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Marie Marshall & Gillian Waring

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# Youth Work in the Hospital Setting—A Narrative Review of the Literature

Marie Marshall, PhD <sup>a</sup> and Gillian Waring, PhD<sup>b</sup>

<sup>a</sup>Manchester Academic Health Science Centre, Manchester NHS Foundation Trust, The University of Manchester, Manchester, UK; <sup>b</sup>The University of Huddersfield, Huddersfield, UK

## ABSTRACT

This paper presents a narrative literature review on the evidence relating to the youth worker role with young people in the hospital setting, within which the research gaps and inconsistencies within the body of knowledge available are highlighted. Medline, CINAHL, PsycINFO, AMED and British Nursing Index databases were searched and screened for papers which involved the youth worker role with young people in a hospital setting. Data relating to the youth workers who worked with young people in the hospital setting were extracted by two independent reviewers. A total of 11 papers were identified dating from 1971 to 2018, from a range of countries. In order to present the available body of knowledge, this narrative synthesis of the literature is presented under three headings: descriptive work, service evaluation and empirical research. The findings suggest that the youth worker role in the hospital setting has a positive impact upon the lives of young people and this was accomplished through the interventions the youth worker employed when working with young people. Equally, challenges were highlighted relating to the youth worker undertaking their role in the hospital setting. However, changes during this time period in attitudes towards adolescent health particularly within the United Kingdom, along with the loss of funding for youth work has had an impact on the research in this area of clinical practice. The number of descriptive papers in this review, highlights the necessity for empirical evidence in both quantitative and qualitative research in order to gain a greater understanding of what the youth worker role in the hospital provides to young people and the impact of their interventions from the perspectives of young people, parents, youth workers and members of the multi-disciplinary team.

## ARTICLE HISTORY

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## KEYWORDS

Youth worker; young people; hospital

## Introduction

Youth workers in the United Kingdom are qualified to work with young people aged 11–25 years (National Youth Agency, 2020) – a significant stage in adolescent and young adult development and a period when young people experience a range of emotional, behavioural and social changes as they make the transition into adulthood (Farre & McDonagh, 2017; Hagell & Shah, 2019) and when lifelong health behaviours are set in place (Kennedy et al., 2007; Resnick et al., 2012; Watson, 2004).

Young people requiring hospitalization face a range of challenging issues such as social isolation, separation from local peer groups and sources of support. Additionally, for those young people with long-term health conditions they can also have very specific needs in relation to their experiences of living with and managing a long-term health condition (Marshall et al., 2009; Yates et al., 2009).

The role of the youth workers in the hospital setting can be well placed to engage with the challenges young people can experience and can positively enhance the experience, advocacy and wellbeing of young people using hospital inpatient and outpatient services. Youth workers support young people to learn about themselves, others and society through informal educational activities that combine enjoyment learning and challenges, to promote their personal and social development (National Youth Agency, 2020; The Centre for Youth Impact, 2019; Yates et al., 2009). However, although the youth workers role with young people in the community setting is well established, there is less known about the youth worker role with young people in the hospital setting (Hilton et al., 2004; Merton, 2004).

This narrative literature review will examine the evidence and present the current knowledge on the youth worker role with young people in the hospital setting.

## **Methods**

### ***Aim***

The aim of this literature review was to answer the following question:

*“What is known from the existing literature relating to the youth worker role with young people in the hospital setting?”*

### ***Design***

A narrative literature review was conducted. A narrative literature review aims to summarise and synthesise a body of literature in a specific subject area and identify gaps and inconsistencies in the body of knowledge (Cronin et al., 2008). The authors chose to undertake a narrative review of the literature in order to gain a broad perspective on the topic as they were aware that there was limited research evidence available in this specific subject area.

### ***Search methods***

The literature search was conducted during September and October 2019. The search strategy employed search terms derived from the research question and were developed around three key areas “young people”, “youth worker” and “hospital”. Boolean operators were used to combine the search terms. The search terms were – teenager\* OR young person OR young people OR adolescen\* OR youth OR juvenile AND work\* OR intervention OR team OR advocate OR support work\* AND hospital. Following discussion with the Trust librarians the databases were decided upon based on their relevance to the subject area. The search terms were inputted into the following databases – Cumulative Index of Nursing (CINAHL), MEDLINE, British Nursing Index, AMED and PsycINFO.

