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Marie Marshall & Gillian Waring

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“They Make Heavy Stuff Lighter.” Youth Workers in the Hospital Setting: A Service Evaluation

Marie Marshall ^a and Gillian Waring^b

^aConsultant Nurse, The University of Manchester, Manchester Academic Health Science Centre, Manchester NHS Foundation Trust, Manchester, UK; ^bSenior Lecturer, School of Human and Health Sciences, University of Huddersfield, Huddersfield, UK

ABSTRACT

This article presents the findings of a service evaluation on the role of the youth worker offered to young people in the hospital setting across the United Kingdom and what differentiates the role of the youth worker from other health-care professionals, as described by young people, parents, and members of the existing multidisciplinary team. Young people, parents, and members of multidisciplinary teams were approached by a youth worker in the hospital regarding the purpose of the evaluation and the online survey relating to their views and experiences of working with a youth worker in the hospital setting. Data were analyzed descriptively. The *n* value represents the total number of responses: Young people 11–25 years (*n* = 47), mothers/fathers (*n* = 16), and members of the multidisciplinary team (*n* = 76). The findings suggested that the youth worker was highly valued by all, with a consensus that they had a positive impact on the experiences of young people, their parents, and members of the multidisciplinary teams. Youth workers were reported as offering a more relatable style of engagement that connected with young people on a different and more informal level than other members of the multidisciplinary team. Their approach to the support provided was also different as their focus was guided by what young people valued. Youth workers acted as the bridge between young people, their parents, and the multidisciplinary team and were considered by the multidisciplinary teams to be a fundamental ingredient when working with young people in the hospital setting. The findings from this evaluation provide unique insights into the role the youth worker offers to young people in hospital settings that is different from what other health-care professionals provide, as reported by young people, parents, and the multidisciplinary team. However, further evaluation of the service should include objective outcome measures of the role and in-depth qualitative research to gain a greater and more detailed understanding of young peoples', parents', and members of the multidisciplinary team's views and experiences of what makes this role different.

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Introduction

Youth work in the United Kingdom is a graduate profession as sanctioned by the Joint Negotiating Committee and National Youth Agency (2020). Professionally trained youth

CONTACT Marie Marshall  marie.marshall@mft.nhs.uk  Consultant Nurse, The University of Manchester, Manchester Academic Health Science Centre, Manchester NHS Foundation Trust, Manchester N13 9WL, United Kingdom

workers work with young people aged between 11 and 25 years of age. Their work is holistic, the aim of which is to promote young people's personal, social, and educational development (National Youth Agency, 2020; Watson, 2004; Yates et al., 2009).

Although in the wider literature youth workers are easily recognized in non-formal settings in the community (Hilton et al., 2004), the literature available on what the youth workers provide to young people and their teams in the hospital setting is limited. According to international literature, youth work in the hospital dates back over 40 years (Robinson & Alboim, 1974; Silver, Kravitz, Stein, & Dow, 1971). Regardless of this and the fact that more contemporary health reports, policies, and papers highlight the importance of having them and specialist or targeted services for young people in the hospital settings (Department of Health, 2007, 2008; National Youth Agency and Brook, 2020; Viner & Keane, 1998), the introduction of the youth worker role in many hospitals in the United Kingdom remains a relatively new concept (Patel, 2018). 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 (Marshall & Waring, 2021). This could be due in part to the limited amount of available literature outlining what it is that the role provides that has been a barrier (Ilan-Clarke et al., 2013; Watson, 2004) to the uptake in the hospital setting. However, in addition to attending to the medical needs of young people, health professionals need to place equal importance on young people's personal, social, and educational development.

There are increasing numbers of young people with acute and long-term physical and mental ill health accessing health services (Hagell & Shah, 2019; National Health Service, 2019), a situation that has the potential to intensify further when the impact of the measures to contain the spread of COVID-19 on young people's health and wellbeing is realized (National Child Mortality Database, 2020). Arguably, making the case for the urgency in the need to provide youth workers and adolescent responsive services is more critical now than ever before. This would ensure support for young people to navigate the health-care system, advocate for themselves, and learn how to live with and self-manage their health conditions a priority (National Health Service, 2019).

