood to enhance social capital, reinforce routine, and reduce exposure to risk environments.

At the point of reporting, 15 of 57 young people (26.3%) had been linked with a community service, with seven (12.3%) not successfully linked, the rest were pending decision and connection. Youth Navigator Mentor relational input often functioned as the catalyst for engagement - for example, facilitating attendance alongside family members. Notably in some cases, Youth Navigator Mentors provided funding to enable access to certain activities through payment for uniforms or session costs, reducing financial barriers to participation. This was an unanticipated cost in delivery.

If this ratio were to continue there would be a projected final sustained engagement rate of approximately 39–40 young people (around 68%), with roughly 17–18 (around 32%) not successfully linked. A sustained engagement rate of approximately 70% would represent a strong outcome, given that youth work interventions rely on developing ongoing voluntary participation and sustained relationships with young people as a core indicator of effective practice (National Youth Agency 2024) and is indicative of high programme acceptability and effective linkage to community activity.

Of 44 cases where community engagement tracking was active, 11 (25.0%) had achieved sustained one-month engagement and were closed successfully, while two (4.5%) closed without sustained participation. Among closed cases only, the sustained engagement rate was 84.6%, indicating strong stabilisation once community placements are established.

This shows that the programme shows strong potential to connect young people to pro-social community activity, with high sustained engagement once established. However, initial linkage is a key challenge and may require additional support, including addressing financial barriers to service access.

1.9 Which Youth Endowment Fund Toolkit activity categories attracted the highest levels of young people’s participation and preference?

When combined interventions are double-counted to reflect actual exposure, sports (37.5%) and after-school enrichment (26.8%) continue to account for the majority of activities, with mentoring comprising 14.3%. Mapping intervention exposure against Youth Endowment Fund classifications (as indicated in April 2026) indicates that the Focussed Diversion Navigator model predominantly utilises a mixed profile of high-impact but evidence-limited (sport), and low-cost, evidence-supported enrichment strategies (after-school provision), often in combination, rather than intensive therapeutic or statutory responses.

Approximately 39% of intervention exposures fall within high-impact but evidence-limited domains (primarily sport), while a further 41% sit within low to moderate impact categories (after-school provision and mentoring), which generally demonstrate stronger evidence bases but varying cost profiles. Higher-cost therapeutic and statutory interventions continue to comprise a very small proportion of overall activity. This is illustrated in Figure 2 and Table 3 below.

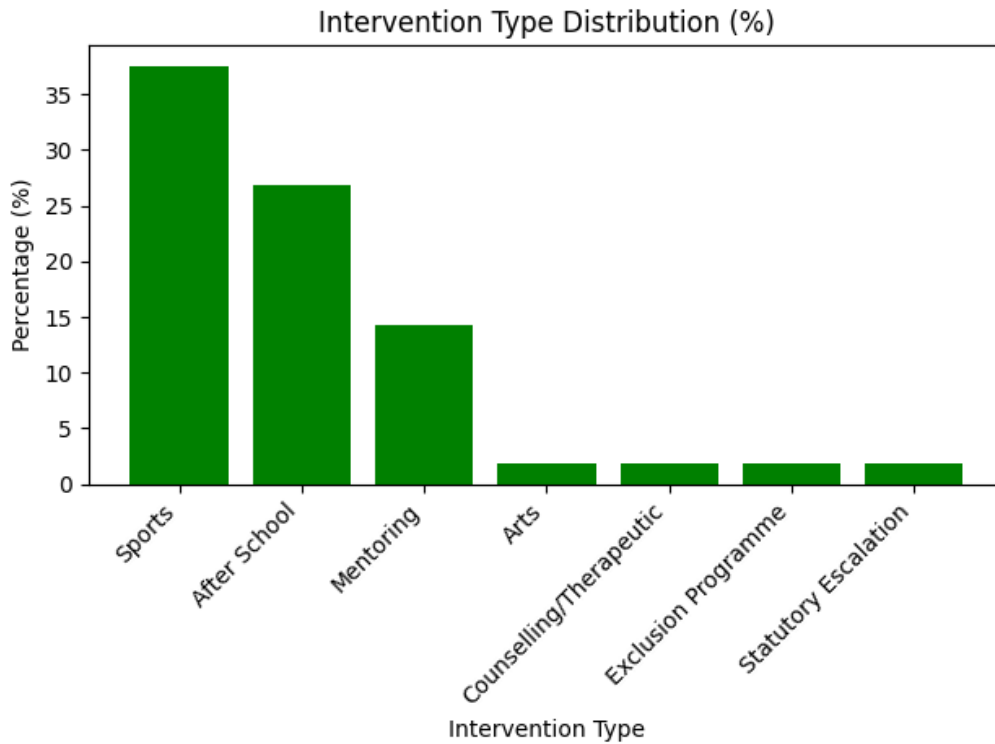


Figure 2: Intervention Type Distribution

Intervention type	Number	%	YEF Impact	YEF Evidence	YEF Cost
Sports	21	37.5%	High	Limited/moderate	Unknown
After School	15	26.8%	Low	Moderate/high	Low
Mentoring	8	14.3%	Moderate	Moderate	High
Arts	1	1.8%	Unknown	Unknown	Low
Counselling/ Therapeutic	1	1.8%	High	Moderate	High
Exclusion programme	1	1.8%	Low	Moderate	Moderate
Statutory Escalation	1	1.8%	-	-	High

Table 3: Intervention Portfolio with Youth Endowment Fund (YEF) Ratings

The pattern of referral to, and uptake of, community-based activities is consistent with an upstream diversion model centred on strengthening social capital and promoting structured engagement. Overall, the activities reflect a preventative orientation, prioritising relational connection and participation in organised activity rather than intensive behavioural

remediation. While some activity categories (particularly sport) are rated as high impact within Youth Endowment Fund assessments, albeit with more limited or mixed evidence, others (such as after-school provision and mentoring) tend to demonstrate lower to moderate impact but stronger evidence bases. These remain congruent with the programme's early-intervention logic. The emphasis is on building protective factors, fostering pro-social relationships, and embedding young people within constructive community settings before risk escalates into higher-harm behavioural cohorts.

1.10 How long did young people remain engaged with their Focussed Diversion mentor?

The Focused Diversion Navigator Mentor model was designed as a short- to medium-term mentoring intervention, relationally and therapeutically informed but time-limited in delivery. Its primary aim was to support the young person's transition into sustained engagement with a community-based activity or service. Provision was originally envisaged as a 12-week intervention, with flexibility to extend or conclude earlier in response to individual need and readiness for step-down.