Grey literature was also searched including accessing Google Scholars. Additional references were searched for in the reference lists of the selected papers. *The inclusion criteria for the literature review:*

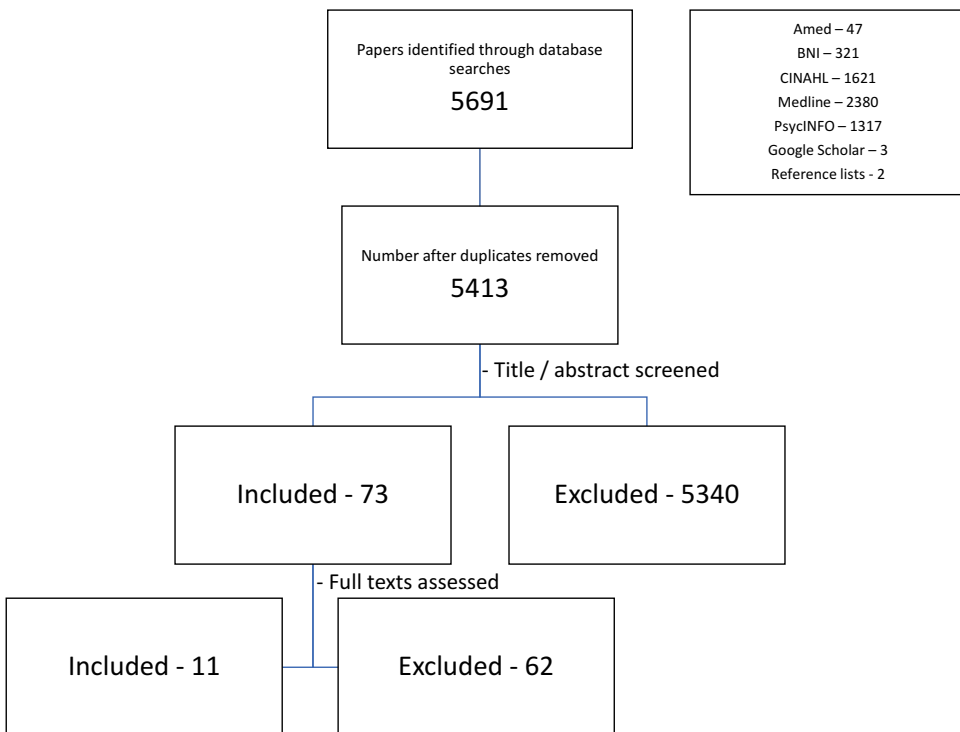
- The youth worker in the hospital setting (inpatient and/or outpatient settings)
- The youth worker role/interventions with young people over 11 years old.
- Empirical research (quantitative, qualitative, mixed-method research), service evaluations and descriptive papers.

*The exclusion criteria for the literature review*

- The youth worker in a community setting or a setting other than a hospital
- Interventions offered to young people in a hospital setting by a health care professional (not a youth worker)
- Papers which did not focus on the role/interventions of the youth worker
- Papers not published in the English language
- Abstracts

**Search outcome**

A total of 5691 papers were identified from the search. The literature search flow chart is presented in Figure 1. Following the removal of duplicates, the full set of 5413 titles and abstracts were screened against the inclusion criteria for eligibility by both authors (MM



**Figure 1.** Literature search flow chart.

and GW) and consensus was sought as to whether to read the sources in full. The full texts of 73 papers were obtained for more detailed review and a total of 11 papers were identified by the authors as meeting the inclusion criteria.

### ***Extracting the data***

A uniform approach to all papers was adopted for the review, key concepts of information from the literature were subsequently charted by the authors and tabulated (Table 1). Recorded information included: author(s), year of publication, report location, journal, title, aim/purpose, design/sample, role/intervention of the youth worker and main findings/outcomes. The findings of this literature review are presented below using a narrative synthesis chronologically organised.

### **Findings**

The 11 identified papers were published between 1971 and 2018 – five of the papers were published in the last decade, whilst two of the papers were published over 45 years ago (Robinson & Alboim, 1974; Silver et al., 1971) – notably, there was no literature identified between 1974 and 2004. The report locations were from a range of countries, including the United Kingdom (DeMarco et al., 2016; Hilton & Jepson, 2012; Hilton et al., 2004; Ilan-Clarke et al., 2013; Jones & Wriglesworth, 2008; Watson, 2004; Yates et al., 2009), Canada (Robinson & Alboim, 1974), Denmark (Villadsen et al., 2015) and the United States of America (Silver et al., 1971; Wu et al., 2018).

The hospital environment in which the youth work was undertaken with young people varied within the literature. The literature describes youth work within inpatient children's medical wards (Hilton & Jepson, 2012; Hilton et al., 2004; Villadsen et al., 2015; Watson, 2004; Wu et al., 2018), inpatient mental health services (Jones & Wriglesworth, 2008) and accident and emergency departments (DeMarco et al., 2016; Ilan-Clarke et al., 2013; Robinson & Alboim, 1974). Two of the papers were specific to those young people attending accident and emergency due to youth violence (DeMarco et al., 2016; Ilan-Clarke et al., 2013).