The National Health Service Long Term Plan highlights that the needs of children and young people are diverse and complex (National Health Service, 2019) and is undoubtedly a reason why, according to Yates et al. (2009), many health services struggle to take account of young peoples' unique needs; their background issues; challenges they face dealing with prolonged treatment; struggles they have living with a health condition day to day; and effects the hospital environment has on them and the impact all these can have on young people's personal, social, and educational development. Consequently, this results in health professionals with their minimal adolescent training being unable to provide the type of meaningful support that young people require (Farre et al., 2015; Kokotailo et al., 2018; Yates et al., 2009).

It could therefore be argued that if health services are to attend to the personal, social, and educational needs young people have, then they require a different type of specialist worker to work within the multidisciplinary team, someone that knows how to communicate with young people and the health-care professionals they engage with, and who can support them both effectively (Patel, 2018) – a specialist worker that has the resources to acknowledge and attend to the various difficulties and challenges young people can experience in the hospital setting (for example, social isolation, separation from family and peer groups, and loss of independence, and for young people living with a long-term condition,

the specific requirements they have in relation to their experiences of illness) (Farre & McDonagh, 2017; Harris, 2011; Hilton & Jepson, 2012; Yates et al., 2009). In addition, youth worker is someone that equally knows how to support interventions that build young peoples' resilience and life skills (Gubelmann et al., 2018) and a specialist worker that can provide a different service to those currently provided by more traditional professional services to young people in the hospital setting.

The role of the youth worker in the hospital setting has been identified as being a specialist with the knowledge and skills to engage with young people in hospital and who can contribute positively to enhancing the experience of young people using hospital inpatient and outpatient services (Hilton et al., 2004; Yates et al., 2009). Youth workers in the hospital setting can provide young people with important social contact and activities in their one-to-one work with young people and in their group work/peer support work (Hilton & Jepson, 2012; National Youth Agency, 2020; Yates et al., 2009), and whilst youth work is not aligned to a professional body, their work is reinforced by a clear set of values and principles which is underpinned by a national governance framework (National Youth Agency, 2020).

The values of youth work include the following:

- Young people choosing to take part.
- Utilizing young people's view of the world.
- Treating young people with respect.
- Seeking to develop young people's skills and attitudes rather than remedy problem behaviors.
- Helping young people develop stronger relationships and collective identities.
- Respecting and valuing differences.
- Promoting the voice of young people.

The principles of youth work include the following:

- Knowledge of how young people develop during adolescence and appropriate support
- Trusted relationships and voluntary engagement of young people
- Understanding how to establish boundaries and challenging behavior and de-escalate conflict
- The importance of safeguarding in providing a safe environment for young people (National Youth Agency, 2020).

It is the nonprofessional status they have together with the holistic approach they adopt in meeting the needs young people value, in addition to the voluntary participation young people have when deciding to work with a youth worker, that informs the nature of the interactions they have and that promotes a particular type of relationship that has been described as being different to those relationships that young people develop with their health-care professionals (Hilton & Jepson, 2012; Watson, 2004).

To the best of our knowledge, this service evaluation is the first to explore what the role of the youth worker offered to young people that is different from working with other health-care professionals within hospital settings across the United Kingdom – as described by young people, parents, and members of the multidisciplinary team.

Materials and methods

A service evaluation is designed and conducted solely to define or judge current care and answer ‘what standard does this service achieve?’ (Health Research Authority, 2017). Although a service evaluation does not require specific approval from a research ethics committee, ethical principles must still be adhered to protect participants (Chen & Fawcett, 2019; Twycross & Shorten, 2014). This evaluation was discussed with an NHS Trust Research and Innovation lead who confirmed due to the nature of the study specific approval was not required. The issues of how consent, anonymity, data protection, and privacy were addressed in this service evaluation are detailed below.

