PROJECT EVALUATION

REPORT

Youth Worker Pilot Project: Integrating Youth Work at Rotherham Hospital

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INTRODUCTION

This evaluation explores the integration of youth workers within hospital settings at Rotherham Hospital (TRFT) and the wider community. The project supported young people aged 11–19 with long-term health conditions (e.g., diabetes, epilepsy, asthma) and those presenting with mental health needs, aiming to reduce hospital readmissions and improve wellbeing.

Youth workers focused on building rapport, identifying broader needs beyond clinical care, and connecting young people to long-term community support. This included emotional and social support, signposting, and working with schools and multi-agency teams to reduce pressure on core NHS services.

Objectives

- Address the emotional, social, and practical needs of young people with long-term health conditions.

- Provide short-term intervention and signposting for those experiencing mental health crises during hospital admissions.

- Strengthen links with community and external services (e.g., CAMHS, education providers, youth services) for effective signposting.

- Contribute to multi-agency approaches with Children's Social Care, CAMHS, and schools to improve outcomes.

- Amplify youth voice in shaping patient experience.

- Implement robust impact measurement systems to evaluate outcomes.

DATA SUMMARY

| Total Young People referred	Young People supported on Ward	Total Interventions
53	**77**	**674**

Referral demographics

Age ranges

Conditions

36% — 38%
13% 13%
diabetes epilepsy asthma other

Postcodes

S25 S26 S60 S61 S62 S63 S64 S65 S66 S73 other
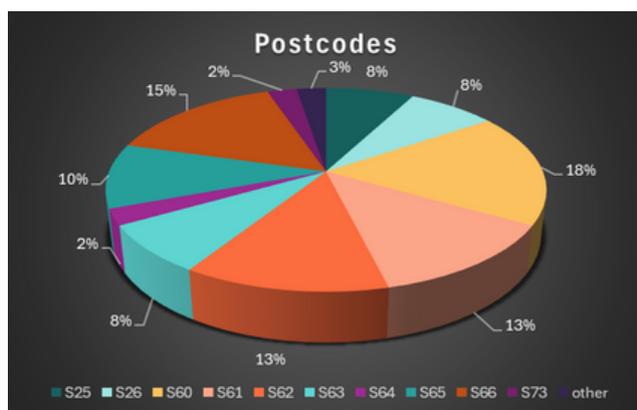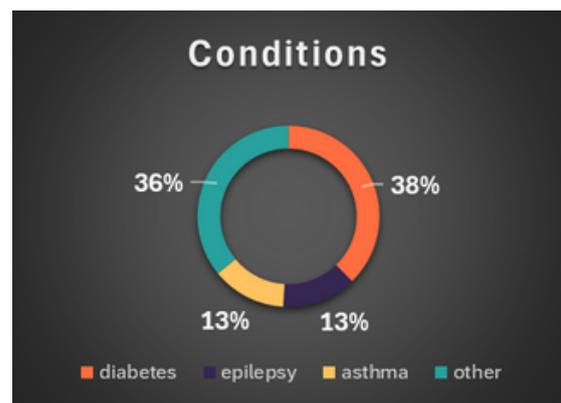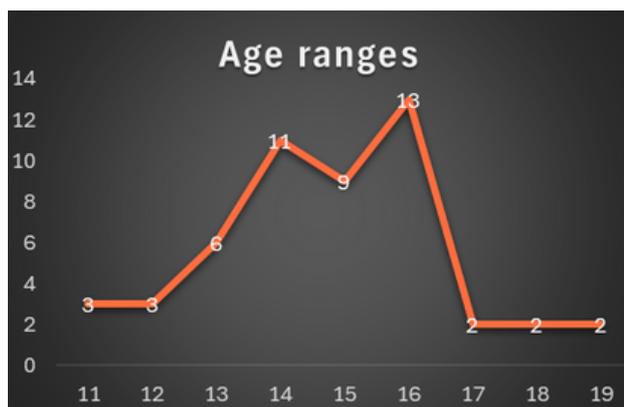
Gender Insight

45% Male | **55%** Female

delivery data

340 **1:1 support sessions** have been delivered for referrals either over the phone or in person.

208 sessions were carried out on the **ward** to **77** individual young people with **22%** being referred to the youth work team or requiring follow up support.

83 Occasions where the Youth work team supported young people to access **appointments**, **community activity** or **advocated** on their behalf.