Only one paper reports empirical research – a qualitative study (Villadsen et al., 2015), two papers report findings from the same service evaluation (DeMarco et al., 2016; Ilan-Clarke et al., 2013) and notably, eight papers are descriptive papers, discussing the hospital-based youth worker (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). Three of which describe the development of the youth worker role in the same hospital setting in the United Kingdom (Hilton & Jepson, 2012; Hilton et al., 2004; Watson, 2004).

The search clearly highlights the limited and low-level evidence that is available in relation to the youth worker role with young people in the hospital setting. However, as the descriptive papers present information relating to the role of youth workers in the hospital, it was considered necessary by the authors to include this work in the review – to gain an in depth understanding of the work which has been conducted to date and to bring together the published literature related to this area of clinical practice. The findings of this literature review will be presented below using a narrative synthesis chronologically organised to trace the development of the topic over time under the headings of descriptive work, service evaluation and empirical research.

**Table 1.** The 11 Identified Papers

Authors/ Year/Country	Title/Journal	Aim/purpose	Design/sample	Role/intervention of the youth worker	Main findings/outcomes
DeMarco et al. (2016) United Kingdom	Improving mental health and lifestyle outcomes in a hospital emergency department-based youth violence intervention. <i>Journal of Public Health</i> 18 (2) 119–133	To use a youth work paradigm to target vulnerable youth (victims of violent crime) in a health setting (emergency department) at a crisis point.	Service evaluation Questionnaire – data collected from 120 youth (aged 12–20 years) at baseline and 66 of the youth who completed the youth worker intervention programme at the 14-week follow up.	Violence intervention initiative provided by a youth worker which included mentoring, self-esteem building and engagement with youth activities. Intervention provided by a youth worker and volunteers.	The involvement with the youth violence intervention programme is significantly related to improvements in users' lifestyle and well-being. Family and lifestyle choices showed significant improvements. Psychological problems also improved. Findings based on results from the questionnaire data.
Hilton et al. (2004) United Kingdom	Youth work in hospital <i>Paediatric Nursing</i> 16 (1) 36–39	To describe the role of the youth worker in a hospital setting	Descriptive paper The youth worker worked with young people with chronic renal failure 12–18 years old.	One youth worker with a diploma in youth work. Previous experience in youth work but not in a hospital setting. Interventions: 1:1 work. Group work. Life skills/education. Youth committee. Transition work. Hospital youth club.	Positive informal feedback from young people and parents reported by the authors. The role became a permanent position within the hospital at the end of the two-year contract funded by charity.
Hilton and Jepson (2012) United Kingdom	Evolution of a youth work service in hospital. <i>Nursing Children and Young People</i> 24 (6) 14–18	To describe the introduction of a youth worker into the multidisciplinary team in a hospital setting.	Descriptive paper The youth worker worked with young people with chronic illness, in a hospital setting	Development of the role of the youth worker across the hospital setting for all young people with chronic illness. Comprises of five youth workers and a pool of volunteers (qualification not documented). To build personal and social development. Drop-in sessions, a generic youth room, a youth club and transition residential programme. 1:1 support and group work.	The paper describes the benefits of the youth worker role in the hospital setting and the development of the youth worker service in a hospital. Authors report feedback from the multi-disciplinary team highlights the clear benefits of the youth worker in the hospital setting including: increasing young peoples' confidence, independence, vocational goals and improved relationships with hospital staff and family.

(Continued)

Table 1. (Continued).

Authors/ Year/Country	Title/Journal	Aim/purpose	Design/sample	Role/intervention of the youth worker	Main findings/outcomes
Ilan-Clarke et al. (2013) United Kingdom	Setting up a youth violence prevention project in a London hospital emergency department. <i>Journal of Public Health</i> 12 (2) 80–92	To describe an emergency department intervention (referral to youth workers for mentoring/youth work intervention) to support 12–18-year olds involved in violence.	Service evaluation The service evaluation included both qualitative (interviews) and quantitative (questionnaires) methods to evaluate the intervention and its implementation with young people and hospital staff.	Youth work (1 youth worker and volunteers). Intervention and mentoring. Individual interventions. Initial assessment. Building self-esteem and working on reducing salient emotions. Creating a trusting relationship. Referring to young person's chosen youth activity. Youth workers -engage young people on a 1:1 basis. Explores the support networks available to young people. Build coping strategies to reduce self-harm and readmission. Encourage positive activities.	The authors report the youth violence project to be an important initiative for intervention in youth violence. Barriers to service use/ implementation included: young person's mistrust, problems with service visibility in a busy hospital. Importance of role visibility highlighted.
Jones and Wriglesworth (2008) United Kingdom	'Inspire' youth work in hospital project offers support to young people admitted to Wrexham Maelor Hospital with self-harming behaviours. <i>Education and Health</i> 26 (3) 58–59	To describe a youth work hospital project and its objectives.	Descriptive paper. Youth workers work with young people admitted to Wrexham Maelor Hospital with self-harming behaviours – including alcohol and substance misuse.	Intended outcomes: -Reduce re-admission to hospital. -Maintain family links. -Maintain/re-establish links with education. -Young people will take up the support offered.	

