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Health Team Evaluation



March 2024 – March 2025

Prepared for NYHC by Flourish Nonprofits

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**NEW
HORIZON
YOUTH
CENTRE**

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1. Introduction

1.1 Background

New Horizon Youth Centre (NHYC) works with young people aged 16-24 who are experiencing homelessness in London. NHYC works to ensure these young people are safe, healthy, housed, are able to access appropriate services, and have the emotional, financial and practical life skills they need.

The Health Team was established in Spring 2022 in response to identified needs among these young people, which had been exacerbated by both the COVID-19 pandemic and the cost-of-living crisis, creating an “unprecedented demand” for health-related support.

People experiencing homelessness often face chronic mental and physical health problems. These usually untreated either because they don't seek treatment or because they face

significant barriers in accessing mainstream services. NHS mental health services for young people are severely oversubscribed, with long waiting lists, complex assessment processes, and engagement requirements that make them difficult for young people with complex needs to access. These institutionalised and siloed services are unlikely to effectively meet the especially complex needs of the group that NHYC serves.

In response to these challenges, New Horizon created a Health Team with a distinctive approach that differs markedly from mainstream healthcare provision, embracing a trauma-informed, relationship-based model that recognises the interconnected nature of young people's health challenges.



1.2 Purpose and Scope of the Evaluation

This evaluation aims to provide an independent assessment of the Health Team's approach to supporting young people. We have sought to identify the characteristics and strengths of the Health Team's model and services, the impact this is enabling for service users, the extent to which the Health Team is achieving its intended outcomes, and how the Health Team's impact might be further strengthened.

Key evaluation objectives include:

1. Defining the Health Team's service model and its distinctive characteristics
2. Exploring young people's experiences of the services, including barriers they've faced and how the Health Team has helped overcome these
3. Measuring outcomes achieved by young people as a result of engaging with the Health Team
4. Assessing how the team's structure and development has contributed to better young person-level outcomes
5. Examining how the team's approach has influenced advocacy practices and support for young people
6. Evaluating the effectiveness of partnerships with external agencies and how these enhance service provision
7. Determining how successfully the Health Team bridges gaps between different service systems
8. Assessing the extent to which the team's approach addresses issues of equity, diversity, and inclusion

We have considered the development of the Health Team model since the new structure was created in Spring 2022 and the Head of Health joined. However, because of changes to the way interactions with young people were monitored over the last 4 years, the usable data available only covers the period from March 2024 to Jan 2025. We have gathered additional data within the period Jan 25-Mar 25. Our evaluation therefore covers the period March 2024 – March 2025.

1.3 Evaluation Process

This evaluation employed a mixed-methods approach that combines quantitative data analysis with in-depth qualitative exploration to provide a comprehensive understanding of the Health Team's impact. The methodology included:

Quantitative data analysis:

- Analysis of service utilization data covering 2,217 interventions with 248 unique young people
- Examination of demographic trends and service access patterns across different population groups
- Analysis of self-reported outcome measures collected using New Horizon's YP Outcomes Form
- Review of quarterly service data and year-on-year comparisons

Qualitative methods:

- In-depth interviews with Health Team staff to understand service approaches and working methods
- Focus groups with young people to capture their experiences and perceptions
- Stakeholder interviews with external partners and referrers
- Analysis of case studies illustrating different support journeys
- Team workshops to explore service delivery models and organizational learning

We sought to embed a participatory approach in the evaluation, involving young people at various stages of the process and providing a variety of both traditional and more creative ways for young people to input.



1.4 Parameters and Constraints

While we believe this evaluation provides valuable insights into the Health Team's approach and impact, several limitations should be acknowledged when interpreting the findings.

Time period: The evaluation activities ran from September 2024–March 2025. We only had access to usable data from March 2024–March 2025. Thus, it was not possible to do more longitudinal analyses or track young people through the service on a pre/post basis.

Limited outcomes data: As will be further detailed later in the report, there are currently challenges and limitations in the design and implementation of impact measurement systems and processes for the Health Team, most of which are organisation-wide. This means that the available data may not fully capture the breadth and depth of the team's work. There was, for example, a low level of concrete data on young person progression through the service and resulting outcomes over time. Whilst this is not uncommon for over-stretched teams working with transient populations in situations of high need, we think this evaluation provides an opportunity for the team to review and refine its outcome measurement systems, and have provided some recommendations later in the report.

Changes in data collection systems: Quantitative data analysed for the evaluation included the period March 2024 – Jan 2025. From 2021– June 2023, activity and outcomes data was captured quite differently, which reflected the Team's emerging capacities in tracking their impact. Data was initially migrated from an "old system," resulting in inaccuracies and outdated information. Much of the older data is considered inapplicable or unreliable. The adoption of a new Salesforce system ("Lightning" and "In-Form Lightning") in and around March 2024 led to some data loss and inconsistencies in measurement, as staff had to learn new means of recording and categorising data. Data prior to this transition is difficult to process and compare with newer data, and so we have omitted it entirely.

Inconsistency in data collection: Even within the period of the new data collection system, there were still issues in how data was recorded. In the first year of that period, for example, some interventions which should be described as 'activities', such as an appointment with a young person or a call to a GP, were being inaccurately labelled as 'outcomes'. Other interventions labelled as 'actions' were closer to outcomes, or outputs. Again, this is not uncommon for non-specialist staff but could have been noted and resolved earlier with some basic training and agreement among the team as to how different data entries should be categorised. There was a marked improvement in the consistency of the monitoring as new systems and processes were established around summer 2024. We have made further recommendations for this area in Section 6.

Attribution challenges: The complex nature of homeless young people's lives creates inevitable challenges in attributing outcomes solely to the Health Team's interventions. Some young people access multiple services, making it difficult to isolate the specific impact of individual support interventions.

Sample representation: The young people that the evaluation surveyed and interviewed were inevitably those who have attended the service consistently over or a period of time. This group are more likely to have had positive outcomes than those who spent less time at the service, or attended inconsistently. The evaluation may therefore not fully capture the experiences of those who accessed services briefly or inconsistently. The perspectives represented primarily reflect those who maintained some level of connection with New Horizon. We have taken these limitations into account in our analysis and interpretation of findings.

1.5 Creative Outputs

We have complemented this report with two accessible and creative outputs to provide diverse audiences with a means of engaging with the evaluation content– a summary slide version and a video featuring interviews and discussions with three young users of Health Team services.

2. The NHYC Health Team's Evaluation Framework

2.1 Theory of Change

New Horizon's overarching Theory of Change provides the foundation for the Health Team's work, setting out how the organization aims to support young Londoners to be:

Safe: Young people are safer from emotional and physical harm, and from the harms caused by systemic barriers and inequities. This includes both immediate safety from violence and exploitation, and longer-term psychological safety.

Healthy: Young people have improved mental and physical health, including better understanding of their health needs, increased ability to access appropriate healthcare, and development of strategies to maintain wellbeing despite challenging circumstances.

Housed: Young people find and sustain long-term, youth-appropriate housing they can call home, moving from crisis accommodation to stable living situations that support their overall wellbeing.

Equipped: Young people learn the emotional, financial, and practical life skills necessary to succeed, including self-advocacy, emotional regulation, financial management, and independent living skills.

Have better services: Better resourced, youth-appropriate and timely services are available to all young people who are unsafe or experiencing homelessness, reflecting a commitment to systems change alongside direct support.

The NHYC Theory of Change recognises that health cannot be addressed in isolation from other areas of young people's lives. For example, housing instability directly impacts mental health, while poor physical health can affect employability and financial stability.

