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Healthier Futures

Tackling inequalities to deliver fairer health

Rapid Evidence Synthesis: The impact of youth workers on young people in hospital settings

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Rapid Evidence Synthesis

Rapid Evidence Syntheses (RES) use evidence synthesis approaches and draw on the GRADE Evidence to Decision framework to provide rapid assessments of the existing evidence and its relevance to specific decision problems. In the first instance they focus on evidence from guidance and existing evidence syntheses. They are undertaken in a real-time context of decision-making around adoption of innovative health technologies and are designed to provide a 'good enough' answer to inform decision problems in a short timescale. RES methods are flexible and adaptive. They have evolved in response to user feedback and differ depending on the nature of the assessment undertaken.

RES were developed by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration Greater Manchester (ARC-GM). The methods used are based on a framework set out in Norman et al. (2022) and previously registered on the Open Science Framework.

RES are not intended to serve as a substitute for a systematic review or rapid review of evidence.

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Summary of findings

Key question

What is the impact of youth workers on the engagement with healthcare services of children and young people with long-term health conditions?

What did we do?

Following RES methods, we searched for and summarised existing evidence syntheses and primary studies that investigated the key question.

What did we find?

We found six eligible articles: a narrative literature review and five primary studies (two cohort studies, one qualitative study, and two service evaluations).

Key messages

- We did not find any evidence that **directly** answers the key question.
- Only **one qualitative study** explored the impact of youth workers on the outcomes of young people with a chronic condition.
- We found broader and indirectly relevant evidence, which **tentatively** suggests that youth workers have had a **positive impact** on the experiences of young people, their parents, and healthcare professionals, and have the **potential to support and enable** young people in hospital settings.
- However, **the evidence base is very limited and of low certainty,** indicating that we have limited confidence in the research findings, and more research is likely to change the conclusion.
- It may be worthwhile to assess whether aspects of related youth worker interventions (e.g., youth violence prevention programmes in hospitals) are transferable to youth worker interventions targeted at other children and young people populations (e.g., those with chronic conditions) and in other hospital settings.

Description of the research area

Youth workers in the United Kingdom (UK) are qualified to support young people aged 11 to 25 years in their personal, social, and educational development. This age range represents a critical developmental period for adolescents and young adults, characterised by various emotional, behavioural, and social changes as they transition into adulthood. During this time, those requiring hospitalisation encounter additional challenges, including social isolation, separation from familiar peer groups, and reduced access to usual support networks. For young people managing long-term health conditions, there are additional needs related to living with and adapting to chronic illness.

Youth workers in hospital settings are uniquely positioned to address these challenges. Youth workers offer advocacy and support to enhance young people's experiences and overall wellbeing as they navigate inpatient and outpatient care.

However, despite the relatively established role of youth workers in community settings, there is limited knowledge regarding their impact on children and young people within hospital settings.

Key question

What is the impact of youth workers on the engagement with healthcare services of children and young people with long-term health conditions?

Methods

Searches

We searched the electronic databases Medline (Ovid) and the Cochrane Library on the 18th December 2024. The search strategy included terms based on the key question (above) and covered three core areas – children and young people, youth workers, and hospital settings. We complemented the electronic database searches with key word searches in Google Scholar. We searched the reference lists of eligible articles and performed forward citation searching of these reports to find additional relevant articles. We excluded articles not published in English and articles that were not available as full texts. We searched for relevant guidance published by the National Health Service (NHS) and the National Institute for Health and Care Excellence (NICE).

Inclusion criteria

This RES applied relatively broad inclusion criteria across several areas to determine article eligibility:

i) Participants

Eligible studies needed to include children and young people between the ages of 11 and 25 years, as youth workers in the UK are qualified to work with people in this age range. While our

focus was to find research conducted with children and young people who have a chronic (long-term) physical or mental health condition, we widened our scope to find research conducted with any child and young person population.

ii) Intervention

Eligible studies needed to include youth worker interventions delivered in a hospital setting, where youth workers work individually with young people or groups of young people. There was some variation in the terms used to describe youth workers in the literature, including 'social educator' and 'peer specialist'. In these papers, the roles were presented in line with the values and principles of a youth worker in the UK (National Youth Agency, 2020) and were therefore included in this RES. Interventions could include a combination of healthcare or other professionals (e.g., a clinical psychologist) provided youth workers were involved and they had dedicated time with young people.