(Continued)

**Table 1.** (Continued).

Authors/ Year/Country	Title/Journal	Aim/purpose	Design/sample	Role/intervention of the youth worker	Main findings/outcomes
Robinson and Alboim (1974) Canada	The use of non- professional change agents in an institution <i>Canadian Psychiatric Association Journal</i> 19 (5) 469–472	Reporting on a youth worker program in an emergency department for all youth who wanted to access the service.	Descriptive paper. Initially young people admitted relating to substance misuse which then evolved to all young people who required psychosocial intervention.	Youth worker programme. five youth workers – (non- professionals with various backgrounds) -Staff the emergency department between 21.00hrs – 03.00hrs. -liaise with the multi- disciplinary team. -Offer flexible and informal approach. -Facilitate interaction between the hospital and other organisations.	Informal evaluations of the project described by authors as overwhelmingly favourable. Highlights the importance of health professionals understanding the role of the youth worker.
Silver et al. (1971) United States of America	A hospital youth service directed by detached workers. <i>Laval Medical</i> 42 (10) 976–980	A report to describe a pilot project regarding the role of the non- professional (the detached worker) in a hospital-based youth emergency diagnostic and management unit.	Descriptive paper Youth workers worked with young people (over 14 years) in a hospital-based youth emergency diagnostic and management unit – mental health.	The detached worker Non-professional. Worked as part of the multi- disciplinary team. Experience working with young people in the community.	The authors reported that health care professionals attempted to accept the role of the detached worker but found it difficult to share certain responsibilities. The detached worker offered novel perspectives and was described by authors a 'credible intermediary'. Detached workers were reported to feel quite threatened in the hospital environment 'red tape' and felt the role became less indigenous. Young people were reported to find the detached worker a reassuring person to meet initially in the hospital setting. Based on this pilot a permanent unit has been established.

(Continued)





Table 1. (Continued).

Authors/ Year/Country	Title/Journal	Aim/purpose	Design/sample	Role/intervention of the youth worker	Main findings/outcomes
Villadsen et al. (2015) Denmark	More than a break: the impact of a social pedagogical intervention during young persons' hospital admission. <i>International Journal of Adolescent Medicine and Health</i> 27 (1) 19–24	To identify the impact of a social pedagogical intervention. Combination of interpersonal relationship/individually tailored recreational activities. Using a qualitative approach.	Qualitative Seven young people (14–20 years) who had individual sessions with a 'social educator' during their hospital stay (children's tertiary hospital) were interviewed.	The social educator offered individual sessions to children with acute, chronic or critical illness. Individualised interventions and recreational activities. Relationship built on trust and mutual respect. Set goals with young people with an objective to improve young peoples' ability to cope with their illness and inpatient stay.	All young people reported increased opportunities for decision making and influence on daily structure supported the feeling of being recognised and respected as an individual person as well as increased motivation to go through their treatment. Opportunities to join recreational activities and develop social networks. Individual sessions with the social educator were reported to be of importance to young people in hospital. Areas developed by the youth worker: general development, individual support and group work.
Watson (2004) United Kingdom	Hospital Youth Work and Adolescent support. <i>Archives of Disease in Childhood</i> 89 440–442	To describes the development of a youth worker role in providing young people with more appropriate care and support in a hospital setting.	Descriptive paper. Young people aged 11–25 years old – inpatients on a 'children and young people's medical unit'.	One youth worker who had a diploma in youth work and 2 years' experience working with young people. Promote personal and social development. Provided informal educational/leisure activities, challenges and learning exercises. 1:1 work and group work. An ambassador for young people. Established a youth committee. Assist in the transition to adult care.	Appraisal of the post including the views of members of the multi-disciplinary team and informal feedback from young people and their families were supportive of the role. This resulted in the youth worker post being formally adopted at the hospital and expanding the service (and number of youth workers) to support young people with other chronic health conditions. Paper highlights there must be a clear understanding of the youth worker role and a clear induction for the youth worker with mentoring and support.