60% of referrals were supported to access activities or support. A total of **57** young people were **signposted** to support or fun activities within the community.

45% of referrals needed support with **school-related issues** or finding education placements.

38% of referrals had additional **(SEND)** needs.

Average **length of intervention** was **4.5 months** receiving an average of **10** sessions each. The longest length of time someone received the support for was **8.5 months** and the most amount of sessions received was **33**.

Intensity of Needs

To support case management, we developed a case complexity scoring system (1 low needs, 3 high needs) so we could understand how much support and staff time each young person required. This was based on the following criteria

- does the young person need support accessing community provision
- do they require travel training
- is support with school/ education needed
- are there any SEND needs
- are there any behavioral needs
- safeguarding or multi agency support needed
- mental health needs

Higher needs of young people took up more staff and management time which is reflected in the number of young people the team were able to support.

'total YP seen', 'total contacts' by 'Month'

Intensity of need
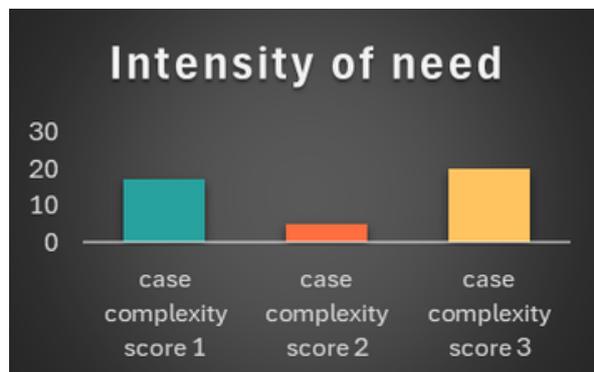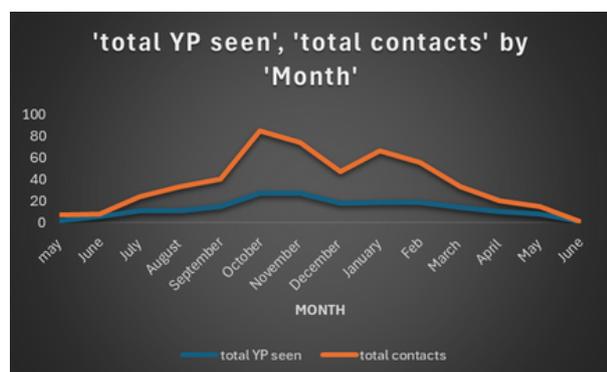
As youth workers maintained longer-term engagement with young people and their families, additional support needs often emerged. This led to an increase in the complexity of many cases. In response, case complexity scores were regularly reviewed and adjusted to ensure appropriate staffing levels could be maintained.

This is reflected in the steady increase in the number of young people supported as staffing capacity grew. However, towards the end of the project, when staffing levels were reduced, our ability to accept new referrals decreased accordingly.

A significant portion of management time was dedicated to working alongside multi-agency teams, particularly in relation to safeguarding concerns. This collaboration was essential for ensuring the safety and wellbeing of young people but did place additional demands on management resources.

Safeguarding and multiagency support

Number of interventions	Type of intervention	Additional information
12	Safeguarding concerns raised by youth work team	**7** of which were escalated to MASH/ Adult safeguarding **5** not escalated, other agencies were already supporting the young people so they were **1** instance of a safeguarding referral that was escalated was for a sibling rather than the referred patient.
20 (37% of total referrals	Referrals required multi agency working	**14** of which included safeguarding concerns as a contributing factor for multiagency working. This includes: MDT meetings for **2** individuals strategy meetings for **4** individuals CIN for **1** individual TAF for **1** individual
43	Instances of advocating on behalf of the young person/ family in meetings	This includes any formal meeting with other professionals supporting the YP to advocate on their behalf/ discuss support needs/ plans
5	Early help assessments referrals accepted	

OUTCOMES AND IMPACT

- **Effective Engagement Through Youth Work Approach:**

Youth workers were able to build strong, trusting relationships with young people by adopting a non-clinical, youth-centred approach. Without uniforms or formal medical roles, they were seen as more relatable and accessible, encouraging open dialogue and emotional honesty. This informal, flexible style of engagement allowed young people to express concerns more freely and feel truly heard, something especially valuable for those reluctant to open up in clinical environments.