Among cases achieving sustained community engagement at the point of analysis (n=11), duration ranged from 5 to 18 weeks, with a mean engagement period of 11.6 weeks and a modal duration of 10 weeks. This distribution aligns closely with the Focussed Diversion model's intended 12-week intervention framework, indicating that most engagements are sustained across the core delivery window. Instances extending beyond 12 weeks reflect responsive flexibility within the model; however, where longer-term mentoring or support is indicated, this is intended to transition to alternative services to preserve Focussed Diversion's short-term, diversionary focus.

This shows that the Navigator Mentor model is functioning as intended, with most engagements aligning closely to the planned 12-week timeframe while allowing flexible extension where needed and transitioning longer-term support to other services

1.11 Summary overview

Collectively, these findings suggest the Focussed Diversion Navigator Mentor model is both feasible and acceptable within complex early-intervention contexts. Delivery is characterised by strong parental receptivity, relational continuity, and effective navigation across education, safeguarding, and community systems. While role blending and case complexity extend beyond original design parameters, this appears to enhance engagement rather than dilute delivery, reinforcing the model's preventative and diversionary capacity.

1.12 Focussed Diversion Mentor model Feasibility and Acceptability study: Key Messages and Implications

Key Messages	Implications
1. The model is operationally feasible and partner-endorsed	
Receipt of 93 referrals within the first three months places delivery on trajectory toward the projected annual target (~200), indicating sustained demand and strong school buy-in.	Referral pathways appear viable for continuation and potential scale, subject to ongoing demand monitoring.
2. The cohort profile aligns with upstream preventative targeting	
Referral concentration at ages 13–14, alongside representation of exclusion-vulnerable groups, indicates engagement at the behavioural escalation stage rather than post-exclusion crisis.	The model is operating in line with its preventative design and may contribute to downstream exclusion reduction if sustained.
3. Parental and young person acceptability is very high	
A 93.1% parental consent rate and minimal young person refusals suggest the intervention is perceived as supportive, strengths-based, and non-stigmatising.	Engagement barriers at point of offer are low, supporting efficient programme mobilisation and relational depth.
4. The model has evolved into a blended “family mentor” approach	
Mentors are delivering parenting advice, psychoeducation, and statutory navigation support alongside youth mentoring, with continuity strengthening relational trust.	Formalisation of the family-mentor function may be warranted, alongside guidance on boundaries, training, and caseload weighting.
5. Community linkage is progressing well, with strong stabilisation once placed	
Active linkage is ongoing but closed-case data show high sustained engagement once community placements are secured.	Brokerage processes appear effective; maintaining activity sufficiency and access funding will be key to sustaining outcomes.

6. Intervention exposure reflects a clear upstream, protective-factor logic

Delivery is weighted toward sport, enrichment, and mentoring activity, reinforcing pro-social engagement and structured routine.

Provision aligns with diversionary theory of change, though higher-risk cases may require tiered access to more intensive support.

7. Duration of engagement aligns with model design

Mean mentoring duration (11.6 weeks) closely mirrors the intended 12-week framework, with limited extension beyond core delivery parameters.

The programme is maintaining fidelity to its short-term diversionary model while retaining case-responsive flexibility.

8. CE parent training demonstrated low salience

Low uptake reflects parental perceptions that exploitation risk was not yet relevant to early behavioural concerns.

Reframing CE content as universal prevention, or repositioning delivery timing, may improve engagement.

2. Cohort identification feasibility exercise

2.1 Can police data be used to identify a cohort of young people for early preventive support through Focussed Diversion Navigator Mentorship?

Young people who come into contact with the police frequently experience additional challenges in their lives, including exploitation, difficulties within education, social exclusion, or unmet safeguarding needs (Case and Haines 2015). Evidence consistently shows that early involvement with the criminal justice system is associated with poorer long-term outcomes, including an increased likelihood of continued offending, poorer physical and mental health, and reduced life opportunities (Farrington 2003). Consequently, identifying and supporting vulnerable young people at an early stage - ideally before difficulties escalate into more entrenched patterns of harm or offending - is widely recognised as a key principle of effective prevention.

In England, a range of statutory and non-statutory services exist to provide such support, including Children's Social Care, Youth Justice Services, and Early Help provision. However, many young people do not meet the threshold for statutory intervention, while others may not be identified through Early Help pathways. As a result, a group of children may display indicators of vulnerability but remain outside formal support systems.

At the outset of the Focussed Diversion project, it was hypothesised that young people who had come to police attention through association with potential or actual violence or crime, yet without a formal criminal justice outcome and therefore not entering the Youth Justice System, might represent a group who could benefit from early preventive intervention. Such contact could potentially signal emerging risk factors while still presenting an opportunity to intervene before patterns of offending become established.

To explore this hypothesis, this specific study involved a retrospective analysis of existing police and local authority records. The aim was to determine whether police data could be used to identify approximately 200 young people aged 10–15 not currently open to statutory services across the five participating Local Authority areas. This number was required for the wider feasibility study. Specifically, the analysis sought to assess whether police contact could serve as a practical and reliable mechanism for identifying young people who may benefit from early support, thereby informing the development of diversionary approaches such as Focussed Diversion Navigator Mentorship².

² This element of the programme has been published here:
Bekaert, S. & Stevens, J. 2026. Identifying Unsupported Children and Young People via Police Contact: a retrospective cross-sectional observational study. Public Health. <https://doi.org/10.1016/j.puhe.2026.106257>

2.2 How were police and Local Authority data used to identify the cohort?

Across the five participating Thames Valley local authority areas, police data were reviewed to identify young people aged 10–15 who had experienced repeated contact with the police but were not currently receiving support from statutory services.

For the purposes of this study, *police contact* was defined as a recorded incident involving a young person linked to violence or crime in which they were named as a suspect or directly involved, but where no formal criminal justice outcome was applied (for example, no charge, caution, or other formal disposal). Other forms of police interaction - such as stop and search encounters, welfare checks, missing person reports, or intelligence-only records - were excluded from the analysis, as the project focused specifically on opportunities for early intervention in relation to violence and crime.

Young people were included if they were aged between 10 and 15 and had experienced two or more police contacts within the previous six months where no formal action had been taken. This timeframe was selected to capture recent or potentially escalating concerns. When this approach did not identify enough young people to meet the sample size required for the wider feasibility study, the timeframe was extended to twelve months. This enabled the identification of a larger number of potential cases, although it also meant that some incidents may have been less recent, and ‘early intervention’ less salient. The extended timeframe was therefore used pragmatically to test whether police systems could realistically identify potentially vulnerable young people, rather than to establish a definitive threshold of risk.