(Continued)

**Table 1. (Continued).**

Authors/ Year/Country	Title/Journal	Aim/purpose	Design/sample	Role/intervention of the youth worker	Main findings/outcomes
Wu et al. (2018) United States of America	Transitioning from sick kid to community health worker. Building better bridges to adult care. <i>Paediatrics</i> 142 (2) 1–4	To describes the integration of a former patient (with chronic illness at a children's hospital) with the personal experience of worker – as a youth health worker into the multidisciplinary team.	Descriptive paper. Youth worker worked with young people in transition – hospital setting	Youth worker – former patient at a children's hospital with chronic illness. The role was to encourage goal setting using a holistic approach. Builds rapport and trust with young people. Modelling effective problem-solving strategies. To help bridge the gap between patients and providers – effective communication.	A youth worker with personal transition experience was reported by the authors as one who can help bridge the gaps between patients and the multi- disciplinary team. Builds rapport and trust based on shared experiences adopting a holistic approach. The youth health worker was reported to bring a patient voice to institutional resources.
Yates et al. (2009) United Kingdom	Children and young people in hospitals: doing youth work in medical settings. <i>Journal of Youth Studies</i> 1277–92	The paper explores how youth work can be effective in addressing the challenges of young people and benefit health care staff and hospitals.	Descriptive paper. Youth workers working with young people in hospital settings in the United Kingdom	The youth worker role in hospital: -Enables personal and social development. -Is driven by concerns from perspectives of young people. -Flexible tailored to individual need. -1:1 work – support/advice and guidance/ communicate information in way young people understand. -Refers to other services. -Works in partnership with the multi-disciplinary team – mediation.	Highlights how youth work in hospital is rare and under researched in the United Kingdom. However, suggest it can be effective in addressing the challenges of young people's experience. The strengths of the youth worker role are highlighted as are the holistic and flexible approaches adopted.

## ***Descriptive work***

The descriptive papers in this review describe the role and/or the impact of the youth worker in the hospital setting.

### ***The youth worker in the hospital***

The earliest work relating to the youth worker in the hospital setting identified in this review dates back to 1970s (Robinson & Alboim, 1974; Silver et al., 1971), where the youth worker was referred to as a “detached worker” and a “non-professional” (Silver et al., 1971) with no description of any qualifications. Whereas more recent papers describe the youth worker being educated to graduate level (Hilton & Jepson, 2012; National Youth Agency, 2020) – although the significance of the shift in education is not acknowledged within the papers. It has been suggested in more recent years that the approach taken by the youth worker allows young people to develop a particular type of relationship with them that may elude to other health care professionals and for this reason it is argued that the role of the hospital-based youth worker remains “separate” to clinical roles to allow the relationship with the young person to develop (Hilton et al., 2004; Yates et al., 2009) – which suggests the nature of the “detached worker” role has remained over time.

Although one paper explained the youth worker worked under the supervision of the children’s unit director and senior paediatric nurse manager (Hilton et al., 2004) there is no further evidence within the descriptive papers to clearly explain the relationship of the youth worker to the nursing staff or where the youth worker is positioned in the multi-disciplinary team structure.

Previous experiences of the youth workers differed within this body of literature from those with experience of working with young people generally (Silver et al., 1971; Watson, 2004) to those having previously undertaken a role specifically as a youth worker but in the community setting (Hilton et al., 2004). One paper described a youth worker who was a young person with a long-term illness, who is a prior to transferring to adult services had been an inpatient on a children’s medical ward (Wu et al., 2018) and other authors reported “volunteer” youth workers being part of the youth work service within the hospital, these volunteers were described as young people with a long-term illness and previously patients at the children’s hospital (Hilton & Jepson, 2012). This highlights variations within the background and experiences of the hospital-based youth worker.

### ***Youth work interventions***

Youth worker interventions in the hospital setting are described in this body of literature as consisting of both one to one work and group work with young people, where young people are encouraged and challenged to build their personal and social development to achieve their potential (Hilton & Jepson, 2012; Hilton et al., 2004; Jones & Wriglesworth, 2008; Watson, 2004; Wu et al., 2018). Individual work involved the youth worker offering one-to-one support and advice to the young person (Yates et al., 2009). Whereas, group work focussed on teamwork and peer support – consisting of activities to encourage social interaction and develop confidence, for example one youth worker managed a group for teenagers on haemodialysis and organised activities which focussed on peer support, teamwork and an opportunity to provide informal education (Hilton et al., 2004). The descriptive papers have consistently over time highlighted the youth worker role in the hospital as

characterised by its holistic, flexible and individual approach to young people (Hilton & Jepson, 2012; Hilton et al., 2004; Robinson & Alboim, 1974; Watson, 2004). There is a consensus that the aim of the role is to enable personal and social development, with the interventions being driven from the perspectives of the young people themselves (Yates et al., 2009), thus requiring the youth worker to build rapport and develop trusting and positive relationships with young people.