While hospital staff rightly focused on treating immediate medical needs, youth workers provided a complementary role, addressing the wider emotional, social, and motivational factors that influence a young person's health and wellbeing. By helping young people feel empowered and supported, this holistic model contributed to improved medical engagement and reduced reliance on NHS services. Several young people expressed increased motivation to manage their conditions independently after receiving this kind of integrated support.

- **Early Intervention and Improved Communication with Medical Teams:**

The continuity and consistency of youth worker involvement, across hospital, home, and community settings, enabled early identification of risks and timely intervention. Through regular contact, youth workers could spot subtle behavioural changes or misunderstandings about treatment that might otherwise go unnoticed by medical teams.

For example, during a group activity, youth workers observed a young person using their insulin pod incorrectly due to a misunderstanding about "activity mode." This information was shared with the diabetes team, who were then able to provide targeted education, preventing future complications and improving the young person's confidence in managing their condition.

In community settings, youth workers were able to uncover other factors that impacted medical adherence, such as food insecurity, unstable housing, or family stress. These insights, when shared with medical professionals, added crucial context to clinical decision-making. Youth workers then supported young people and their families with tailored plans and referrals to appropriate services, helping reduce avoidable readmissions and supporting long-term wellbeing.

Outcomes and Impact Cont....

- **The Power of Peer Support:**

Peer interaction has proven to be a powerful tool in helping young people manage long-term health conditions. Through shared activities such as community youth sessions, voice events, and social outings, young people have formed supportive relationships with others facing similar challenges. These interactions have helped reduce feelings of isolation and stigma.

In one memorable instance, a young person remarked, "But they all look so normal," upon meeting others with similar conditions. When a staff member replied, "what did you expect?" the young person responded with surprise: "I don't know, I expected them to look different somehow." Moments like these demonstrate the importance of peer support in challenging assumptions and building acceptance and understanding.

- **Reduced Anxiety and Building Confidence:**

Many young people experienced general mental health concerns low mood or anxiety. As a result, they often would experience anxiety about attending unfamiliar settings, whether for medical appointments, on the ward, attending support services or youth activities. Youth workers were instrumental in reducing these fears by offering tailored, practical support, such as explaining what to expect at an appointment, showing videos of the youth services they might like to attend, discussing travel options, and accompanying young people to attend.

This preparation and reassurance proved crucial. Placements and engagement were much more likely to be sustained when a youth worker accompanied the young person initially or arranged for a peer to meet them. This layered support system helped ease transitions and ensured a positive first experience.

- **Maximised Impact Through Strategic Partnerships: The Value of the CYPF Consortium Model**

One of the project's key successes was having access to funded community-based provision for young people. The CYPF's multi-consortia programme, running alongside the YWPP, gave youth workers a unique advantage by bridging both the voluntary and statutory sectors. Being employed through the CYPF Consortium meant staff were well-connected to local VCS services, enabling timely and appropriate referrals to tailored youth activities, mental health support, and enrichment opportunities. At the same time, the consortium model supported strong working relationships with RMBC services such as Early Help, Family Support, and Social Care. This strengthened the multi-agency approach, ensuring coordinated and responsive support for young people across a range of needs.

Outcomes and Impact Cont....

- **Addressing Socioeconomic Barriers:**

Another benefit of being embedded within the CYPF Consortium was the ability to refer young people directly into free support delivered by partner organisations through jointly funded consortia projects. This collaborative structure ensured that youth workers could offer timely, appropriate interventions without the delays or costs sometimes associated with accessing activities in the community.

Given that **67%** of referrals came from areas ranked among the 100 most deprived in the UK, this access to no-cost provision was particularly important. Youth workers played a vital role in removing financial and practical barriers to engagement, helping to ensure that those facing the greatest disadvantage were still able to access meaningful support.

Practical assistance provided by the team included covering transport costs as in the interim, arranging travel, helping families complete financial support applications, and securing travel passes. In some cases, youth workers also delivered travel training to build young people's independence and confidence, supporting not only short-term attendance but long-term access to services and opportunities.

- **Education Support and Advocacy:**

Approximately **45%** of young people referred required support related to education. A common theme emerged: families frequently reported that schools were not adequately accommodating their children's medical needs. In several cases, this led to parents withdrawing their children from school entirely following incidents of misunderstanding or lack of support.

Youth workers provided valuable advocacy in these situations, supporting families in navigating the education system, raising awareness among school staff, and helping to re-establish positive relationships between schools and families. **12** young people were supported to secure college placements or work experience opportunities. This work remains an essential part of improving outcomes for young people with medical needs in educational settings.