The integrated understanding informs the Health Team's holistic approach to support.

Although the Health Team has articulated specific programme level outcomes, these aren't expressed in a programme-level Theory of Change that links to the organisational ToC. Given that organisation-level ToCs are inevitably quite high-level, some social sector organisations find it helpful to embed programme-level ToCs within them. This could allow for a more granular exploration and articulation of the mechanisms and enablers by which the Health Team aims to achieve their desired outcomes.

2.2 Outcomes Framework

The Outcomes Framework tool that NHYC use to measure progress across the outcome areas in the Theory of Change was co-developed with partners in the youth homelessness sector.

Core outcome domains in the Framework include:

Safety and wellbeing: Measures of physical safety, emotional wellbeing, and reduced risk.

Physical health: Access to healthcare services, physical health status, and health management skills.

Mental health: Mental wellbeing indicators, management of mental health conditions, and emotional regulation.

Housing: Housing status, stability, quality, and housing management skills.

Life skills: Financial literacy, practical independence skills, and communication abilities.

Education and employment: Educational attainment, employability skills, and work readiness.

Social connections: Support networks, positive relationships, and social inclusion.

Agency and self-advocacy: Decision-making abilities, self-determination, and advocacy skills.

The Outcomes Framework is primarily implemented through a self-assessment questionnaire, completed by young people at regular intervals with staff support. This is complemented by staff observations and assessments and service utilisation data

As the Outcomes Framework is a unified measurement tool that is implemented across a partnership, that inevitably means it may not meet all the specific needs of each programme and project within NHYC. Such shared measurement tools inevitably need to aggregate and generalise. There are of course great benefits in organisations across a partnership/ sector coming together around a common framework and set of tools by which they measure their collective impact. However, it also means organisations may have to develop some additional tools to complement this. We make some further recommendations around this in Section 6.

2.3 Health Team Outcomes

Within the broader organizational framework, we sought to explore progress against a more detailed set of health outcomes (as per the evaluation tender document). These are:

Service access and navigation outcomes

- Improved access to health services across non-statutory and statutory providers
- Increased number of external referrals to health services
- Improved knowledge of different pathways to access healthcare
- Increased confidence in navigating the complexity of the healthcare system

Rights and advocacy outcomes

- Improved understanding of healthcare rights and entitlements to support
- Enhanced ability to self-advocate for access to support
- Increased confidence in communicating with healthcare professionals

Health management outcomes

- Building of resilience and tools to positively manage health
- Better understanding of health conditions and treatment options

Emotional wellbeing outcomes

- Better understanding of emotions and improved emotional regulation
- Increased self-esteem and confidence

Long-term health outcomes

- Improved mental health status
- Improved physical health status
- Development of preventative health practices
- Better self-management of health outcomes

These outcomes are understood within the context of young people's complex lives and the multiple challenges they face, recognizing that progress is rarely linear and that maintaining stability can itself represent a significant achievement in the face of ongoing adversity.

Staff outcomes

The list of outcomes of interest in the ITT also includes staff-related outcomes for those providing support. These are

- Improved understanding of the impact of trauma on young people
- Enhanced wellbeing and self-care through reflective practice
- Improved management of positive endings with young people in the provision of health-related support

Mapping outcomes to activities

This evaluation seeks to assess the Health Team's progress towards these outcomes, exploring both the extent to which they are being achieved and the team's mechanisms for doing so.

This is not entirely straightforward, because the specific outcomes in the ITT only partially map onto the activities and outcomes that are tracked by the overall Outcomes Framework, and similarly only partially onto everyday monitoring of actions taken for young people. Where a clear mapping wasn't established, we have either utilised our own quantitative data – for example through our survey for young people – or in other cases through the qualitative interviews and focus groups. (The table in Appendix A maps which of the ITT's outcomes of interest are assessed through which methodology.)

It may be helpful for future evaluative activities for the Health Team to explicitly map these outcomes to the organisation-wide Outcomes Framework, and, as mentioned above, to an integrated ToC.

3. Health Team Structure, Model and Approach

3.1 Background: Development of the Health Team since 2021/22

The NHYC Health Team was established in Spring 2022 as part of a significant shift in organisational strategy coming out of the Covid-19 pandemic and resulting increase in demand.

Prior to the Health Team's formation, health support at New Horizon was more limited. Whilst the nurse and Communications Support worker were present, they were part of the overall Youth Team. There was a lower level of focus on mental health, with a part-time counsellor working as part of the general Youth Team. The COVID-19 pandemic and subsequent cost of living crisis exacerbated the health challenges faced by homeless young people, highlighting the need for a more comprehensive, trauma-informed approach that could address the multifaceted nature of their health needs. During the period

of the pandemic, the counsellor was only available to young people remotely.

Since its establishment, the Health Team has evolved considerably:

2021: Initial development of the health strategy and design of the approach and team structure

Spring 2022: Launch of the Health Team; Head of Health joins May 2022; core staff members providing counselling, nurse practitioner services, and communications support

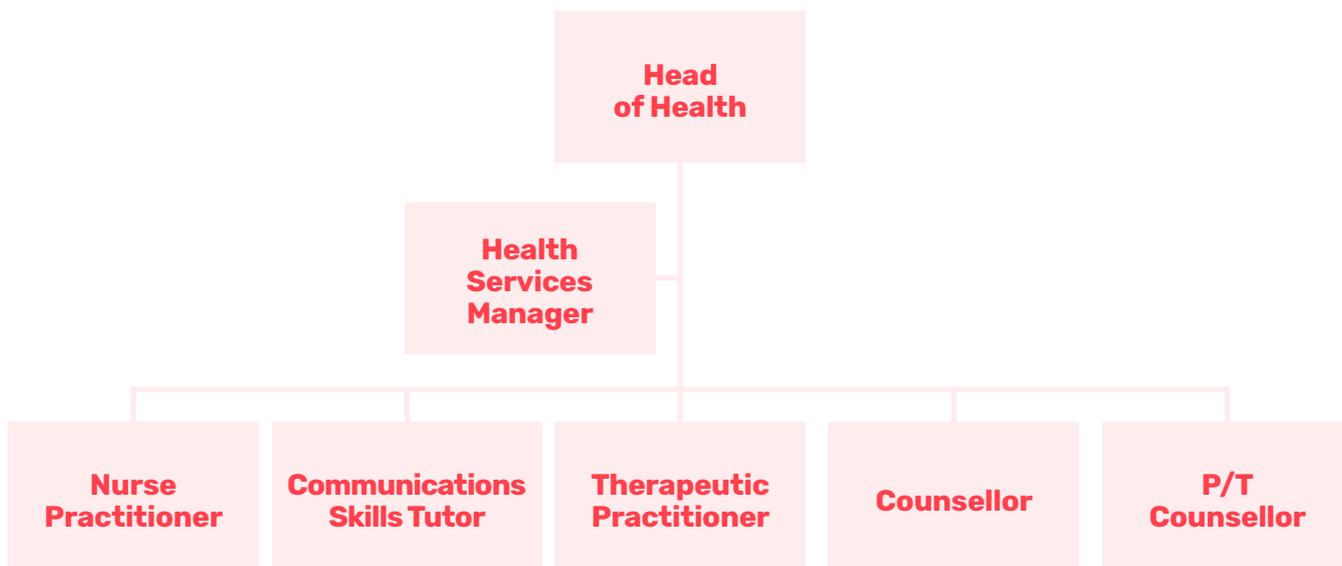
June 2023: Expansion of the team with the recruitment of a Health Services Manager, enabling better coordination of services and partnerships

September 2024: Recruitment of a Therapeutic Practitioner through collaboration with Camden & Islington Young People's Services



3.2 Team Structure and Roles

The Health Team consists of a multidisciplinary structure, shown in the organigram below, which demonstrates this holistic approach to health.