The descriptive literature also highlighted the youth worker in the hospital as “bridging the gap” between young people and health care professionals (Wu et al., 2018). This involved enabling young people to exercise more control over their treatment options and advocating support for a young person’s needs (Hilton & Jepson, 2012). The youth worker was reported to have a role in referring and signposting young people to other agencies in the community and facilitating interaction between young people and those agencies that could support them (Jones & Wriglesworth, 2008; Yates et al., 2009). This is consistent with earlier reports (Robinson & Alboim, 1974), where youth workers were described as “a credible intermediary” between the hospital the young person and the wider community (Silver et al., 1971). The mediation between young people and health care professionals is an aspect of the youth worker role that appears to have remained over time.

### ***Impact of the youth worker in the hospital setting***

There was a consensus within the literature that the role of the youth worker in the hospital setting had a positive impact on the lives of young people, whereby youth workers are reported to provide young people with a valued social contact and a trusted source of advice and support (Yates et al., 2009). The various approaches used by the youth worker in terms of the holistic and flexible nature of their interventions with young people have been reported positively in all the identified papers. However, the evidence is extremely limited due to the small number of descriptive projects – reporting on the experiences or perceptions of youth work within the hospital setting without any formal evaluation of the benefits of the role. Indeed, it is apparent from this body of literature that the voices of young people and the views of the hospital teams relating to the impact of the youth worker role are lacking.

The informal evaluations of the youth worker in a hospital setting were described by the authors as “positive”, “promising” and “favourable” (Cleverley et al., 2018; Robinson & Alboim, 1974; Wu et al., 2018). According to the authors, informal evaluations directly with young people and parents have suggested that youth work in the hospital setting can increase confidence and independence, improve relationships with hospital staff and the family and also enable young people to form new social connections (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). Furthermore, appraisals from members of the multidisciplinary team resulted in youth worker positions being made permanent appointments within the hospital setting (Hilton et al., 2004; Silver et al., 1971; Watson, 2004) and being described by health care professionals as “a credible intermediary offering a novel perspective” (Silver et al., 1971). In more recent years the number of youth workers employed at a hospital in the United Kingdom has increased due to the development of the role of the youth worker across children’s inpatient services and the positive informal evaluations (Hilton & Jepson, 2012).

### ***Challenges of the youth worker role in the hospital***

One of the challenges relating to the role of the youth worker in the hospital setting was members of the multidisciplinary team having difficulty understanding the role and work of the youth worker (Robinson & Alboim, 1974). Many years later this is still an issue highlighted in the evidence, where it continues to be stressed that there must be a clearer understanding of the role of the youth worker in the hospital (Watson, 2004). Earlier reports suggest that although health care professionals have attempted to accept the youth worker in the hospital setting, they have found it difficult to share responsibility with them and that the youth workers themselves were reported to feel threatened in the hospital environment referring to “red tape” making their role less indigenous (Silver et al., 1971).

However, it could be argued that such challenges are beginning to be acknowledged as more recent reports have highlighted developments including – increased joint working with the multidisciplinary team whereby youth work has become embedded in multi-professional practice and nursing and medical staff consult the youth work team as a matter of course (Hilton & Jepson, 2012). Furthermore, an appraisal of the hospital youth worker which took account of the views of the multidisciplinary team resulted in the role being formally adopted which would suggest recognition of the role is increasing in some hospitals in the United Kingdom (Watson, 2004).

It was recommended over 10 years ago that careful thought should be given to the role of the youth worker and the scope of the role within the hospital setting and that robust research relating to the role of the youth worker is necessary in order to develop a greater understanding of the youth worker role working with young people within a hospital setting (Watson, 2004; Yates et al., 2009). However, since these recommendations were suggested there has been changes in hospital settings; attitudes towards adolescent health and loss of funding for the youth role, all of which has had an impact on the availability of undertaking research in this area of clinical practice. Hence, this literature review has only been able to identify evidence relating to one qualitative study and one service evaluation both of which will now be presented.

### ***Service evaluation***

Two papers identified in this literature review reported findings from a service evaluation conducted in the United Kingdom (DeMarco et al., 2016; Ilan-Clarke et al., 2013).

This was a youth violence prevention programme service developed to support adolescents involved in violence. Young people at risk of violence aged 12–18 years old who presented in an emergency department, were referred to youth workers in the hospital for mentoring/youth work intervention. The intervention was tailored to individual need and consisted of mentoring, creating a trusting relationship, building self-esteem, reducing salient emotion and referrals to youth leisure projects.

The service evaluation included both qualitative (interviews) and quantitative (questionnaires) methods to evaluate the intervention and its implementation with young people and hospital staff.