CHALLENGES

As with any multi-agency, cross-sector pilot initiative, the implementation of this project surfaced several key challenges that required ongoing attention, adaptation, and collaboration. These obstacles were not unexpected but nonetheless demanded significant effort and innovation from all partners involved.

Navigating Cross-Organisational Policies and Procedures
One of the most significant challenges was aligning the operational policies and procedures of the NHS with those of CYPF Consortium. Bespoke protocols had to be developed to bridge the gaps and ensure alignment. This required considerable time investment

Data Sharing and Governance
Ensuring the confidentiality and privacy of young people was a central consideration throughout the project. While effective collaboration relies on timely and appropriate information sharing between partners, we were equally committed to protecting the trust young people placed in us. As such, all data was held securely by the CYPF consortium and shared only on a strict need-to-know basis — primarily in cases where there were safeguarding concerns or risks to wellbeing.

Paperwork and Data Capture Demands
As a pilot project, it was essential to collect meaningful data to inform evaluation and justify future investment. However, the infrastructure for data capture was not initially in place. Therefore, the Project Co-ordinator had to dedicate considerable time to developing appropriate paperwork, creating new systems, and embedding data collection practices into the teams day-to-day work.

We developed monitoring tools to evidence outcomes, particularly around improvements in mental health and general wellbeing. Impact tools included a mix of validated methods and easy read questions and scales to be fully inclusive. However, engagement with feedback forms and impact surveys was limited, and attempts to encourage participation often led to disengagement. As a result, it was difficult to collect robust quantitative data on impact, and we relied primarily on qualitative feedback and observational evidence to assess impact for individuals and their families.

Challenges continued........

Integration into Hospital Settings
Embedding youth work within NHS hospital environments posed cultural and operational challenges. Many clinical staff were unfamiliar with youth work practice and did not immediately recognise the value of informal, relationship-based engagement with young people. Activities such as "just chatting" with patients and families were sometimes misunderstood or undervalued. As a result, significant time and effort had to be dedicated to advocacy, awareness-raising, and demonstrating the tangible impact of youth work on patient experience and wellbeing.

Recruitment and Workforce Availability
Recruiting skilled youth workers proved challenging for several reasons. The short-term nature of pilot project funding made posts less attractive to prospective candidates, and there is a wider sectoral issue of a limited pool of trained and experienced youth workers. This impacted the speed at which the team could be mobilised and placed additional strain on existing staff during peak periods of delivery.

Training and Professional Development Requirements
Staff were required to undertake an extensive list of training courses to satisfy both NHS and CYPF organisational requirements. While some training was critical to safeguarding and compliance, others were less relevant to the day-to-day practice of youth work. The dual nature of the role led to an overwhelming training schedule that at times detracted from direct service delivery and increased the onboarding time for new staff.

Constraints of Honorary Contracts
Youth work staff were employed under honorary NHS contracts, which brought both benefits and limitations. While this facilitated access to hospital settings, it also meant that staff were fully bound by NHS policies and procedures. This impacted the autonomy of the project team, particularly in terms of recruitment, where approval had to be secured through NHS channels rather than through CYPF consortiums processes. This created delays and added a layer of complexity that would not have been present if recruitment had been managed internally.

Safeguarding and Supervision Complexity
Working across two organisations meant navigating multiple safeguarding policies and supervision frameworks. Ensuring consistency and compliance across both NHS and CYPF safeguarding expectations was resource-intensive and required frequent cross-agency communication. Providing effective supervision for staff, particularly around safeguarding concerns, required careful coordination and clarity to ensure that no issues fell through the cracks.

RECCOMENDATIONS

Based on feedback and insights from participants and stakeholders, the following recommendations are put forward as a proposed working model:

- **Invest in Long-Term, Scalable Delivery**

Investment should be made to increase access to youth activity within the community. This would include regular, commissioned group activities tailored to young people's interests, such as adventure days, sports, creative arts, or other youth-led priorities, to promote engagement, wellbeing, and positive peer relationships.

Investment would need to continue to support financial barriers in accessing community support and activities

- **Maintain Hospital-Based Youth Worker (s).**

Employed direct by TRFT, fund hospital-based youth workers to provide targeted support for young people during critical periods of health-related intervention. They would:
  - Conduct home visits to build trust and offer continuity of care.
  - Liaise with schools, CAMHS, primary care, and other medical or community services to ensure a coordinated, multi-agency approach.
  - Develop personalised support and action plans for each young person, bridging the gap between clinical support and community integration.