All hospital settings were eligible (e.g., inpatient, outpatient, and accident and emergency settings). Interventions delivered exclusively in a community setting or a setting other than a hospital were excluded.

iii) Comparators

We included studies with any control or comparator group and without control or comparator groups.

iv) Outcomes

In line with the key question, the primary outcome was children and young people's use of or engagement with healthcare services. However, we expected to identify very little relevant literature. Therefore, we included a wide range of secondary outcomes related to children and young people's health outcomes and experiences of or satisfaction with healthcare services. We also included relevant parent/guardian outcomes (e.g., experience of and satisfaction with healthcare services). These outcomes could be measured using either quantitative or qualitative data collection methods.

v) Study designs

In the first instance, we aimed to include existing evidence syntheses of relevant literature (e.g., systematic reviews, scoping reviews, umbrella reviews, narrative reviews, and other review types). We included primary research of any study design (e.g., quantitative, qualitative, and mixed-methods research). We included studies conducted in high-income countries (as defined by the World Bank) to report evidence more transferrable to a UK setting.

However, the results of an initial database scoping exercise and liaison with experts in the research field suggested that there would be a very limited evidence base. It was considered beneficial to include descriptive papers and other grey literature documenting information relating to the role of youth workers in hospital settings, to gain a thorough understanding of the work conducted to date.

Synthesis of the evidence

We have produced a narrative summary of the evidence to answer the key question. We have summarised existing evidence syntheses, primary studies, and other relevant articles, highlighting the certainty and relevance of the evidence concerning the key question. When summarising the evidence, we were guided by the GRADE (Grading of Recommendations Assessment, Development and Evaluation) (Guyatt et al., 2008) approach to categorising the certainty of evidence into four levels:

- High certainty indicates that we are confident in the research findings.
- Moderate certainty indicates that we are fairly confident in the research findings.
- Low certainty indicates that we have limited confidence in the research findings, and more research is likely to change the conclusion.
- Very low certainty indicates no clear association or effect (depending on the question).

We screened the eligible articles to identify any areas of overlapping evidence in terms of the included studies. We have only reported data from individual studies once.

Results

Search results

We identified 829 records from the electronic database searches. After screening these records, seven articles were considered eligible for inclusion in this RES. Searching the reference lists of eligible articles, forward citation searching, and searching Google Scholar did not yield any new eligible articles. We did not find any relevant guidance by the NHS or NICE. One of the eligible articles (Hilton & Jepson, 2012) described three case studies and was included by another eligible article (a narrative literature review by Marshall and Waring (2023a). Therefore, this article is included in our summary of the narrative review findings and is not described separately. Hereon, **six (of the eligible seven)** articles are reported.

Synthesis of the evidence

Directly relevant evidence

We did not find any evidence related to youth workers' impact on the engagement of children and young people with long-term health conditions with healthcare services.

Indirectly relevant evidence

We found **indirectly** relevant evidence related more broadly to the impact of youth workers with other young person populations and on other health-related outcomes. Six articles focused on young adults in the context of youth violence and injuries (Dickson et al., 2023; Jacob et al., 2021; Zinny et al., 2024), the general population of young adults in hospital (rather than young adults diagnosed with a particular health condition) (Marshall & Waring, 2023a; 2023b) and young adults with a chronic condition (i.e., those with stage 4-5 chronic kidney disease or in receipt of a kidney transplant) (Jose et al., 2021). This evidence provides a tentative indication of the potential impact of youth worker interventions for children and young people. The following section

presents literature under two headings to reflect the nature of the eligible articles: (i) evidence syntheses and (ii) primary research.

i) Evidence syntheses

Marshall and Waring (2023a) conducted a narrative literature review of 11 studies published up to 2019, including one qualitative study (Villadsen et al., 2015), two service evaluations of the same service in the UK (DeMarco et al., 2016; Ilan-Clarke et al., 2013), and eight descriptive articles (Hilton & Jepson, 2012; Hilton et al., 2004; Jones & Wriglesworth, 2008; Robinson & Alboim, 1974; Silver et al., 1971; Watson, 2004; Wu et al., 2018; Yates et al., 2009).