The findings suggested that although hospital staff recognised that there was a need for the service, many hospital staff were not familiar with the role of the youth workers and their interventions and highlighted challenges in terms of the visibility of a youth worker in

a busy hospital (Ilan-Clarke et al., 2013). 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). However, it must be noted that these were findings related to young people involved in violence and may therefore not be transferrable to all young people in a hospital setting.

Questionnaires completed by young people before and after engaging in the youth work intervention demonstrated a significant reduction in youth reported psychological problems and lifestyle risk at the 14-week follow up, following youth worker interventions (DeMarco et al., 2016). It must be noted that only 66 young people completed the follow up questionnaire from the 120 who completed the questionnaire at baseline. The authors do however acknowledge the limitations of the service evaluation including the small sample size and the lack of a comparison or control group (DeMarco et al., 2016).

### ***Empirical evidence – qualitative research***

The one empirical study identified in this literature review (Villadsen et al., 2015) was a qualitative study which collected data through semi-structured individual interviews with seven young people aged 14–20 years old, to discuss their experiences of individual sessions with a “social educator” during their hospital admission in Denmark. Although the role in this paper is referred to as a “social educator”, it is presented in line with the values and principles of a youth worker in the United Kingdom (National Youth Agency, 2020) and was therefore included in this review

Through individual tailored recreational activities, the social educator was reported to initiate and develop non-judgemental relationships based on trust and mutual respect. The objectives of the social educator were to support and motivate young people to see opportunities and set realistic goals and develop independence, empowering the young person to be an active participant in their life.

The study findings highlighted how the young people considered the informal relationship with the social educator to be particularly important and when combined with recreational activities young people found it easier to discuss difficult or emotional issues. Young people reported increased opportunities for decision making, a feeling of being recognised and respected and an increased motivation to go through their treatment (Villadsen et al., 2015).

The authors discuss how trustworthiness of the study was enhanced but do not explain how data saturation was achieved. Furthermore, minimal information is provided as to why only seven out of 28 young people who had worked with the social educator participated in the study and the 21 who did not participate may have had different views and experiences than those young people who participated.

## **Discussion**

This literature review aimed to identify what is known in the existing body of literature relating to the youth worker role with young people in the hospital setting and where there are research gaps and inconsistencies. There was a consensus in the available literature that the youth worker offers a holistic, flexible and individual approach which facilitates a young person’s personal and social development (Yates et al., 2009). The youth worker provided

informal education, advice and support to young people and promoted the voices of young people. Youth worker interventions included one to one work with young people, group work with young people, or specific interventions based on individual need, whilst other papers focussed on encouraging social interaction and referring young people to other agencies. The evidence in the wider literature relating to the youth worker in community settings also suggest that the youth worker delivers a combination of methods or interventions, with a flexible and holistic approach that is responsive to young peoples' needs and in which the youth worker "makes links" and "acts as a bridge" between young people and other agencies (Jarrett, 2013; Merton, 2004; National Youth Agency, 2020; The Centre for Youth Impact, 2019).

There was a clear consensus within the evidence in this literature review that the youth worker role within the hospital setting had a positive impact on the lives of young people. However, it was also noted that the majority of the evaluations relating to the impact of the youth worker in the hospital setting were undertaken informally and as such there remains no evidence to suggest whether young people do better with youth work intervention in the hospital in comparison to young people without youth work intervention. Despite this lack of research evidence in evaluating the impact of the youth worker role within the hospital setting the findings in this review were consistent with the wider literature relating to the youth worker role in the community (Merton, 2004; Rodd & Stewart, 2009; The Centre for Youth Impact, 2019). An evaluation to explore the impact of youth work provided and secured by local youth services in England, highlighted that young people reported youth workers made a considerable difference to their lives (increasing their confidence, developing their decision-making skills and enabling them to make new friends) (Merton, 2004). Young people testified that it was the ability of the youth worker to establish relationships of trust and mutual respect with them that enabled them to have their voices heard (Merton, 2004).

Although the evidence available relating to the youth worker in the hospital setting is overwhelmingly positive, it is documented that it is not without its challenges. Indeed, for several decades concerns have been raised in the literature relating to the role of the youth worker within the hospital setting as not being fully understood by health care professionals. It could be argued from the findings in this review that the individualised approach of the youth worker role and the various descriptions of the work they undertake may create difficulties for members of the multidisciplinary team in understanding their role.