Head of Health: The Head of Health provides clinical leadership and drives the trauma-informed approach across New Horizon’s services, ensuring that staff can address the psychological and emotional needs of young people experiencing homelessness. Key responsibilities include: strategic development of health services; team management and training, supervision and reflective practice facilitation.

Health Services Manager: Recruited in June 2023, the Health Services Manager coordinates practical service delivery within NHYC, manages relationships with external service providers, holds a small caseload of young people with complex health needs and provides advocacy and support for accessing mainstream healthcare.

Nurse Practitioner: The Nurse Practitioner provides direct healthcare interventions and assessments, including ‘Health MOTs’ measuring key health indicators, health advice, support with GP registration and healthcare access, health promotion and preventative care, and liaison with external healthcare services.

Counsellor: The in-house counsellor provides therapeutic support through the drop-in

day centre and remotely, delivering one-to-one counselling sessions, crisis intervention support, emotional wellbeing guidance, and therapeutic referrals.

Communications Skills Tutor: This specialised part-time role supports young people with communication difficulties, neurodiversity, and low literacy levels through tailored communication skills development, support with form completion and official correspondence, equipping young people with skills for interviews and appointment, and building confidence in self-advocacy.

Therapeutic Practitioner: Shortly after the start of the evaluation period, the Therapeutic Practitioner role was created, through a partnership with North London NHS Foundation Trust’s Young People Services (YPS). This role was designed to providing trauma-responsive interventions, engage young people in collaborative assessments, work flexibly with diverse mental health needs, serve as the main point of contact for the NHS partnership, and support the development of psychological approaches across teams.

3.3 Coordination with Other NH Teams

Providing holistic support means not just integrating well within the Health Team but also within the broader New Horizon service ecosystem. This integration was apparent through our observations of organisational processes, interviews with other NHYC staff members, and conversations with young people.

For example, NHYC conducts daily debriefs across all youth-facing staff once the centre is closed, which ensures effective cross-team coordination and information sharing. Similarly, frontline staff are given dedicated admin time each day to support record-keeping. Although measures such as this reduce available contact time with young people, they demonstrate a laudable commitment to internal coordination and referrals. They also support staff wellbeing by balancing their competing demands within the structure of the Centre's operations.

Housing team: Joint assessments and collaborative support with the Housing Team appear to be common practice, with health and housing issues addressed in tandem rather than sequentially. As one Housing Team member explained, *"We work hand in glove with the Health Team - you can't separate housing stability from health, they're completely intertwined."*

Youth work team: Integration of health promotion into youth activities, such as art or sport, appeared to be well-established. Several staff described how informal activities create opportunities for health conversations that might be difficult in more clinical settings.

Employment and education team: Coordination around health barriers to education and employment seems to be an important aspect of the service, with health staff providing input on reasonable adjustments and disclosure issues. One Employment Team member noted, *"Many of our young people have health issues that affect their ability to work - having the Health Team's expertise helps us support them more effectively."*

Outreach team: We found evidence of knowledge sharing and coordinated responses, particularly for rough sleepers with health concerns. The Outreach Team valued having health expertise to call on, with one member telling us, *"Having the nurse available to advise us on health issues we see on outreach is invaluable - we're not medical professionals but we often encounter concerning health situations."*

Our overall impression is that cross-team coordination represents a strength of the NHYC and Health Team model, though some staff noted challenges in maintaining consistent communication amidst high demand: *"When we're all flat out dealing with crises, the coordination sometimes suffers - we know it's important but the immediate needs have to come first."*

3.4 External Partnerships

The Health Team has developed a range of partnerships with external agencies to enhance the scope and effectiveness of their support. These partnerships take many different forms, including close strategic partners, on-site service delivery partners, coordination partners, specialist support partners, training partners, and so on. The Health Team understands that they cannot meet the complex needs of its young people alone, and so these partnerships are not an add-on or nice-to-have, but an integral part of the Health Team's approach to holistic service delivery. These are listed in Appendix B.



3.5 Effect of Changes in Health Team Model and Structure on Working Practices

The evolution of the Health Team has enabled a movement towards a more holistic, flexible, integrated, responsive approach to service delivery, an approach which has been apparent during our evaluation.

3.5.1. Movement towards a more integrated structure

Health-related roles at NHYC previously operated somewhat independently with limited coordination. The development of a dedicated team structure has enabled:

- Regular team discussions to increase coordination between specialists in the team
- Enhanced case management across other NHYC departments
- Expanded use of partnerships to extend impact.

3.5.2 Development of flexible service models

A more coordinated team with increased capacity can allow service users greater flexibility as to how they engage. The team has been able to develop a hybrid model combining scheduled appointments, responsive drop-in support and engagement outside the centre when needed.

The Health Team offers multiple engagement pathways that recognise young people's different needs, communication preferences, attendance rhythms and individual relationships and needs. This flexibility contrasts with more traditional health service models, which is vital for a population that struggles to engage with rigidly organised services.

3.5.3 Enhanced mental health support

The Health Team now has dedicated and specialist mental health support, which has strengthened New Horizon's ability to respond to mental health crises. This includes

- The development of more formalised crisis protocols



- Dedicated counsellor support
- A specialist Therapeutic Practitioner role dedicated to rapid crisis response and a more flexible approach, working with young people in the community
- Stronger connections with emergency mental health services (though navigating these systems during crises remains challenging).

3.5.4 Integration of trauma-informed principles

The team was designed to embed an understanding of how trauma can affect young people's trajectories through care and support pathways. Senior staff led the integration of trauma-informed principles across service delivery. This has resulted in:

- An increased emphasis on creating environments where young people feel emotionally and physically safe.
- Staff development in recognizing trauma responses, understanding the underlying causes of behaviour rather than reacting to surface presentations.
- A transition from "bans" towards more supportive "inclusion plans" when addressing challenging behaviours.

4. Impact of the Health Team's Work on New Horizon Young People

4.1 NH Young People – Profiles and Characteristics

To understand the types of changes the Health Team is seeking to help bring about with its service users, it is first important to understand the characteristics of those service users. Young people accessing New Horizon's Health Team present with complex and diverse profiles. Analysis of NHYC's demographic data highlighted notable patterns in the population served.

4.1.1 Demographics

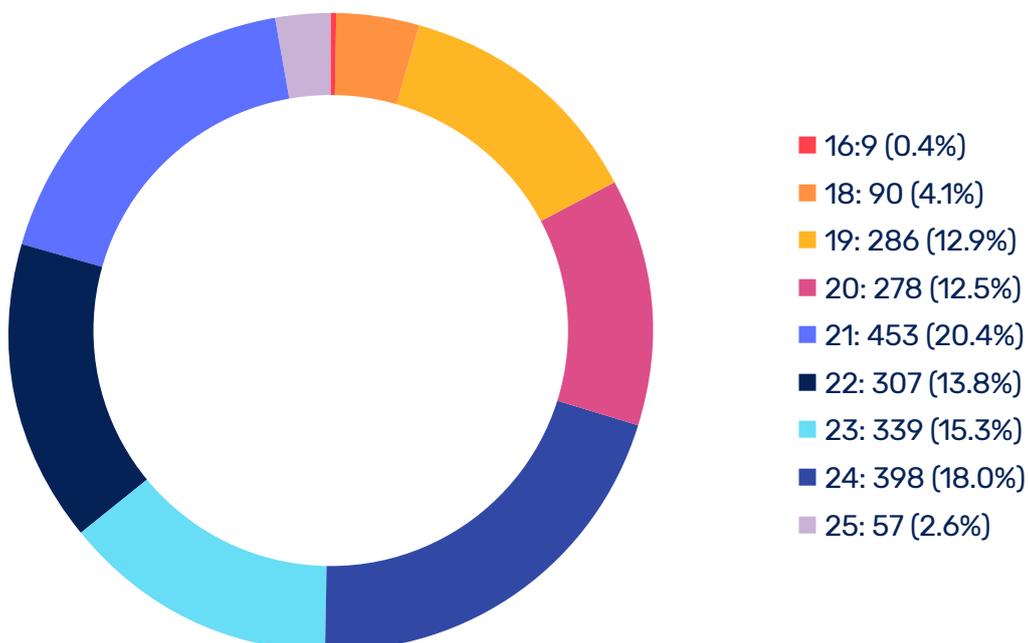
Age Distribution: The service predominantly supports young adults in their early twenties, with:

- 21-year-olds forming the largest age group (20.4% of service users)
- 24-year-olds (17.9%) and 23-year-olds (15.3%) constituting the next largest groups
- Younger service users (16–18) representing a smaller proportion (approximately 7% of the total)

This age distribution appears to reflect broader patterns in youth homelessness. Staff noted that many young people only reach services like New Horizon after experiencing a prolonged period of housing instability.

“Many come to us after trying to cope on their own or staying with friends. By the time they reach us, they’re often in their early twenties with accumulated health issues that haven’t been addressed.”

Age distribution of NHYC young people



Gender: NHYC's data shows that:

- Male clients form the majority of service users (approximately 62%)
- Female clients represent about a third of the population (32%)
- Smaller proportions identify as non-binary (2.8%), transgender (0.7%), or other gender identities



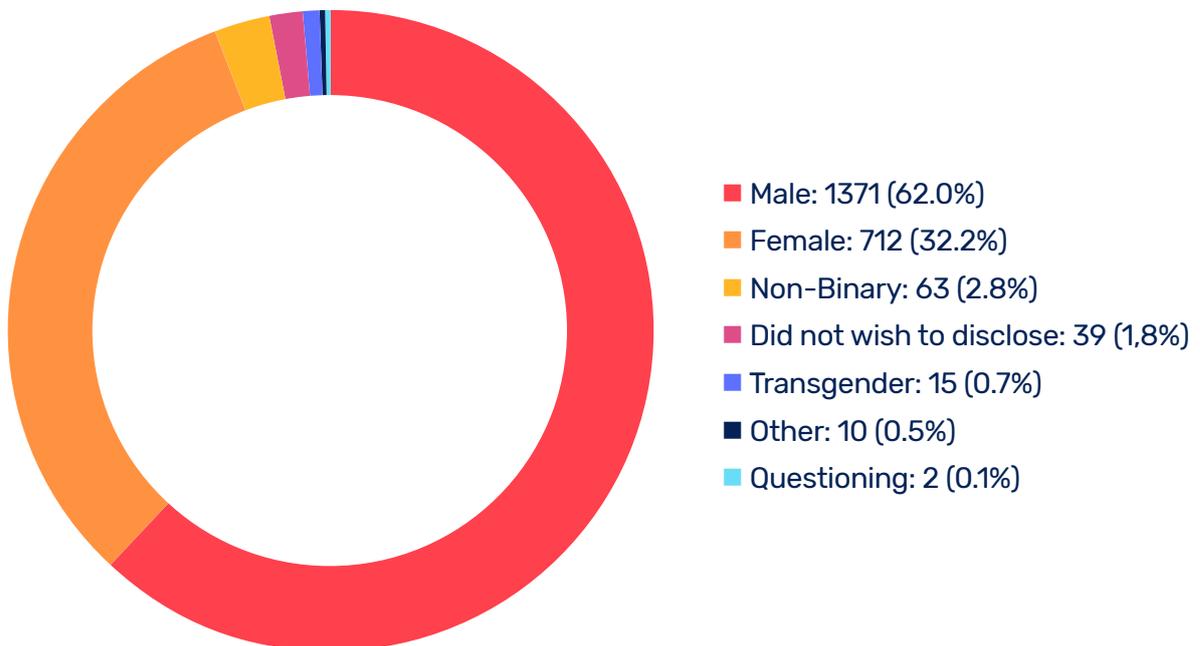
Sexuality: While heterosexual clients form a majority (73.3%), the service supports a significant LGBTQ+ population:

- Bisexual clients represent the largest LGBTQ+ group (6.1%)
- Gay clients (3.2%), those identifying as "other" orientation (3.1%), and queer clients (2%) form notable minorities

Staff shared with us that LGBTQ+ young people often face specific barriers to healthcare and additional layers of discrimination that can exacerbate health inequalities:

//
For many of our LGBTQ+ young people, previous experiences of healthcare have been traumatic. They've faced judgment or had their identity questioned, so building trust takes time. //

Gender distribution of NHYC young people



Ethnic Diversity: NHYC data shows significant ethnic diversity among service users:

- Black African clients form the largest group (33%)
- Other notable groups include Black British (8.1%), White British (7.3%), and Black Caribbean British (6%)
- Middle Eastern clients (4.3%) and various mixed ethnicity groups collectively represent another substantial portion (Other Ethnicity – 9.8%)

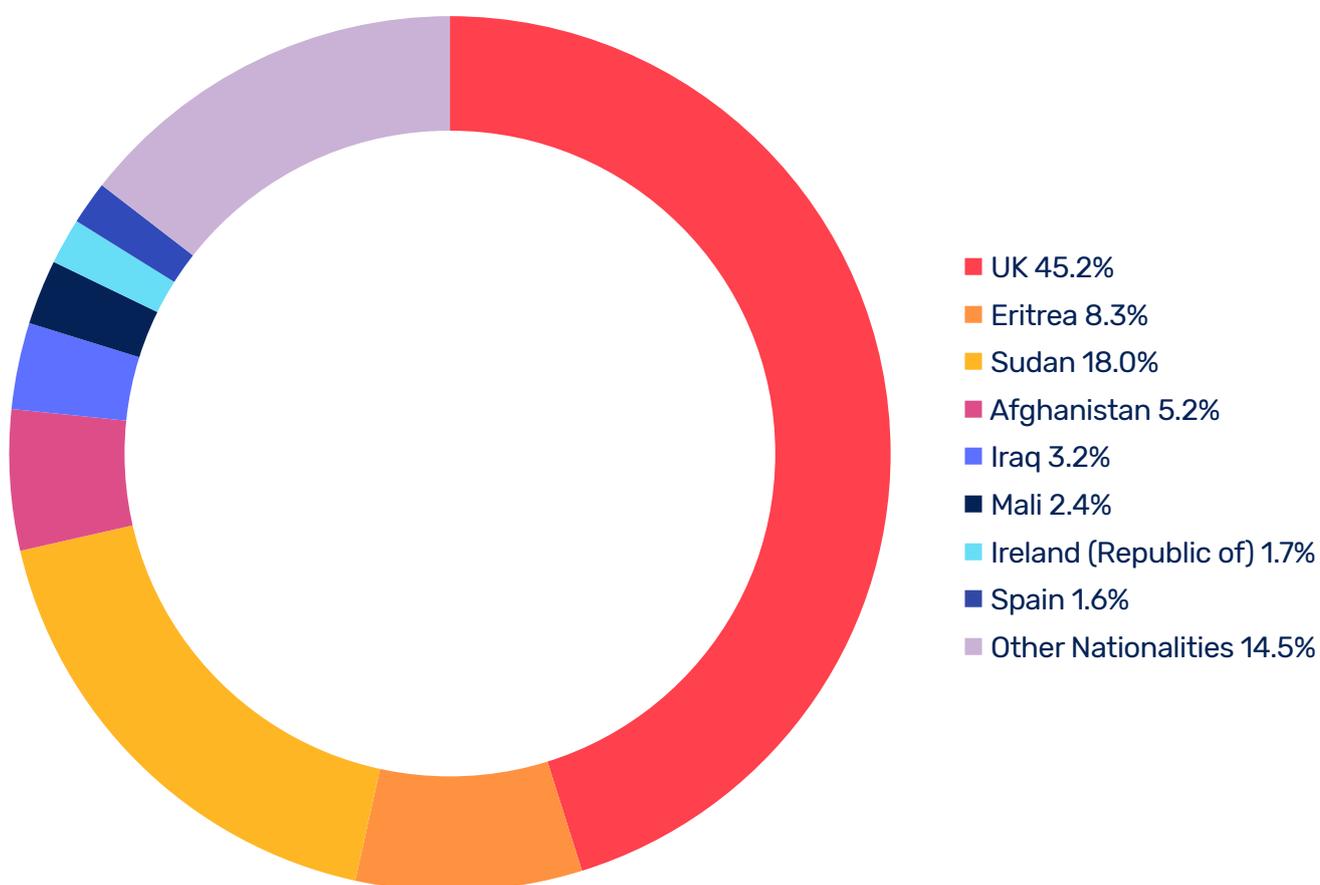
Importantly, the refugee population accessing services has more than doubled since 2019:

- Refugee clients have increased from 12% in FY 2019-20 to 26% in FY 2023-24

In addition, the proportion of clients whose nationality is non-British – including but not limited to refugees, has increased considerably. This has brought additional challenges – for example, language translation, the forms of trauma that the young people carry, and cultural resistance to some medical interventions.

“We see a lot of young people coming from various backgrounds and cultures that don’t agree with westernised medical interventions, such as jabs, let’s say... a lot of our work has been around that kind of education around what it means and myth busting.”

Nationality distribution of young people (top nationalities)



4.1.2 Housing Status

The level of need facing clients has increased over the last 5 years. For example, a higher number are rough sleeping, with its attendant health consequences and risks.

- The proportion of clients reported as sleeping rough has risen from 31% in FY 2019-20 to 42% in FY 2023-24
- Sofa surfing rates remain between 20% and 31%

Although poor housing and poor health are inextricably linked, service users' housing states fundamentally impacts their engagement with health service, making it challenging for the Health Team to support the group of NHYC's service users most in need.

“When someone is sleeping rough, their immediate priorities are warmth, safety, food – not their chronic health condition or mental health. We have to work within that reality.”

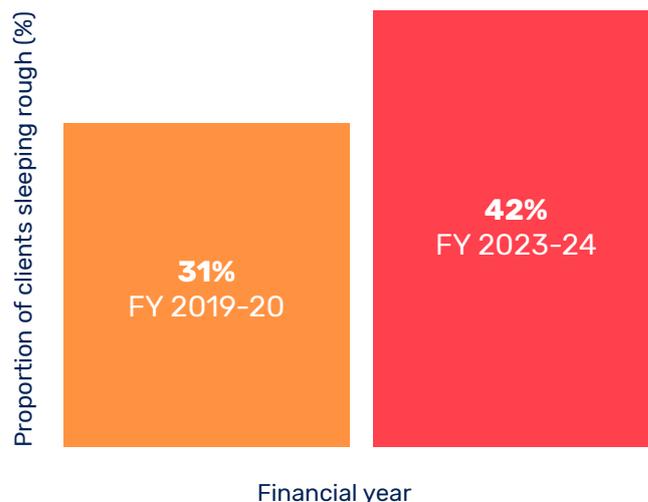
4.1.3 Complex Needs and Intersecting Vulnerabilities

Service users often presented with multiple disadvantages that combined to create unique barriers to healthcare access:

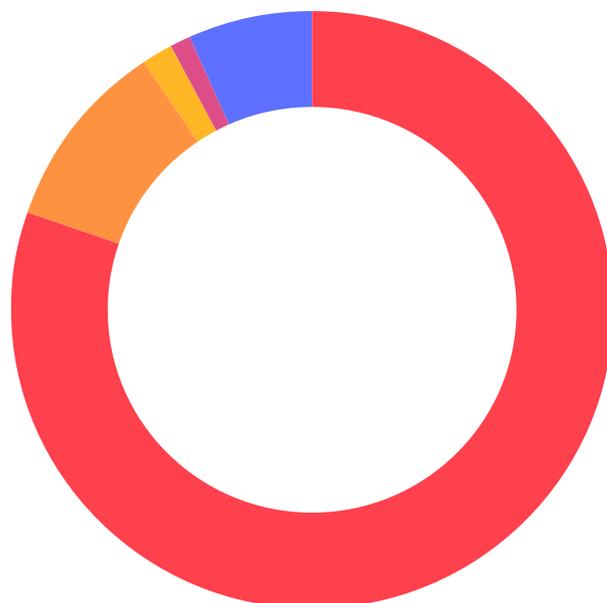
- Approximately 12% of young people reported having a disability, with mental health conditions being the most common. This is roughly equivalent to the general population at that age, but of course disabilities are far more difficult to manage when combined with homelessness and the lack of a stable address from which to connect to GPs and health services.
- The proportion of clients with formal care experience has remained substantial (26-31% across the evaluation period)

Partners we interviewed consistently highlighted how the Health Team shows particular skill in working with these overlapping vulnerabilities. A representative from Camden and Islington NHS Foundation Trust told us: ***“What makes their approach distinctive is their ability to understand how different aspects of a young person’s identity and experience interact to create specific health challenges. They don’t just see a homeless young person – they see the whole picture.”***

Increase in proportion of clients sleeping rough



Disability status of NHYC young people



- No: 1019 (80.5%)
- Yes: 130 (10.3%)
- Yes - but don't wish to disclose: 21 (1.7%)
- Don't know: 13 (1.0%)
- Missing: 83 (6.6%)

4.2 Health Needs and Challenges faced by NH Young People

Interviews with staff, partners, and young people revealed that the specific health needs, challenges and barriers that the team must respond to are similarly diverse and complex. These include, but are not limited to, the following:

Physical health needs: Young people present with a range of physical health conditions that have gone unaddressed due to the challenges of homelessness:

- Chronic conditions exacerbated by rough sleeping, including respiratory problems, musculoskeletal issues, and skin conditions
- Nutritional deficiencies and weight management concerns
- Poor dental health, with access to dental care repeatedly identified as a particular challenge
- Sexual health needs, including untreated infections and contraception requirements
- Injuries and wounds that became infected due to delayed treatment

Homelessness directly impacts physical health: *“People’s health is impacted by their homelessness or lack of housing and that is becoming harder from a systemic point of view to house people, which means pressures on health becoming more acute.”*

Mental health needs: Mental health challenges appeared quite ubiquitous among the population served, with staff and partners highlighting:

- Trauma-related conditions including PTSD, complex trauma responses, and dissociative symptoms
- Anxiety and depression, often exacerbated by the stress of housing instability
- Self-harm and suicidal ideation
- Substance use as a coping mechanism
- Undiagnosed or unsupported neurodevelopmental conditions including ADHD and autism

“I’ve been in a pit for about a year and a half now. Just with housing situations and stuff... obviously everything impacts mental health. It’s something I struggle with a lot.”