Identification and recruitment

The initial approach for this service evaluation was made by the first author (MM) to hospitals in the United Kingdom via the Association of Chief Children’s Nurses (ACCN). Background information was submitted with a request to send the first author the contact details of who within each of the organizations would be able to provide information regarding the role of the youth worker in their hospital, if applicable.

Discussions with those individuals whose contact details were provided resulted in a number of telephone interviews with youth workers from different hospitals and specialties. The youth workers highlighted their national group called ‘Health Based Youth Worker’s Group’, who were subsequently approached. This led to the invitation of the first author (MM) to share the proposed evaluation with the group at their 9th annual conference (National Health Service, 2019). At the conference, further details regarding the purpose of the evaluation were presented. This was also followed up in writing when the links to an anonymized survey were sent to key youth worker managers for them to distribute through their network.

Youth workers subsequently approached young people, parents, and members of the multidisciplinary team about the survey through their Hospital Youth Worker Network. They verbally shared information regarding the purpose of the evaluation and the intention of what would happen to the survey results that the young people, their parents, and professional members of the multi-disciplinary teams completed. Due to the current or preexisting work in the hospital, youth workers knew who to approach about completing the survey and shared the electronic links to the surveys with them.

Inclusion criteria

- Young people ages 11–25 years and their parent/carers working with or who had recently worked with a youth worker in hospital.
- Professional members of multidisciplinary teams working with a youth worker as part of their clinical services or had recent experience of working with a youth worker as part of a clinical service in hospital.

Exclusion criteria

- Young people younger than 11 years or older than 25 years and their parent/carers.
- Young people and their parent/carer who had worked with a youth worker in the community setting but not in the hospital setting.

- Professionals not working as part of a multidisciplinary team or who had worked with a youth worker in the community setting but not in the hospital setting.

The survey was available for completion by young people, parents, and professional members of the multidisciplinary teams between November 2019 and January 2020.

Surveys

Three online surveys were developed for:

- (1) Young people
- (2) Parents
- (3) Professional members of the multidisciplinary team

Surveys were developed with the input of young people and their parents and members of the multidisciplinary team from four hospitals in the United Kingdom. The survey questions were piloted, and additional changes were made from their feedback. The final version of the surveys related to their views of the role of the youth worker including their experience of working with a youth worker, the main differences they saw between the role of the youth worker and other health-care professionals, and any negative or positive thoughts in terms of the service youth workers provide.

Consent was not expressly granted but rather implicitly obtained by those completing the surveys – by their actions and the fact that the young people, parents, and members of the multidisciplinary team completed and returned the surveys. All 139 completed online surveys were sent directly to a nominated research nurse. Confidentiality was assured as the surveys were anonymized with no identifiable information. They were stored on a password-protected National Health Service computer for 3 months, and only limited people had access to the results (the first author and the research nurse). Participants were informed that the findings from the study would be used for clinical papers and to inform clinical practice in order to raise the awareness of the role of the youth worker in the hospital setting. It was also agreed that any published papers would be shared with the Health Based Youth Worker's Group who could then share them with the participants.

Results

One hundred and thirty-nine online surveys were completed in total: Young people ($n = 47$), parents ($n = 16$), and professionals from multidisciplinary teams ($n = 76$) and from more than 10 services and 7 hospitals around the United Kingdom.

Data was analyzed descriptively and presented under five areas – developed from the participation work with young people, parents, and members of the multidisciplinary team. The five areas are as follows:

- 1) *What a youth worker brings to the healthcare of a young person*
- 2) *Youth workers' interaction with young people in comparison to other health-care professionals*
- 3) *Views on the service youth workers provide in health-care settings*

- 4) *What clinical teams are missing out on by not having a youth worker*
- 5) *The future for the youth worker in the hospital setting*

1) What a youth worker brings to the healthcare of a young person

Young people emphasized in their responses how working with a youth worker had a positive impact on their life and how they had benefited from the supportive and advisory nature of the youth worker role. Young people described the youth worker as ‘making life easier’ and someone who ‘made heavy stuff feel lighter.’