The evidence has highlighted the need for health care professionals in the hospital to develop an understanding of the role and work of the youth worker in this setting. This is supported in the wider literature relating to youth work conducted in other settings in the community, which suggested that the autonomy of the youth worker presents a problem as it can render obscure the skills and interventions of the youth worker and this lack of transparency can lead to professionals in other services being sceptical about what youth workers do (Merton, 2004). It is also argued that the youth workers' perceptions are that the nature and potential of their work is not fully understood by other professionals and they need to constantly explain and justify their practice to others (Spence, 2008). It is therefore important that a clear account is given about the purpose and function of youth work with a need to be more explicit in articulating aspects of the work and key principles underpinning its practice (Rodd & Stewart, 2009). In order to work effectively towards health equity for young people it is recognised services need to work well together (Jarrett, 2013).



Indeed, youth worker impact is more likely to occur when leadership of a youth service articulate with confidence what youth workers can offer (Merton, 2004). However, it could be argued from the findings of this literature review, that there has been a shift over time and that the awareness of the role of the hospital-based youth worker is beginning to increase in some hospitals and which could be the potential impact of developing awareness of adolescent health in the UK in general coupled with the developments of specialist interest groups such as the YPHSIG (Young People Health Specialist Interest Group) that have come into existence within the last 10 years. However, regardless of these changes it remains that the youth worker role in relation to other more recognisable roles within healthcare – (in particular nursing) roles the youth worker role remains unclear.

The wider literature around youth work generally has suggested that youth workers have struggled to situate themselves within the disciplinary team structure (Scott-Myhre, 2006) and that a lack of support, guidance and development of their role has inhibited their impact (Merton, 2004). Indeed, the importance of role development for youth workers has been emphasised (Bowie & Bronte-Tinkew, 2006). Wider research has also suggested that the intent to continue working in the youth development field generally is higher for youth workers who received training and had adequate supervision and support (Hartje et al., 2007). This would seem particularly important since this review has documented the varying background and experiences of the hospital-based youth worker. The wider literature relating to the youth worker in the community setting has also acknowledged such differences, it has been noted that previously youth workers enter through a number of different routes and thus have a range of backgrounds, in a range of fields with some entering without any formal education or training (Bowie & Bronte-Tinkew, 2006). However, in the UK youth worker training to become a professional youth worker is at graduate level (National Youth Agency, 2020)

To the best of our knowledge, this is the first literature review to explore what is known in the existing literature relating to the youth worker role with young people in the hospital setting. However, the answer to the review question is extremely limited by the paucity of robust research evidence in the topic area. Most of the papers identified are discussion papers and it must be noted that several of the papers discuss the same projects – thus, further highlighting the limited amount of published work in this area. Additionally, the review highlighted an alternative term for the youth worker in one paper was a “social educator” and although every effort was made to ensure the literature search included a broad range of key search terms, if the youth worker has any other alternative titles in other countries it may mean that they key search terms in this literature review did not identify all relevant papers. Furthermore, the literature search in this review was restricted to papers published in the English language. As the evidence in this review consists of mainly descriptive papers and small-scale projects it was limited therefore to a number of hospitals and it is acknowledged that the strength of the evidence needs to be treated with caution. Nevertheless, the consistency of the findings and the similarities with the wider literature relating to youth workers in the community does suggest concurrence.

The literature review has highlighted that further work is necessary in this area and that there remain large gaps in the literature. Empirical research is required to evaluate the role of the youth worker in the hospital setting using both qualitative and quantitative approaches. Indeed, there currently remains no evidence that young people do better with youth worker intervention in the hospital setting in comparison to those young people



without any intervention from a youth worker and this is an area which requires further exploration.

Furthermore, to contribute to research in this topic area, qualitative work would be useful to gain an in depth understanding of:

- How youth workers define themselves, their role and their work.
- How members of the multidisciplinary define the youth worker and their work/relationship to them.
- The views and experiences of young people in relation to working with a youth worker in the hospital setting.

It is apparent from the findings of this literature review that over time there does appear to be an increasing recognition of the role of the hospital-based youth worker in some hospitals and work in the area is beginning to progress from descriptive work to service evaluations and empirical research, however further empirical work remains necessary.

## Conclusion

This narrative literature review has summarised and synthesised the literature relating to the youth worker who works with young people in the hospital setting. The findings suggested that hospital-based youth workers have a positive impact on the lives of young people by adopting a holistic, flexible and individual approach to the provision of informal education, advice and support to young people and by promoting the young person's voice. However, the findings of this review are extremely limited due to the low-level evidence available. The literature review has identified gaps in the body of knowledge and recommends both quantitative and qualitative research is conducted in the future to gain a greater understanding of the topic area relating to the youth worker role and their interventions in the hospital and the impact of their work from the perspectives of young people, youth workers and members of the hospital multi-disciplinary team.

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## ORCID

Marie Marshall, PhD  <http://orcid.org/0000-0003-4193-0952>

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