“Constantly worrying where you’ll sleep next means you can’t think about anything else. Housing insecurity is the stress.”

“Young people say substances are their ‘only means to get through rough nights.’... You can’t force them to see it as a ‘problem’ if it’s a survival tool... Refugee young people have complex needs – displacement, cultural dislocation... For example, a Sudanese youth using cannabis daily struggles with guilt over ‘disappointing his culture.’”

4.3 Barriers to Healthcare

NHYC young people face a range of intersecting barriers to accessing healthcare – financial, psychological, cultural, and systemic. Whilst this evaluation isn’t a sociological study, it is important to understand these barriers as they highlight the parameters the Health Team is working within, and the scale of the challenge they face in achieving significant health outcomes with its service users.

4.3.1 Systemic barriers

Evaluation participants described a range of systemic barriers that prevent homeless young people from accessing appropriate healthcare:

- **Registration barriers:** Young people without a fixed address or identification documents will face considerable difficulties registering with GPs
- **Location barriers:** NH young people are frequently moved around accommodation sites in different boroughs, which leads them to be discharged by health/ mental health teams in those boroughs and have to move GPs or travel further to their trusted GP.
- **Navigation challenges:** The complexity of healthcare systems proved overwhelming for many, especially those with limited previous healthcare engagement
- **Appointment systems:** Traditional appointment systems were described as incompatible with the realities of homelessness. As one young person told us: *“How am I supposed to keep an appointment at 9am when I don’t know where I’ll be sleeping that night or how I’ll get there?”*

- **Discrimination and stigma:** Young people recounted experiences of being judged or dismissed by healthcare professionals: *“The receptionist looked at me like I was dirt when I mentioned I was homeless. I felt so ashamed I just walked out.”*
- **Dehumanised system:** The fractured nature of healthcare provision meant young people often had to repeat their stories to multiple professionals, which can be retraumatizing
- **Waiting lists:** Long waiting times for specialist services, particularly mental health support, meant that many young people disengaged before receiving help
- **Digital exclusion:** Increasingly digital NHS services created barriers for young people with limited technology access or digital literacy
- **Cultural and language barriers:** For refugee and migrant young people, language differences and cultural understandings of health created additional obstacles.

These combined barriers result in delays in getting help for health challenges and crisis-driven healthcare use – e.g. using A&E when a problem has become a crisis.

4.3.2 Financial and practical barriers

In addition to systemic issues, interview participants described numerous practical barriers:

- **Transportation costs:** Unable to afford travel to appointments, many young people simply didn't attend
- **Prescription charges:** Young people described being unable to afford medications or treatments – particularly for dental work.
- **Competing priorities:** Housing, food, and safety needs inevitably took precedence over health concerns
- **Limited storage:** Those sleeping rough have nowhere safe to store medications or health-related items
- **Documentation issues:** A lack of ID documents create barriers to accessing services

- **Communication challenges:** Limited phone credit or changing phone numbers disrupted appointment reminders and follow-up communications

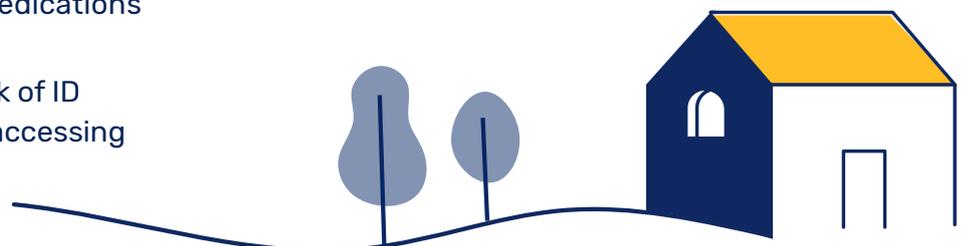
4.3.3 Psychological, emotional and cultural barriers

Finally, NHYC young people face significant psychological, emotional and cultural barriers to healthcare engagement:

- **Trust issues:** Previous negative experiences with systems or professionals had created profound mistrust
- **Low expectations:** An internalised belief that they don't deserve or wouldn't get help
- **Health literacy gaps:** Limited understanding of health conditions or when to seek help
- **Shame and stigma:** Homeless young people avoid healthcare, and other institutional forms of support, to prevent being judged for their housing situation.
- **Language and culture barriers:** Healthcare has a particular set of vocabulary and is rooted in a cultural approach to health both of which can be alien to recent arrivals in the UK

The health needs of New Horizon's young people are therefore complex and multifaceted, arising from the interplay between individual health conditions, systemic barriers, practical challenges, and psychological factors. The Health Team's ability to understand and respond to this complexity is a distinctive strength of their approach.

“When you're already feeling worthless because you're homeless, the last thing you need is someone in a position of authority confirming that feeling. So you just avoid putting yourself in that situation.”



4.4 Health Team Service Usage by Young People

NHYP data provides valuable insights into how service users engage with the Health Team's offer.

4.4.1 Frequency and intensity of engagement

The monitoring data showed considerable variation in how young people access health services:

- 36% of service users visited more than 10 times, showing sustained engagement
- 32% accessed services 2-5 times, indicating more brief or focused interventions
- 12% visited just once, potentially reflecting either quick resolution of needs or challenges in maintaining engagement
- The average number of interventions per young person was 7, but this figure masks significant variation
- Some individuals received up to 90 interventions, highlighting the intensive support provided to those with complex needs

This pattern shows that the Health Team offers both brief interventions and longer-term support depending on individual needs.

"Some young people need intensive crisis support at one point, then drop away, while others engage consistently over months. Both patterns can represent success, depending on the young person's situation."

– Staff member

It is hard to determine simply from attendance data whether the one-off engagements are a demonstration of a successful outcome or not. The lack of return may indicate either that the issue was resolved, or that there is a challenge in engagement. Indeed, repeated visits don't necessarily indicate success either, as they could be due to unmet needs. However, other data (detailed in section 4.6) shows that young people have a generally high level of satisfaction with the service, which suggests needs have been met.

4.4.2 Types of interventions accessed

The data captures a total of 2,217 interventions conducted by the health team, categorising the different types of support provided to young people. The presence of a few names with significantly higher counts (e.g. 90, 60, 47) suggests that some young people required frequent engagement or support, whilst some are helped by one or two targeted interventions.

- Within these 2,217 interventions, the most frequently accessed services are:
- Health appointments (514 recorded instances, 23.2% of all interventions)
- Counselling sessions (196 instances, 8.8%)
- Health advice provision (179 instances, 8.1%)
- Advocacy support (164 instances, 7.4%)

The data also shows the specific kinds of support young people were provided with during the evaluation period. The most frequent types of support recorded were as follows:

Intervening with external agencies on young people's behalf. 141 instances of contact with external organisations and 42 signpostings to another agency. Follow-ups and ongoing tracking efforts were undertaken 115 times, showing continuity of care.

Developing communications skills. The data also includes 106 appointments for communication skills development. Speech, language, and communication needs were addressed in 6 instances, and formal health outcomes were achieved for some young people, with 42 registrations with a GP and 5 with a dentist. This low level of dentist referrals shows the challenge in finding places. In interviews, staff described their frustration in not being able to better support young people with dental health needs for this reason.

47 health MOTs, demonstrating a proactive approach to assessing and addressing health needs. Additionally, 43 young people had informal health assessments. More targeted health interventions included minor wound treatment (16 cases), harm reduction (15 cases), and crisis intervention (9 cases). Some young people required administrative or written support, reflected in 7 cases where support letters were written.

Sexual health promotion was a notable aspect of the service, with 41 interventions, while external health referrals were made 30 times.