Villadsen et al. (2015) reported a qualitative interview study with young people aged 14-20 years old from Denmark. Seven young people participated in a semi-structured interview to discuss their one-to-one experiences with a 'social educator' during their hospital admission. The findings highlighted the significance young people placed on the positive and informal relationship they shared with the social educator. When engaged in recreational activities together, young people felt less like a patient and more like a 'normal' young person. During activities, they found it easier to discuss difficult or emotional topics. Young people also reported experiencing greater opportunities for decision-making, a feeling of being recognised as an individual person and respected for it, and increased motivation to continue their treatment (Villadsen et al., 2015).

DeMarco et al. (2016) and Ilan-Clarke et al. (2013) evaluated a service aimed at supporting children and young people (aged 12-18 years old) involved in violence. Young people were referred to youth workers when they presented in an emergency department for violent injuries. Questionnaires completed by young people before and after engaging in the youth work intervention showed a significant reduction in youths reporting psychological problems and lifestyle risk at the 14-week follow-up (DeMarco et al., 2016). Notably, this study recruited a small sample and saw a high dropout rate between baseline and follow-up: 120 completed the baseline questionnaire, and only 66 young people completed the follow-up questionnaire (DeMarco et al., 2016). Young people suggested barriers to their own involvement with the youth work intervention programme in hospital included their mistrust of the youth worker (Ilan-Clarke et al., 2013). **In summary, we consider the effects of the intervention on psychological issues and lifestyle risk, for 12-18 years olds involved in violence, to be of low certainty.**

The eight descriptive papers documented the main roles and/or impact of youth workers on young people in the hospital setting. The articles are briefly summarised below:

- **Independent role:** Youth workers foster unique relationships with young people by maintaining a separate role from other healthcare and hospital staff (Hilton et al., 2004; Yates et al., 2009).
- **Holistic approach:** The role is flexible, holistic, and centred on young people's needs, aiming to support personal and social development through good rapport and trust (Hilton & Jepson, 2012; Yates et al., 2009).
- **'Bridging the gap':** Youth workers connect young people with healthcare professionals, enhancing their agency in care and treatment decisions, signposting them to community

resources, and facilitating interactions that could support them (Wu et al., 2018; Jones & Wriglesworth, 2008).

- **Individual and group interventions:** Individual work involves one-to-one support from the youth worker and advice to the young person (Yates et al., 2009). Group work focused on teamwork, peer support, more social interaction, and confidence building (Hilton et al., 2004).
- **Positive impact:** Informal evaluations of youth workers in hospital settings were described as positive and promising (Cleverley et al., 2018; Robinson & Alboim, 1974; Wu et al., 2018), and suggested these led to increased confidence, independence, improved relationships with healthcare professionals, and new social connections for young people (Hilton & Jepson, 2012; Hilton et al., 2004). Youth workers were reported by the authors to be described by young people as "a reassuring person to meet in the hospital setting" (Silver et al., 1971).

ii) Primary research

Five primary studies reported **indirectly** relevant evidence.

Jose et al. (2021) conducted a qualitative interview study to evaluate the impact of establishing a clinic for young adults with kidney disease and/or renal transplantation in Tasmania, Australia. Six young people aged 17 to 29 years old (mean 20 years) living with a kidney transplant or stage 4-5 chronic kidney disease were interviewed to explore their experiences of the clinic. The findings indicated that the young adults appreciated the support provided by the youth worker at the clinic. The young adults made suggestions for improvements at the clinic and proposed additional youth worker support to facilitate clinic sessions (alongside more peer support opportunities and additional life skills education sessions) (Jose et al., 2021).