Following the initial identification stage, police data were anonymised and matched with Local Authority records in the relevant area. Multi-agency panels, either existing local safeguarding forums or panels convened specifically for the project, then reviewed the cases. These panels included representatives from Children’s Social Care (CSC), Youth Justice (YJ), Education, police, and health. The role of the panels was to confirm whether each young person was currently open to statutory or targeted support services and consider appropriate support for any unallocated young person – either to statutory provision or Focussed Diversion Mentorship.

Each participating agency reviewed its own records to establish whether the young person was currently receiving support. Where a young person was open to more than one service, this was recorded as dual involvement. A shared classification process was used across all areas to ensure consistent categorisation of cases.

Young people who had recorded police contact but were not open to any statutory or targeted support service were categorised as eligible (unsupported) and referred either to statutory services as indicated or to the Focused Diversion Navigator Mentor pathway.

Cases were categorised using the following classifications:

- **Not eligible** – did not meet the study criteria or had incomplete data
- **Children’s Social Care (CSC)** – open to statutory social care support
- **Youth Justice (YJ)** – open to Youth Justice services only
- **CSC and YJ** – open to both Children’s Social Care and Youth Justice
- **Other / Unknown** – receiving Early Help or insufficient information available
- **Eligible (unsupported)** – police contact but no current statutory or targeted support

2.3 To what extent could a cohort be identified using police data?

Across the five participating local authority areas, the application of the initial screening criteria identified a total of 80 children and young people (CYP) aged 10–15 who had recorded police contact meeting the study definition. These cases represented those who had experienced police contact linked to violence or crime without a formal criminal justice outcome and who therefore remained outside the Youth Justice System at the point of identification.

Following this initial screening stage, the identified cases were reviewed through the multi-agency process described in Section 2.2. This process enabled participating agencies to confirm whether young people were currently open to statutory or targeted services and to categorise cases accordingly.

The results of this categorisation process are summarised in Figure Table 1 below.

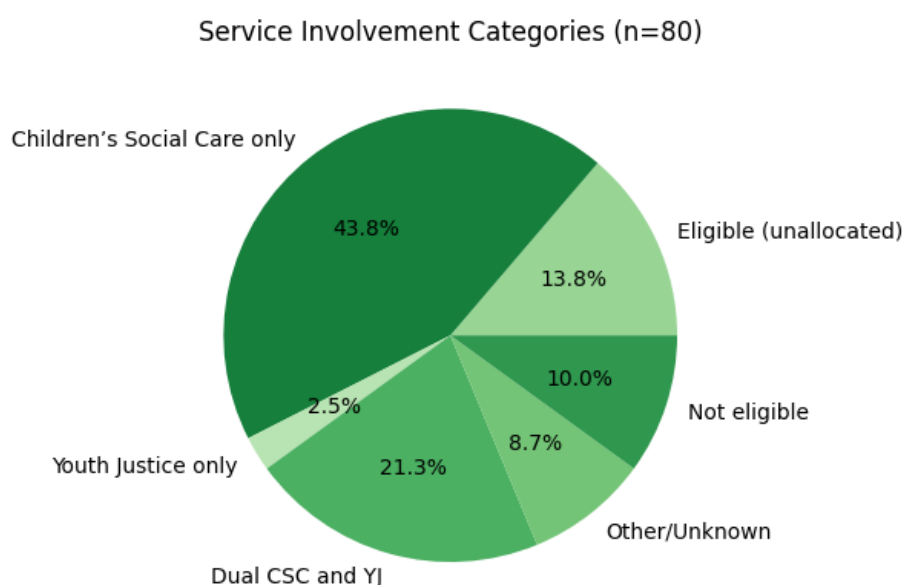


Figure 3: Service involvement categories in percentages

Category	Count	% of total (n=80)
Eligible (unsupported)	11	13.8%
Children’s Social Care only	35	43.8%
Youth Justice only	2	2.5%
Dual CSC and YJ	17	21.3%
Other/unknown	7	8.8%
Not eligible	8	10%
*Percentages may not sum to 100.0 due to rounding	80	100%

Table 4: Service involvement categories, numbers and percentages

Around two-thirds of cases (65%) were open to CSC, while nearly one-quarter (24%) were engaged with YJ services. Approximately 21% of young people had dual involvement with both CSC and YJ. Only 14% of the identified cohort were classified as eligible (unsupported), meaning they were not receiving support from statutory or targeted services at the time of review.

These findings indicate that police contact primarily identified children and young people who were already known to statutory services. Only a relatively small proportion, approximately one in seven, represented young people not currently supported by services. **As such, police contact did not appear to function as a strong early identification mechanism for young people who were otherwise hidden from existing support systems.**

2.4 How did the project adapt its approach to identifying the cohort?

The findings informed the subsequent development of the cohort identification process. While the feasibility work demonstrated that police data could be used operationally to identify young people who had experienced police contact, the analysis also indicated important limitations. In particular, **police records primarily identified children and young people who were already known to statutory services**, rather than those who were not yet receiving support. As a result, **police data alone appeared to have limited utility as a standalone mechanism for early identification of previously unsupported young people.**

In response to these findings, participating areas explored alternative approaches that could enable earlier identification of vulnerability. This led to a shift in focus towards strengthening upstream, education-based identification pathways, emphasising behavioural vulnerability and disengagement from education as early indicators of potential risk. Across all five participating areas, agreement was reached to prioritise the identification of young people displaying indicators of emerging vulnerability within school settings. These

indicators included persistent behavioural difficulties, risk of exclusion, suspension or repeated fixed-term exclusions, and broader signs of disengagement from education.

This focus reflects a strong consensus among practitioners that exclusion from education is a well-established risk factor associated with increased vulnerability to exploitation and involvement in offending (Panayiotopoulos 2007; YEF 2022). At the same time, evidence highlights the protective role of school attachment and the presence of trusted adults in supporting young people's resilience and wellbeing (Bekaert et al 2025). Strengthening school-based identification pathways was therefore viewed as a means of intervening at an earlier stage, before police contact becomes an indicator of escalating risk.

Importantly, this shift in emphasis emerged through local operational learning during the feasibility phase of the Focused Diversion Navigator Mentorship project. Practitioners across the participating areas concluded that schools offered a more proportionate and preventative context for early identification than relying solely on police data. The revised approach therefore reflects both the empirical findings of the study and the practical experience of frontline services in identifying young people who may benefit from early support.