They have supported me ... being a shoulder to lean on and listening to my worries and troubles. (young person)

Young people described the youth worker as an individual who was knowledgeable and informed, who offered various practical resources and opportunities which enabled them to become connected with others and develop their confidence. The relationship youth workers developed with young people was said by young people to ‘really pick you up during hard times in your (health care) journey’ and offered a focus to ‘take (your) mind of things.’

Parents reported the youth worker as being someone who provided a ‘different focus’ for their child, one which allowed their child to experience new activities and who made the families experience of hospital ‘easier.’ Parents described the group activities provided by the youth worker as ‘broadening their child’s life experiences,’ enhancing their child’s independence and ‘creating fun and laughter’ which appeared to be highly valued by parents. One parent’s response when describing their child’s contact with a youth worker said the youth worker made their child:

Feel like a person not a patient. (parent)

Members of the multidisciplinary team described the youth worker role as ‘holistic’ – a role which takes into account the varying needs of a young person, including their emotional health and wellbeing, education, and employment and offering psychosocial support to young people at an important stage in their lives. Youth workers were reported to build strong relationships with young people and provide a safe and supportive space for young people to talk and engage in activities and to enable them to continue to develop and work toward their goals whilst receiving treatment:

Youth workers support young people to explore and manage all the different areas of their life which their health condition may have an impact on. (member of the multi-disciplinary team)

Furthermore, the youth worker role was described by members of the multidisciplinary team as ‘non-medical’ – an informal and flexible role which offered a link between young people and other services:

A neutral person in a sea of medical interventions. (member of the multi-disciplinary team)

The youth worker was also considered by members of the multidisciplinary team as a valuable point of contact – described as ‘completing the jigsaw,’ ‘a connection,’ and ‘a vital link’ which enabled a young person’s voice to be heard and their needs addressed in the hospital setting.

2) Youth workers' interaction with young people in comparison to other health-care professionals

Young people described a youth worker as someone they could talk to about their worries and their concerns, a person who listened and who was inclusive and concerned for their 'wellbeing' and 'happiness.' Their interactions with youth workers were considered 'genuine,' 'friendly,' 'laid back,' 'informal,' and 'relaxed':

(The youth worker) talked to me like a whole person and never brushed off concerns. (young person)

Young people considered there to be differences in how youth workers interacted with them in comparison to other health-care professionals and described the relationship as being on a 'personal, friendly level' rather than a professional one:

Youth workers connect with you on a different level to other health care professionals such as nurses and doctors. (young person)

Parents referred to the youth worker as relatable, informal, and non-judgmental and one who actively listened to their child, highlighting the different ways in which a youth worker interacted with their child compared to other health-care professionals:

They were an adult to talk to who was concerned about them as a person in a different way other than a medical way. (parent)

Their different skill set is very apparent, in all areas of communication and you can see them adapt their approach with every child. (parent)

Members of the multidisciplinary teams' responses suggested youth workers provided a unique perspective to the clinical team and 'offered different knowledge and skills that the multidisciplinary team may not necessarily possess.' Indeed, health-care professionals reported that young people would often communicate with a youth worker when they did not wish to speak to a member of the clinical team and therefore the youth worker 'bridged the gap' and offered:

A completely different view of young people's needs . . . things we (health care professionals) do not see or haven't maybe thought of. It completes the multi-disciplinary team jigsaw piece of ensuring all corners of a young person's needs are addressed (member of the multi-disciplinary team).

3) Views on the service youth workers provide in health-care settings

The service youth workers provided in the hospital setting was reported as overwhelmingly positive by young people, parents, and members of the multidisciplinary team.