- **Establish Community Based Youth Worker (s)**

Once initial plans are in place, the hospital-based youth worker should hand over to community-based youth workers, Employed by VCS, who would follow a 'social prescribing PLUS' model. They would:
  - Connect young people with peer support groups and ongoing local activities aligned to their interests.
  - Break down barriers to attending such as travel training, supporting to attend sessions, go on short outings with youth worker to increase independence etc.
  - Facilitate long-term engagement in meaningful, youth-led programmes that promote wellbeing, confidence, and social connection.
  - Monitor and review outcomes over time to ensure sustained support and progress.

These recommendations aim to create a responsive, joined-up system of support that combines clinical, educational, and community-based approaches, putting young people at the centre of their own journey.

CONCLUSION

The integration of youth workers into the hospital setting has proven to be a valuable asset to both patients and the broader care team. By offering holistic, youth-centered support, the project has enhanced the hospital experience for young people, while contributing to more coordinated and responsive support beyond the ward.

This project has demonstrated the vital role that youth workers play in supporting young people with long-term health conditions, particularly when embedded alongside healthcare and multi-agency teams. By offering consistent, youth-centred support that focuses on the broader social and emotional needs of young people, youth workers have helped to improve medical compliance, reduce reliance on NHS services, and promote overall wellbeing.

The value of peer support, personalised engagement, and accessible activities was consistently evident throughout the project. Young people reported feeling less isolated, more confident, and better equipped to manage their health. Families also benefited from advocacy, signposting, and practical support that addressed financial, educational, and emotional challenges—especially in communities facing high levels of deprivation.

As case complexity increased over time, regular reviews and adjustments to staffing levels were essential in ensuring high-quality, responsive support. The relationship between staffing capacity and referral numbers clearly highlighted the need for sustained investment to meet ongoing demand.

The project also underscored the importance of strategic collaboration. Management played a crucial role in safeguarding and multi-agency working, ensuring young people's needs were addressed holistically and promptly.
In summary, the project has provided strong evidence that integrating youth work into health and social care pathways delivers meaningful outcomes for young people. Sustained funding and cross-sector collaboration are essential to build on this success and continue supporting those who are most vulnerable.

SUPPORTING DOCUMENTS

Case study

Young Person (Age 14)

A 14-year-old was referred to the Youth Worker Pilot Project following hospital admission for diabetes stabilisation. During their hospital stay, a youth worker engaged both the young person and their parent to understand wider challenges at home and school, providing emotional support and a safe space throughout their stay.

Post-discharge, the youth worker facilitated a school meeting to advocate for appropriate academic and wellbeing support. The young person was supported in gaining a bus pass, learning to use travel apps, and completing travel training to build independence. This enabled them to access a local youth club through CYPF Consortium partners, aligning with their goal to become more active. They attended twice weekly and encouraged friends and family to join, strengthening social connections.

The young person also participated in school holiday activities and attended an NHS Voice event, where they shared their experiences of living with a chronic condition. A hypoglycaemic incident at a sports session was managed effectively, with details shared with healthcare professionals, demonstrating strong partnership working.

This case highlights the positive impact of integrated, youth-centred support in improving health outcomes, building independence, and supporting personal development. With tailored interventions that bridged healthcare, education, and community provision, the young person gained confidence in managing their condition, re-engaged with education, and developed meaningful peer relationships. The consistent and trusted presence of the youth worker enabled early intervention, reduced reliance on hospital services, and empowered the young person to take an active role in shaping their future.

FEED BACK

"The support and care was outstanding"

"Jo and the team did everything and more for us"

"Jo and Daisy were fantastic at there job, I felt listened to for the first time in years, Jo made me feel like I wernt getting judged."

" we're very sad it's closing as my son really benefit going out and meeting new people who has the same medical needs as him. The youth works have been absolutely amazing with and a huge thank you for everything that they have done for all of us very sad it's had to closed"

I'm really gutted that the project is coming to an end, after feeling alone and having to fight for everything for L, Jo came into our life's and made us both feel listened to. L really enjoyed the trip out with the team, n so did I, no one pressured L into doing anything she didn't want to do, but just knew how to support L to join in, which was lovely to see. It makes me really sad to see this project coming to an end, because in such a short period of time Jo really did give us such a lot of support. I will be forever grateful to Jo"