2.5 Summary overview

This feasibility step demonstrated that while police data can be used to identify young people who have experienced contact with law enforcement, it primarily identifies those already known to statutory services. As a result, police data alone is unlikely to function as an effective early identification mechanism for previously unsupported young people. The project therefore shifted towards strengthening school-based identification pathways, recognising the role of educational disengagement and exclusion risk as earlier indicators of vulnerability.

2.6 Cohort identification feasibility exercise: key messages and implications

Key messages	Implications
<p>1. Police data did not effectively identify previously unsupported children and young people.</p>	
<p>Most cases identified were already open to Children’s Social Care or Youth Justice services.</p>	<p>Police contact is a weak standalone early-identification mechanism for young people who are not already known to statutory services.</p>
<p>2. Multi-agency review enabled consistent classification of cases across areas.</p>	
<p>A structured multi-agency review process helped confirm service involvement and categorise cases consistently across areas.</p>	<p>Multi-agency information sharing remains important for understanding young people’s circumstances and coordinating appropriate responses.</p>
<p>3. The project shifted towards education-based identification pathways.</p>	
<p>Schools were prioritised as settings where behavioural vulnerability and disengagement could be identified earlier.</p>	<p>Schools may provide a more effective and proportionate route for early identification, particularly through indicators such as behavioural difficulties, exclusion risk, and disengagement.</p>
<p>4. The revised approach emerged from feasibility learning and practitioner experience.</p>	
<p>The revised approach reflected operational learning and practitioner experience across participating areas.</p>	<p>Local practitioner insight should inform programme design, alongside empirical findings from feasibility testing.</p>

3. Mapping the Local Youth Violence Prevention Ecosystem

3.1. What does the local service landscape look like for young people transitioning from Navigator Mentorship?

This section examines the service infrastructure available to support children and young people (CYP) aged 11–15 as they transition out of Focussed Diversion Navigator mentorship and into longer-term community support. The mentoring model underpinning the programme is informed by relational approaches to youth mentoring, in which mentors provide short-term, intensive engagement while supporting young people to connect with sustainable sources of support within their local community. Within this framework, a key component of effective mentoring involves facilitating a transition or “handover” to appropriate services that can provide ongoing support once the mentoring relationship ends (Clutterbuck, 2004).

To explore how this transition operates in practice, this section presents findings from a mapping exercise conducted across the five participating Thames Valley local authority areas. The exercise aimed to identify the range of services and community-based activities available to vulnerable young people and to document the referral pathways through which Navigator Mentors may link young people into longer-term provision. The mapping encompasses services across statutory and voluntary sectors, including education, health, youth justice, youth work, and community-based organisations.

Methodologically, the exercise combines descriptive service mapping with a structured assessment of provision characteristics, including indicative costs, available evidence of effectiveness, and potential impact for preventing involvement in violence or offending. This assessment draws on the framework developed by the Youth Endowment Fund in its *Toolkit for Preventing Children’s Involvement in Violence* <https://youthendowmentfund.org.uk/yef-toolkit-what-works-to-prevent-youth-violence/>, which provides guidance on the strength of evidence and estimated impact of interventions aimed at reducing youth violence. By situating local provision within this evidence-informed framework, the mapping exercise seeks not only to catalogue available services but also to assess how far the existing local ecosystem aligns with approaches that have demonstrated effectiveness.

The purpose of this analysis is therefore twofold. First, it seeks to understand the breadth and accessibility of provision that Navigator mentors can draw upon when supporting young people to transition out of mentoring. Second, it considers how well the current landscape of services is positioned to sustain positive outcomes following the withdrawal of mentoring support. In doing so, the section highlights both strengths within the existing service ecosystem and areas where further development or coordination may enhance the capacity of local systems to support vulnerable young people³.

³ The academic write-up of this element of the evaluation has been submitted to the journal *Children and Youth Services Review* (March 2026)

3.2 How was the community service landscape mapped?

The study used a structured service mapping and document review to examine the support available to young people across the Thames Valley once Navigator mentoring draws to a close. Data were drawn primarily from publicly available Local Authority service directories, supplemented where necessary by information from individual service websites.

The approach was informed by public health and realist perspectives, recognising that programme outcomes depend not only on mentoring itself but also on the wider support system in which young people are embedded. Factors such as service availability, referral pathways, and coordination between agencies influence whether positive outcomes can be sustained after mentoring ends.

As the Focussed Diversion model is designed as an early-intervention approach, the mapping focused on non-statutory and community-based services that support young people before problems escalate. Service categories were aligned with the framework used in the Youth Endowment Fund Toolkit, which considers the evidence, likely impact, and indicative cost of interventions aimed at preventing children's involvement in violence (as stated when accessed in October 2025).

The mapping prioritised medium- to long-term provision offering sustained, relationship-based support, representing realistic "step-down" pathways following mentoring. These included services where young people attend regularly, are known to staff or volunteers, and can build ongoing relationships and continuity of support.

3.3 What were the key findings from the service mapping?

3.3.1 What types of interventions were identified across the local service landscape?

Four hundred and thirty-seven (437) services were identified across the five Local Authority areas. Provision was dominated by universal activity-based models, with sports programmes accounting for the largest share of delivery, followed by after-school provision. In contrast, targeted and therapeutic interventions, including mentoring, CBT and trauma-specific approaches, were delivered at substantially lower volume. Specialist developmental models such as social skills, nutrition and anti-bullying programmes were present only minimally. Overall, the portfolio reflects a system weighted toward universal engagement rather than intensive, evidence-aligned therapeutic provision. See figure 4 below.