The time spent with a youth worker was reported to be 'helpful' and 'uplifting' and something separate from the medical aspects of the hospital experience:

A getaway from all the serious clinical things while still being in hospital. (young person)

It provides a diversion from treatment and brings some normality into a medical setting. (parent)

Members of the multidisciplinary team highlighted the importance of the youth worker role focusing on more than just the young person's health condition:

The youth worker role ‘softens’ the hospital experience for the young person . . . it does not focus on the medical aspects of the young person’s experience. (member of the multidisciplinary team)

None of the parents who completed the survey described any negative aspects to the service provided by youth workers. Interestingly, several young people reported that they could become dependent on the youth worker and highlighted a drawback to working with a youth worker in the hospital setting was when working with some youth workers it was the ‘time limited’ nature of their work.

Once you’ve finished treatment the help stops. (young person)

Some young people suggested that once their treatment was completed in the hospital, little support was subsequently offered. This was described as causing one young person to feel ‘abandoned’ and ‘let down.’

4) What clinical teams are missing out on by not having a youth worker

Young people, parents, and the multidisciplinary team clearly described what they believed clinical teams were missing out on by not having youth worker. For parents and members of the multidisciplinary team, this was a ‘holistic approach’:

The youth worker enables the hospital to have a holistic approach to the needs of the child. Without this, you are simply chipping away at separate issues. (parent)

One parent suggested that the youth work in the hospital setting is ‘the glue that holds everything together.’ Indeed, members of the multidisciplinary team were consistent in their views, referring to youth workers as the ‘essential ingredient’ and ‘maker of a quality service.’

The holistic approach adopted by the youth worker which encompassed a young person’s physical, emotional health and educational needs provided a link between the young person and clinical team was considered by members of the multidisciplinary team to be a ‘unique’ role:

I don’t think you can provide a holistic and patient-centred service for young people if you don’t have a youth worker. (member of the multidisciplinary team)

Young people also acknowledged without a youth worker clinical services would miss out on the role of the youth worker feeding into the clinical team which enabled young people to ‘feel connected.’

5) The future for the youth worker in the hospital setting

When suggesting how the role of the youth worker could be developed in the hospital setting, increasing the awareness and accessibility of the youth worker role across hospital settings came through in the responses of young people, parents, and members of the multidisciplinary team.

Young people wanted to see a greater number of youth workers working across all settings including both child and adult services, thus enhancing their accessibility and enabling youth workers to offer an increased number of young person’s activities with a greater amount of time being given to each young person:

Make sure everyone knows about the youth workers available and make sure every team has one. (young person)

Parents described the need for hospitals to have a larger number of youth workers available to young people, to offer them more individual time, especially during transition from child to adult services. Parents also spoke of the importance of the role of the youth worker in the hospital setting being sustained:

They play a crucial role which must be allowed to continue. (parent)

Members of the multidisciplinary team agreed that resources needed to be increased to enable there to be a greater number of youth workers provided across all hospital services.

It is a shame it is only a service for certain diagnoses. (member of the multidisciplinary team)

Members of the multidisciplinary team suggested that the role of the youth worker was promoted across the health-care settings to increase people's understanding of the role and indeed the services that they provide. A greater visibility around the hospital setting was also recommended to raise the profile of the youth worker:

They can bridge the gap between home and hospital and encourage the young person to engage with the health service ... (The) role should be recognised as essential and not a luxury. (member of the multidisciplinary team)

Discussion

The findings of this service evaluation have demonstrated what the role of the youth worker offered to young people in the hospital setting in the United Kingdom, which was different from other health-care professionals. Interestingly, young people, parents, and members of the multidisciplinary team described the differences between the role of the youth worker in comparison to the role of health-care professionals in the hospital setting. The findings suggested that the youth workers adopted an approach that connected with young people on a different level to health-care professionals; this being one which was 'non-medical' and 'informal.' Members of the multidisciplinary team in this evaluation suggested that youth workers offered a different view of the young person within the multidisciplinary team. This would support earlier descriptive papers in the literature relating to youth workers in the hospital (Hilton & Jepson, 2012; Hilton et al., 2004), as having more novel and different perspectives to the multidisciplinary team (Silver et al., 1971). Other reports in this service evaluation suggested that the youth worker bridged the gap between young people and other health-care professionals. This is consistent with a descriptive paper in the literature that described the role of the youth worker in the hospital as 'bridging the gap' between young people and health-care professionals (Wu, Szaida, Trachtenberg, & Jan, 2018).