Marshall and Waring (2023b) conducted a service evaluation of the role of youth workers offered to young people in general hospital settings in the UK. Forty seven young people (aged 11-25 years old), 16 parents, and 76 members of multidisciplinary health professional teams were recruited by a youth worker in hospital to complete an online survey of their views and experiences of youth workers in the hospital setting. The findings suggested that youth workers were highly valued by all, with consensus that they had an overwhelmingly positive impact on the experiences of young people, their parents, and members of the multidisciplinary teams:

- Youth workers were reported as acting as intermediaries to facilitate communication and understanding between young people, their parents, and the multidisciplinary team.
- The multidisciplinary teams considered youth workers to be a fundamental ingredient when working with young people in the hospital setting: "the glue that holds everything together" (pp.15, Marshall & Waring, 2023b).
- Youth workers were reported as offering a relatable and informal engagement style, which allowed them to connect with young people in ways other multidisciplinary team members could not.
- Their support differed from other approaches because it was deliberately guided by and tailored to the priorities and values of the young people they worked with.

- None of the parents described any negative aspects to the service provided by youth workers.
- While the findings were generally very positive about youth workers, several young people reported that they could become dependent on the youth worker and highlighted a drawback to the 'time limited' nature of their time together in hospital (Marshall & Waring, 2023b).

Two quantitative studies reported evidence about the impact of youth worker interventions on young people who have experienced violent injury and assault (Dickson et al., 2023; Zinny et al., 2024).

Dickson et al. (2023) conducted a retrospective cohort study in a Major Trauma Centre in Nottingham, UK, exploring the association between engagement in the 'Redthread' (a charity) youth violence intervention programme and re-attendance to the emergency department for violent injuries. Redthread youth workers aimed to build trust and rapport with young people, and to leverage the 'teachable moment' after traumatic or adverse events to promote positive health and behaviour changes. Over two years, 573 young adults were referred to the intervention, of whom 287 were recruited; 164 (57%) engaged in the full programme of support and 123 (43%) received crisis support only. Engagement with the intervention was associated with a 51% reduction in re-attendances compared with those who did not engage (prior event rate ratio (PERR) 0.49 [95% confidence intervals 0.28–0.64]). Face-to-face intervention delivery was associated with greater intervention engagement than telephone delivery. In summary, we consider the effects of the Redthread programme on emergency department attendance to be of **low certainty,** due to methodological limitations in the study (Dickson et al., 2023).

In the USA, Zinny et al. (2024) conducted a pre-post test pilot study of a hospital and community-based violence intervention programme that integrated trauma-focused cognitive behavioural therapy (TF-CBT) with peer services for 50 Black and Latino youths (aged 8-18 years, average 14 years) impacted by community violence. Trained 'peer specialists', social workers, and therapists delivered the TF-CBT intervention in hospital, home, community and office-based settings. Twenty nine (58%) young people completed the intervention and 82% met peer services and case management goals. Young people who completed therapy showed significant improvement in post-traumatic stress symptoms (from a mean of moderate PTSD (34.07) to mild PTSD (16.85), p=.001), and depression symptoms (from mean 10 to 5.7, p=.008) at post-test. The small sample size is notable. This study employed an intervention in which youth workers were not the only additional source of support to young people. It is not known whether the 'key ingredient' for improved outcomes was the youth worker support, an additional source (e.g., therapy, peer support, the rapport between a professional and young person), or a combination of these. In summary, we consider the effects of the programme on post-traumatic stress symptoms and depression symptoms to be of **very low certainty.**

In the UK, Jacob et al. (2021) evaluated the effects of a youth worker intervention with young people in an urban district hospital following hospital attendance with violence-related injuries. Young people completed pre- and post-programme measures of emotional and behavioural difficulties and feedback questionnaires to explore their views of the intervention. Those who completed the full 12-week programme had additional data collected, including any emergency

department reattendance during the study period. Notably, this study recruited a small sample and saw a high dropout rate between baseline and follow up: a total of 573 young adults (aged between 7-26 years old; average 14.9 years) were referred to the hospital youth worker programme; 85 (17%) were successfully engaged but only 15 completed the 12-week programme. Six of the 15 participants reported a reduction in behavioural, hyperactivity and emotional risk, while the remainder had no change. Most young people (14/15, 93%) did not reattend the emergency department due to injury within the study period. Those who finished the youth worker programme identified four strengths: the opportunity to talk openly, ease of access, having reliable and credible mentors, and the chance to develop effective strategies. Participants wanted access widened and more sessions to be made available**.** In summary, we consider the effects of the programme on behavioural risk, hyperactivity, emotional risk, and emergency department attendance to be of **very low certainty.**

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