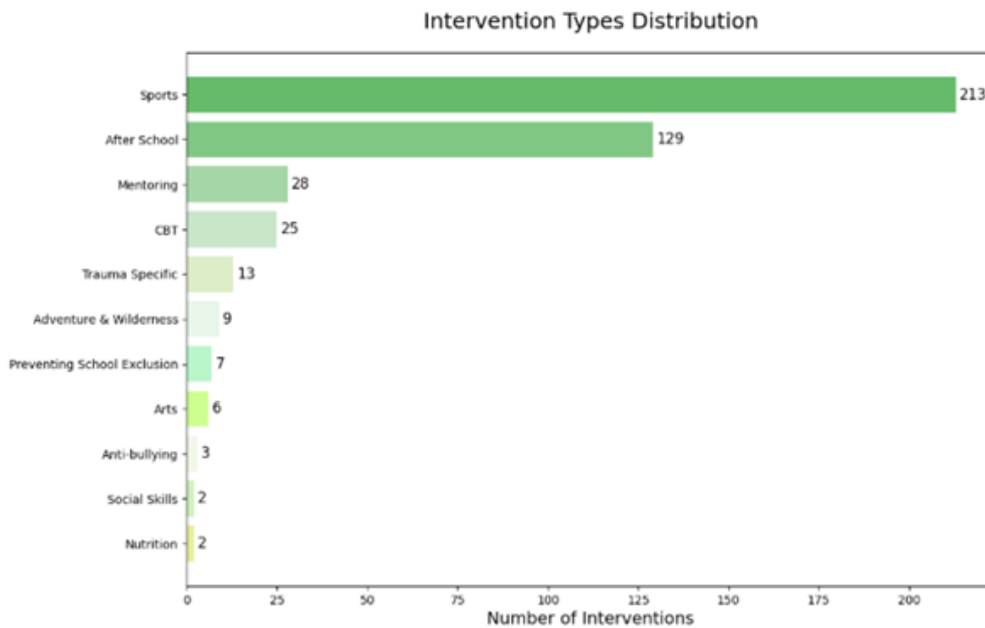


Figure 4: Intervention type distribution

3.3.2 How is provision distributed across the youth-support continuum?

Most youth support services are universal, meaning they are open to all young people. Around 76% of provision sits at this level. These are mainly preventative activities designed to support wellbeing and engagement before problems develop; for example sports programmes like football, dance, or martial arts clubs. 26% is targeted. This support is for young people who have been identified as needing extra help. It often includes structured interventions such as mentoring or Cognitive Behavioural Therapy (CBT). Only 3% of provision is specialist. These services work with young people facing more complex needs and usually involve therapeutic support, for example trauma-specific services.

Overall, youth support is heavily focused on universal, preventative activity, with smaller levels of targeted and specialist help available for those with greater needs. See figure 5 below.

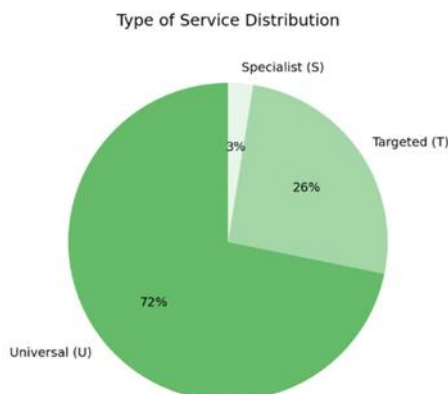


Figure 5. Type of service distribution

3.3.3 How well does provision align to key age/stage transitions?

Most provision aligns well with the 10–15 age group, particularly secondary-school-focused services such as after-school programmes, mentoring, CBT, arts, and school-exclusion prevention.

Some services extend into young adulthood, especially mentoring, trauma therapies, and certain after-school or SEND programmes, indicating partial transition support. However, there is a notable gap in structured pathways into employment, work readiness, and post-16 engagement. Provision for younger children transitioning into adolescence is also limited outside general after-school activity.

3.3.4 How accessible is provision?

High-volume universal services are generally open access, supporting broad reach and early engagement. However, some use informal targeting through referrals or practitioner judgement. See figure 6 below.

Specialist therapeutic services have the highest access thresholds due to assessed need. Accessibility is also shaped by practical barriers: reliance on centre-based delivery means transport, confidence, caring responsibilities, and mobility can still limit participation.

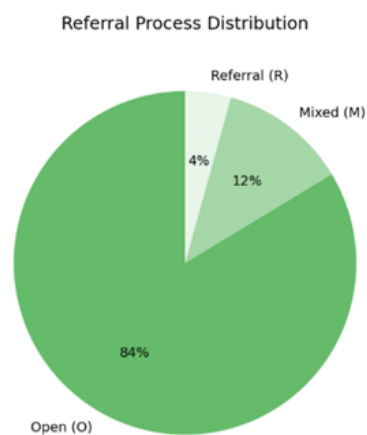


Figure 6: Referral process distribution

3.3.5 What is the geographical origin of provision?

Provision is predominantly locally rooted, particularly for universal and enrichment activities such as sports, arts, and outdoor programmes. National organisations are more visible in specialist or standardised interventions, especially therapeutic (i.e. Kooth) and anti-bullying models (i.e. Kidscape), where structured delivery frameworks exist. Mixed models combine

national programme design with local delivery partners (i.e. Child and Adolescent Mental Health Services/CAMHS). See Figure 7 below.

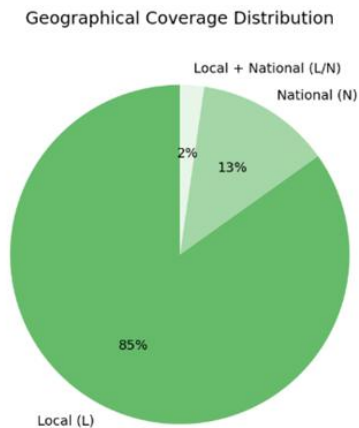


Figure 7: Geographical coverage distribution

3.3.6 How is provision delivered?

Services are mainly delivered face-to-face in community venues, youth centres, schools, and clubs. Digital delivery is limited and mostly used for therapeutic interventions such as online counselling or CBT. Outreach work is less common but more visible in mentoring, anti-bullying, and school-exclusion support, sometimes combined with digital contact to sustain engagement. See figure 8 below.

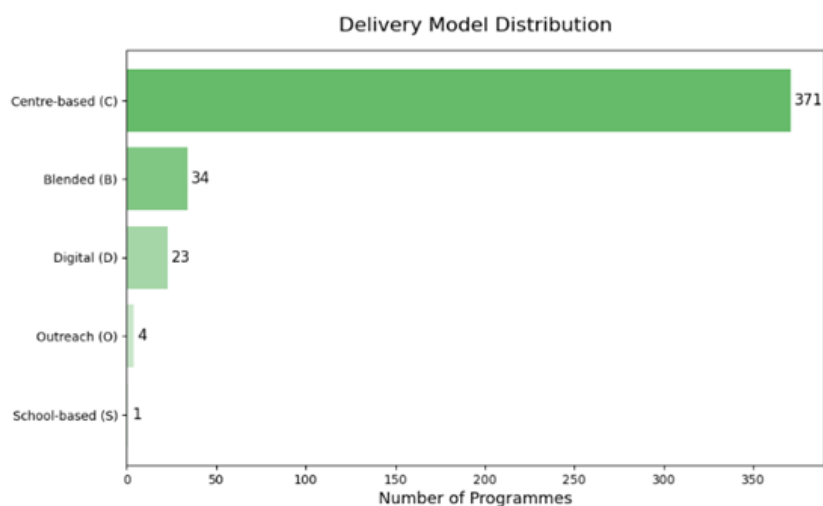


Figure 8: Delivery model distribution

3.3.7 What roles do different sectors play?

The voluntary, community, and social enterprise (VCSE) sector delivers most universal and early-intervention provision. Statutory services are more prominent in mental health, trauma therapy, school-exclusion work, and public health programmes. Private sector involvement is concentrated in sports and coaching provision. Please see figure 9 below.