Direct physical support was provided in some cases, with 27 young people were accompanied to hospital, GP, or dental services. A small number of interventions were related to urgent or emergency situations, including 2 hospital visits, 1 recorded medical emergency.

4.4.3. Service access patterns across different groups

Our analysis revealed some notable variations in service utilization across demographic groups:

Gender differences: Female clients appeared more likely to access sexual health promotion (13.3% compared to the overall average of 3.7%) and health advice services

Age variations: Younger service users (16-18) showed higher rates of accessing crisis interventions and medical emergency support

Ethnic differences: Certain ethnic groups showed preferences for specific services, with White British clients showing higher rates of counselling engagement

LGBTQ+ engagement: Non-binary and transgender service users showed particularly high rates of counselling and advocacy support, reflecting both high need but also comfort with the Health Team personnel and approach.

These patterns suggest some demographic influences on service engagement, which are important to note. For example, that service users who are non-White, non-British, from non-Western cultures or not proficient in English are more likely to face barriers to accessing mental health support. The Health Team is aware of this barrier and is currently developing a partnership with a specialist multi-lingual, multi-cultural mental health support organisation – demonstrating the Team’s flexible use of partnerships to expand impact and meet user need.

Whilst it is useful to understand demographic patterns in service access, staff also cautioned against overgeneralizing to the extent that it could limit a user-centred approach.

“Individual preferences and needs always outweigh group patterns. We try to remain attuned to each young person’s unique situation rather than making assumptions based on identity characteristics.”



4.5 Impact of Health Team’s Services and Support on Young Person Outcomes

4.5.1 Outcomes Form Data

One of the data sources for the evaluation was the NYHC Outcomes Form. As outlined previously, this form is not being implemented as comprehensively as it could be across the organisation, and so the total number of forms available for review was quite limited. The form also captures changes across a range of outcome areas and so does not go into depth in any one area. Whilst the form contains six health-related questions, the form has to cover the work of all the teams without being too long, and so it does not cover many of the Health Team’s target outcomes detailed in Section 2.2. Within these limitations, the data clearly shows progress in young people’s self-reported health outcomes as a result of their NH engagement.

Mental Health Outcomes

- Mental health, confidence, and self-esteem improved by an average of one point on a 5-point scale after 3+ months of engagement
- 78% of respondents reported improvements in their mental health
- Mental health & self-advocacy show the strongest improvements, with 78%-89% of young people reporting positive change.

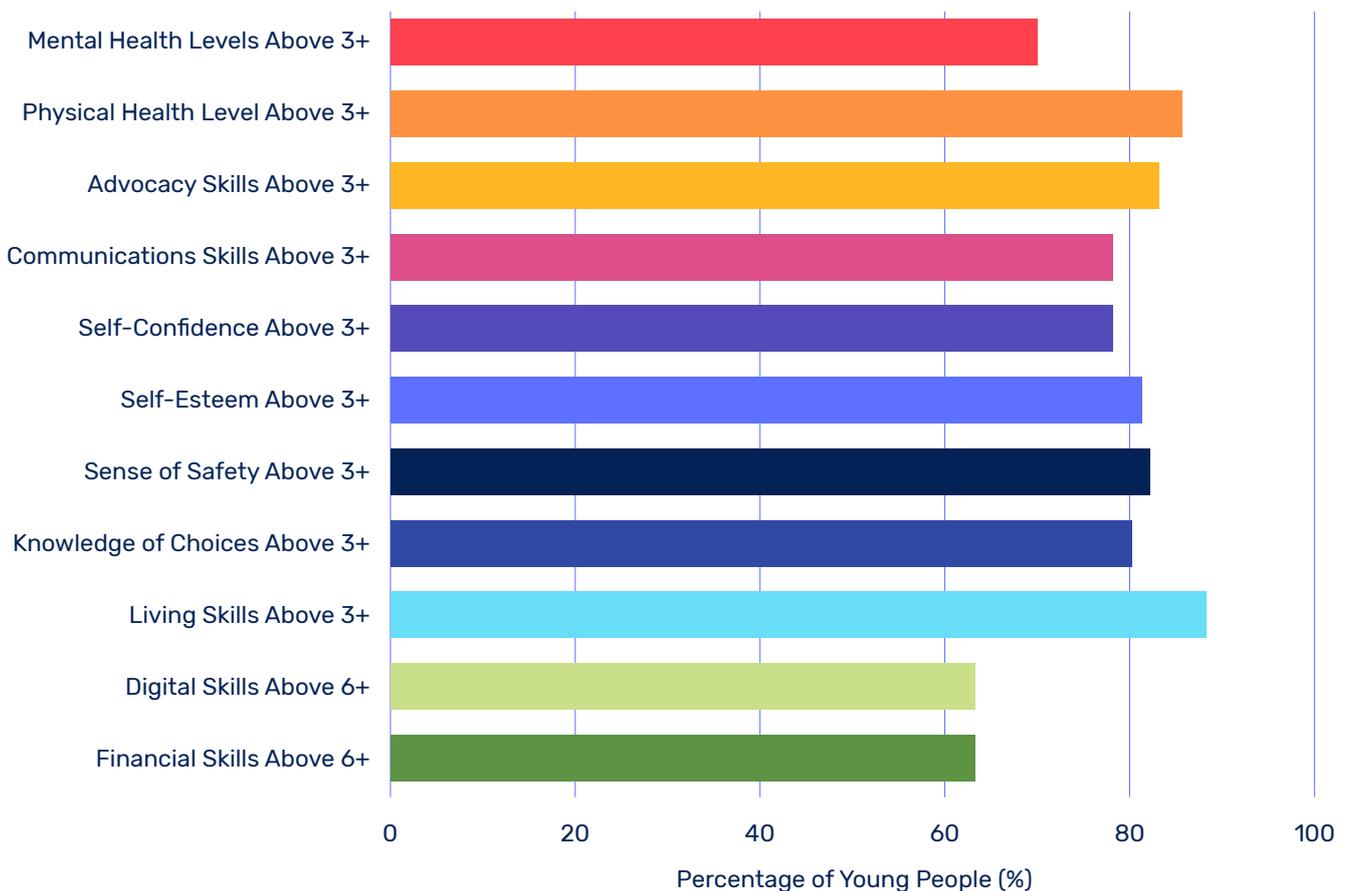
These improvements are significant given the complex mental health challenges present in the population.

“She gave me a card saying, ‘Your words stopped me killing myself.’ Staff and youth trust us because we treat them as humans, not cases.”

“Mentally, I’ve become much better when coming to New Horizon because everyone’s lovely... I have my stable moments and low moments, but I get through if I don’t fall back into old negative thinking.”

Percentage of Young People with outcomes above midpoint after 3+ months

Outcome area



Physical Health Outcomes

The data also showed positive trends in physical health, although at a lower level than mental health changes:

- 44% of respondents reported that their physical health had improved after 3 months engagement
- 85% of assessed young people reported physical health levels above the midpoint after 3 months engagement

It is perhaps not surprising that young people report greater changes in mental over physical health. Although NHYC does offer sports activities, provides healthy food and educates on nutrition, it is not a youth sports organisation and has greater staff capacity in mental health, life skills and creative support.

Self-advocacy and system navigation outcomes

The data revealed particularly strong outcomes in the development of self-advocacy:

- 89% of young people reported enhanced advocacy skills after engagement
- 63% demonstrated improved digital literacy for accessing online health information
- 76% showed increased confidence in communicating with professionals
- Confidence showed an average one-point improvement on a 5-point scale after 3+ months, with 44% of respondents reporting improved confidence
- Self-esteem similarly improved by one point on average

4.6 Survey Data

To complement the centre-wide Outcomes Form data, we also developed a more detailed survey for users of the Health Team services. This survey is provided in Appendix D. The survey was completed by 23 service users, and provided additional insights about young people's experiences and perceptions of Health Team Services.