Whilst the majority of views in this service evaluation were focussed on the one-to-one interactions youth workers had with young people, another strength of the youth worker role which was highly valued and specifically so by parents was the group activities work they undertake with the young people (Hilton & Jepson, 2012). Although the majority of views in this service evaluation were overwhelmingly

positive toward working with a youth worker, a new finding highlighted was the 'time limited' nature of working with some youth workers in hospital. However, it must be noted this was from just one of the hospital settings and may not be the same in other settings. Yet it does raise the question as to what follow-up young people are offered from a youth worker (if any) once they have been discharged from the hospital or if a young person returns to hospital, for example, as an outpatient.

There was an overall consensus that youth workers had a positive impact on a young person's experiences in the hospital setting. This is consistent with commentaries in the literature which suggested youth workers provide young people with a trusted source of advice and support and valued social contact that was not focused on their medical condition (Yates et al., 2009). The ability of the youth worker to establish relationships of trust and mutual respect with young people has previously been reported in an evaluation of youth work (Merton, 2004).

Finally, the findings highlighted how increasing awareness of the youth worker role within the hospital setting was vital. This is consistent with findings from research in the literature relating to a youth violence prevention project in an emergency department which argued that there was a need for greater clarity regarding the role of the youth worker with many hospital staff not being familiar with the youth worker role in the hospital setting (Ilan-Clarke et al., 2013). Indeed, the youth worker role remains unclear in relation to other more recognizable roles within health care – in particular nursing (Marshall & Waring, 2021).

Strengths and limitations

This service evaluation has several strengths – the findings have provided unique insights into what the role of the youth worker offers to young people in the hospital setting that is different from what other health-care professionals provide. Furthermore, young people, parents, and members of the multidisciplinary team were involved in developing the questions for the surveys, and the evaluation involved a number of hospitals and specialist services across the United Kingdom.

There are also several limitations to this service evaluation – this was a small service evaluation whereby young people, parents, and members of the multidisciplinary team were informed about the survey by youth workers at the hospital. The authors do not know how many young people, parents, and members of the multidisciplinary team who were informed about the service evaluation did not complete the survey and whether these individuals may have had different views to those who completed the survey. Furthermore, the authors do not know whether youth workers informing young people, parents, and members of the multidisciplinary team about the service evaluation approached those individuals who may have been more likely to report positive experiences.

The findings of this service evaluation were based on self-reported data from young people, parents, and members of the multidisciplinary team. Further evaluations of the youth worker service within the hospital setting should include objective outcome measures. Furthermore, the survey was small, consisting of only five questions – therefore, we also recommend further work in this area including in-depth qualitative research to gain a greater understanding of young peoples, parents, and members of the multidisciplinary team's views and experiences of working with a youth worker in the hospital setting in

greater detail. It would also be useful to include views from those hospitals that do not employ youth workers.

Conclusion

The findings from this service evaluation have provided unique insights into what the role of the youth worker offers to young people in the hospital setting, which is different to what other health-care professionals provide. The findings suggested that youth workers are highly valued by young people, parents, and members of the multidisciplinary team and that is because youth workers provide something different – they are a fundamental ingredient to services working with young people in the hospital setting. Further evaluations of the role should include objective outcome measures and in-depth qualitative research to gain a greater understanding of young peoples, parents, and members of the multidisciplinary teams' views and experiences of working with a youth worker in the hospital setting.

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ORCID

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

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