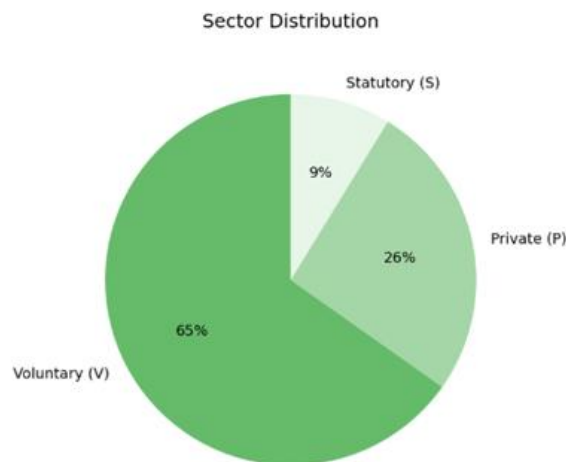


Figure 9: Sector distribution

3.3.8 What level of expected impact is associated with the dominant intervention models?

At first glance, the system appears to be dominated by high-impact provision. However, this picture is heavily influenced by one intervention type: sports programmes. Because sports provision makes up such a large share of all services, it drives the overall impact profile. When sports are removed from the picture, high-impact models are far less common.

Other high-impact interventions - such as CBT, trauma therapies, social skills programmes, and nutrition support - are present but in much smaller numbers. In addition, one high-impact, high-evidence model is completely absent: summer employment provision, which is often linked to reduced risk during key transition periods. Please see figure 10.

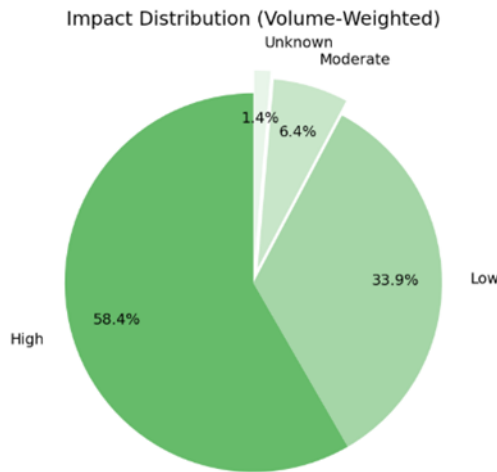


Figure 10: Impact distribution

3.3.9 What is the strength of the evidence base?

With 1 being low and 5 high evidence, when we look at the distribution of evidence quality scores weighted by service volume the picture is as follows: evidence score 2 accounts for 51.7% of mapped services (mostly sports); evidence score 4 accounts for 31.8% (almost entirely after-school); evidence score 3 accounts for 12.9% (mostly mentoring + CBT), evidence score 1 accounts for 3.6% (trauma-specific + nutrition). Please see figure 11 below.

When evidence strength is weighted by how many services exist, the overall system sits at a moderate evidence level (average score 2.71 out of 5) this is because it is dominated by broadly delivered activity programmes rather than intensive, high-evidence therapeutic models.

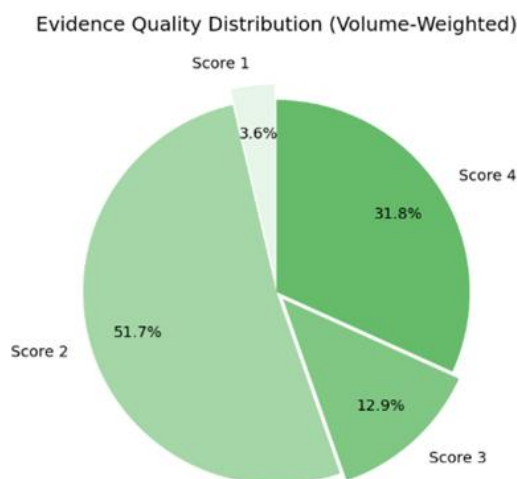


Figure 11: Evidence quality distribution

3.3.10 What is the cost profile of provision?

Provision is generally low cost. The average cost rating across the system is 1.62 (on a scale where 1 = low and 3 = high). This reflects the large volume of sports and after-school services, which are relatively inexpensive to deliver. Higher-cost models, such as CBT and mentoring, exist but in much smaller numbers. Please see figure 12 below.

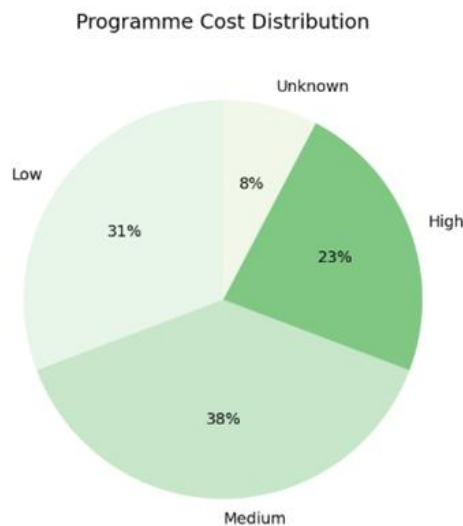


Figure 12: Programme cost distribution

3.3.11 How does mapped provision align with public health framing?

Using a public health framing, most provision aligns with secondary or tertiary prevention (68.1%), with the remainder sitting across primary/secondary prevention (31.9%). This indicates the system is not purely upstream. Even universal activities like sport are often used with risk-identified groups or diversion pathways, placing them within secondary prevention practice. Both prevention tiers contain a mix of high- and low-impact models. For example: primary/secondary includes both low-impact after-school provision and high-impact social skills programmes; secondary/tertiary includes high-impact therapies but also lower-impact adventure provision.

3.3.12 In what contexts are evidence-aligned models typically delivered?

Community setting appears in 98% and school/college appears in 83% of mapped services. This reflects the dominance of sports and after-school provision, which operate across both environments. Differences in evidence strength by setting are minimal. Instead, settings

reflect the types of services delivered there, for example, schools host after-school and anti-bullying programmes, while community venues host sports and mentoring.

3.3.13 Which delivery sectors are most represented in evidence-aligned models?

The system is anchored in three main sectors: Youth sector (58.9%), Education (31.9%), Health (11.7%). Health plays a small but critical specialist role, particularly in therapeutic provision.

Evidence strength does not map neatly by sector. For example: education hosts high-evidence but lower-impact after-school programmes, health delivers high-impact therapies but with varying evidence levels, youth sector provision ranges from mid-evidence sport to mentoring. This suggests sector reflects delivery function rather than intervention effectiveness.

3.3.14 What is the overall system picture?

The youth support system is largely prevention-focused and built around activity-based provision, with sports and after-school programmes forming a strong universal foundation. However, more intensive therapeutic and specialist services exist at much smaller scale. While overall impact appears high, this is heavily driven by the volume of sports provision rather than a broad spread of high-evidence interventions. The system is generally low cost, community-based, and led by the voluntary sector, with health services providing specialist support. Key gaps include transition-to-employment pathways, seasonal provision such as summer programmes, and some early-adolescence support, alongside accessibility barriers linked to centre-based delivery models.

3.3.15 What are opportunities for system strengthening?

Mapping interventions by impact and evidence highlights a concentrated but uneven investment landscape (see figure 13). High-impact, evidence-supported provision was limited to a small number of models, most notably CBT and social skills training, with mentoring occupying a moderate-impact, moderate-evidence position. In contrast, the largest high-impact category, sports, sat within mid-tier evidence, indicating substantial reach but comparatively weaker evaluative grounding.

Social skills training represents a low-cost, high-reach intervention and should be commissioned at scale as an early prevention offer. Mentoring, while moderate in cost, provides strong impact for vulnerable cohorts and should be targeted where risk is identified. CBT is high cost but evidence-rich, commissioning should therefore prioritise access for young people with clinical or complex needs within a tiered support model.

Overall, system strengthening would be best achieved through scaling evidence-aligned psychosocial interventions, while simultaneously building the evaluative and outcome evidence base underpinning high-volume universal provision. Also considering investment in transition-to-employment pathways and seasonal provision such as summer programmes.

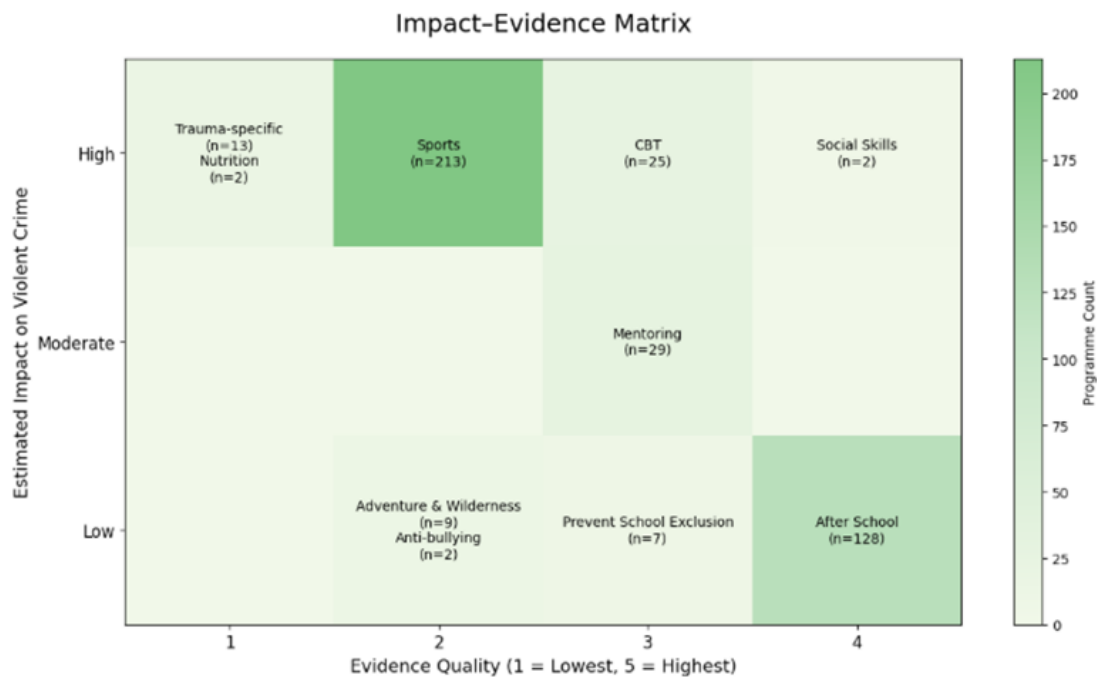


Figure 13. Impact-evidence matrix

3.4 What do the mapping findings tell us about the wider system of youth support in the Thames Valley area?

This mapping exercise explored the community-based service landscape available to support CYP as they transition out of Focussed Diversion Navigator mentorship. The analysis was designed to understand whether the existing service ecosystem across the participating Thames Valley Local Authority areas provides realistic pathways for sustained support once mentoring ends.

The findings suggest that the Thames Valley areas have a diverse network of services spanning youth work, mentoring, sports and activity programmes, educational support, and targeted youth services. Many of these interventions provide opportunities for young people to develop pro-social relationships, structured activities, and a sense of belonging, all of which are recognised as protective factors for vulnerable young people. However, the mapping also highlights variability in the evidence base and availability of provision across intervention types. While some programmes align closely with approaches identified in the

YEF Toolkit as promising or evidence-informed, others operate with limited formal evaluation evidence despite strong practitioner support.

Overall, the mapping reinforces the importance of viewing mentoring programmes within the broader context of the local support system. The effectiveness of short-term mentoring interventions such as Focussed Diversion Navigator Mentorship is partly dependent on the availability of appropriate follow-on services that can sustain engagement and positive developmental trajectories. Ensuring that mentors have clear referral pathways into community-based provision therefore represents a key element of programme design.

3.5 Summary Overview

The service mapping identified a broad range of community-based activities and support services available across the five participating local authority areas. These services provide potential “step-down” pathways for young people following Navigator Mentorship, offering opportunities for continued engagement with trusted adults, structured activities, and supportive peer environments.

While the overall ecosystem appears relatively well developed, the evidence base supporting different interventions varies considerably. Strengthening connections between mentoring programmes and evidence-informed community provision may help maximise the longer-term impact of early diversion approaches. The findings therefore highlight the value of embedding mentoring within a wider, coordinated system of youth support rather than viewing it as a standalone intervention.

3.6. Mapping the Local Youth Violence Prevention Ecosystem: key messages and implications

Key message	Implications
1. Universal activities act as the primary entry points into prevention	
Sports and after-school provision frequently provide the first point of engagement for young people.	Clearer referral and progression pathways are needed so young people can move more easily between universal, targeted, and specialist support where appropriate.
2. Universal provision offers opportunities for earlier identification of need.	
High-volume youth activities often encounter young people at an early stage of vulnerability.	Embedding Youth Navigators or similar roles within universal settings could strengthen early identification and referral into appropriate services.
3. Targeted support provision appears comparatively limited.	
A gap exists between universal provision and specialist services.	Expanding mentoring and other targeted interventions could help bridge this gap and provide structured support before needs escalate.
4. Access barriers can limit engagement with specialist services.	
Higher-risk young people may find it difficult to access centre-based provision.	Increasing outreach, community-based delivery, and blended or digital models could improve accessibility and engagement.
5. Transition pathways for young people aged 16–25 remain less clearly defined.	
Support during the move into adulthood varies across areas.	Developing clearer post-16 pathways, including employability, life skills, and education or training opportunities, could strengthen continuity of support.

6. Seasonal gaps in provision may increase vulnerability.

Periods such as school holidays reduce routine and supervision for some young people.

Coordinated holiday programmes and youth employment opportunities could provide protective structure during higher-risk periods.

7. The system relies heavily on voluntary and community sector provision.

Many key services supporting young people are delivered by VCSE organisations.

Longer-term funding arrangements, partnership working, and shared outcomes frameworks are important for sustaining the local support ecosystem.

4. Conclusion and Implications

4.1 Summary overview

This study examined the feasibility and acceptability of the Focussed Diversion Navigator Mentorship model, alongside two supporting components: the identification of an appropriate cohort for early diversion and the mapping of community-based services available to support young people following mentoring. Taken together, the findings provide a clearer understanding of how the model operates in practice and the wider system conditions that influence its potential impact.

The feasibility and acceptability work suggests that the Navigator mentoring model is operationally deliverable across multiple local authority areas. The programme was implemented broadly in line with its intended short-term diversionary design, providing time-limited, relationship-based support to young people at a point of emerging vulnerability. Mentors were able to engage with young people and work flexibly to address individual needs while supporting connections to wider sources of support. These findings indicate that the core mentoring approach is practicable within existing partnership arrangements and can be embedded within local multi-agency systems.

During implementation, the programme also adapted its approach to working with families. The original model included a dedicated parent mentor role, and a Child Exploitation awareness training offer for parents. However, in practice, engagement with this role was limited. In contrast, parents and carers were more likely to engage with the Youth Navigator Mentor working directly with the young person, suggesting that families responded more positively to a single, relational point of contact rather than a parallel mentoring structure. As a result, the model evolved towards a family mentor approach, in which youth mentors work not only with the young person but also engage parents and carers as part of the wider support process. This shift enabled mentors to incorporate family dynamics and parental perspectives into the mentoring relationship while maintaining a coherent and trusted point of contact for the young person. The adaptation reflects operational learning from the feasibility phase and suggests that integrating family engagement within the youth mentoring role may provide a more effective and acceptable approach than maintaining a separate parent mentoring function.

The study also identified important considerations regarding the identification of suitable cohorts for early diversion. While police data were operationally feasible to use, they primarily identified children and young people who were already known to statutory services, particularly Children's Social Care and Youth Justice. As such, police contact appeared to confirm existing vulnerability rather than function as a strong early identification mechanism for young people who were not yet receiving support. In response to this learning, participating areas shifted towards upstream identification through education settings, focusing on indicators such as behavioural vulnerability, disengagement from school, and exclusion risk. This approach reflects both practitioner experience and wider evidence linking school disengagement to later vulnerability and involvement in violence.

The service mapping exercise further highlighted the importance of viewing mentoring within the broader ecosystem of youth support. Across the participating areas, a wide range of community-based activities and services were identified, including youth work provision, sports and activity programmes, educational support, and targeted mentoring or therapeutic interventions. These services provide potential “step-down” pathways for young people once mentoring concludes, offering opportunities to sustain positive engagement and supportive relationships. At the same time, the mapping identified variation in the availability of provision and in the strength of the evidence base supporting different intervention types. This suggests that the longer-term impact of mentoring programmes such as Navigator Mentorship is likely to depend on the strength and coordination of the wider service landscape into which young people transition.

4.2 Strengths and Limitations

This study brings together multiple sources of evidence, including administrative data, practitioner insight, multi-agency review processes, and a structured mapping of local services. This provides a strong, system-level understanding of how the Focussed Diversion Mentorship model operates in practice and how young people are identified and supported across different settings. Working with partners across five local authority areas also ensured the findings reflect real-world delivery and frontline experience.

However, the study is exploratory and based on relatively small samples, and therefore findings should be interpreted with caution. Delays in implementation affected early recruitment, resulting in lower numbers in some area and components of the study. Extending the police data timeframe increased numbers but may have reduced the immediacy of need. The mapping exercise reflects available and identifiable provision rather than a complete picture of all services, and categorising complex interventions inevitably involves some subjectivity. The study also does not assess reach, uptake, or effectiveness of services, meaning it cannot determine impact, only what provision exists and how the model is functioning. Overall, the findings provide useful insight into feasibility, system functioning, and opportunities for improvement, but further research with larger samples and outcome data is needed to assess effectiveness.

4.3 Implications

These findings highlight several priorities for future research. Further work is needed to test alternative approaches to identifying young people earlier in their trajectories, particularly through education-based pathways and other community settings. Additional research could also examine the longer-term outcomes associated with Navigator Mentoring. Finally, more detailed evaluation of the effectiveness and accessibility of local community provision would help to strengthen understanding of how mentoring programmes interact with the wider system of youth support.

For commissioners and local partnerships, the study offers several key insights. First, short-term mentoring programmes can play a valuable role as an early intervention for young people experiencing emerging risks. However, the success of such models depends on effective identification pathways and strong connections to community-based provision that can sustain positive outcomes over time. Second, education settings appear to provide a more promising upstream route for identifying vulnerable young people than police data alone. Finally, strengthening coordination between mentoring programmes, schools, and community services will be important for ensuring that young people can move smoothly between different forms of support as their needs change.

Overall, the findings suggest that Focussed Diversion Navigator Mentorship is a feasible early intervention model that can form part of a broader prevention system. Its effectiveness is likely to be maximised when embedded within well-connected local ecosystems that enable early identification, collaborative working across agencies, and sustained engagement in supportive community provision.

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