4.6.1 Satisfaction and service fulfilment

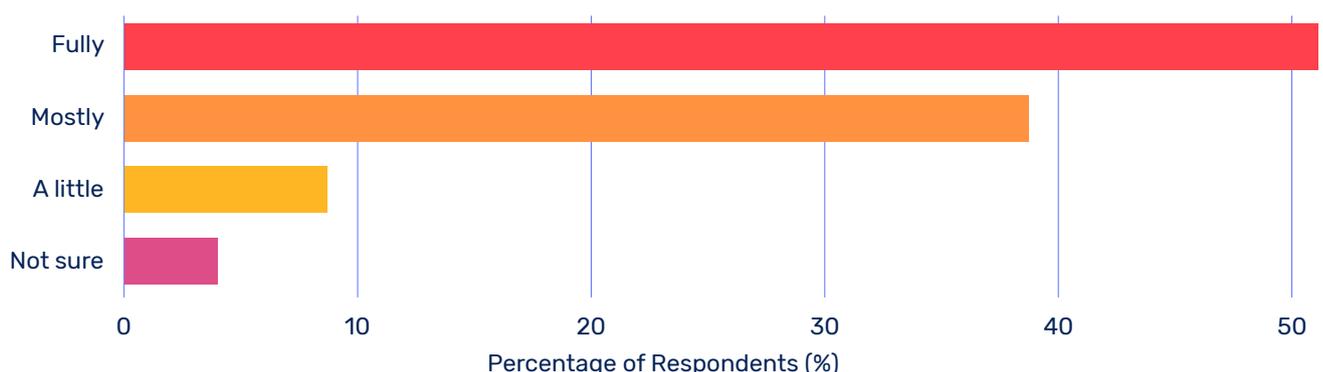
Survey responses indicated high levels of satisfaction with Health Team services.

- 52% of respondents stated they had received "fully" what they needed from the Health Team
- 36% reported receiving "mostly" what they needed
- Only 8% indicated receiving "a little" of what they needed

The overall satisfaction score was 2.48 on a scale where 1 represented the highest satisfaction, although we believe that the actual satisfaction score is higher¹.



When you have seen them, did you get what you needed from the Health Team?



1. A small number of respondents selected 'very dissatisfied' on the survey. We believe they misread the scale and this was an error, as the rest of their survey indicated positive responses

4.6.2 Service attribution for health improvements

There were differing levels of reported usage of the different services available from the health team, according to our 23 survey respondents.

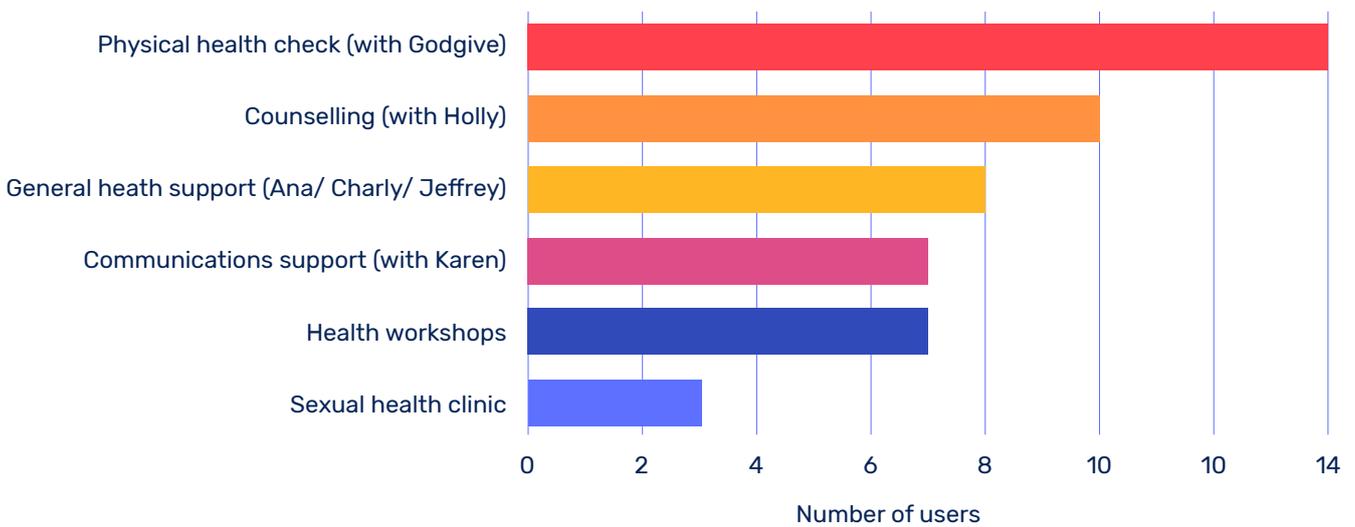
When asked which specific services had contributed to health improvements:

- General health support was most frequently credited (14 respondents indicating it helped “a lot”)
- Physical health checks and communications support were close behind (11 respondents each)
- Counselling was also prominently mentioned (10 respondents)

- Sexual health services showed a more mixed pattern, with some finding them very helpful while others reported less impact

These statistics however, come with strong caveats. The actual survey respondent numbers are low compared to those that would be required to derive statistically valid correlation data. It would be interesting to see a larger study of 100 or more young people, or even better a more ongoing form of evaluation via surveys like these. This would facilitate more adaptive management as it links perceived outcomes to actual interventions. However, this would require dedicated capacity and also ongoing funding for incentives for young people, which could be a barrier.

Service utilisation

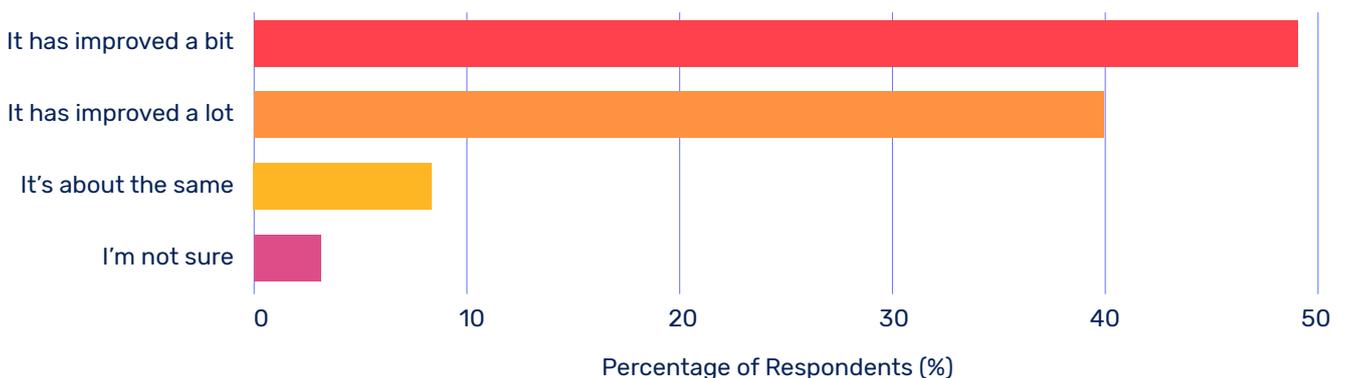


4.6.3 Mental Health Improvement

The self-reported mental health outcomes from the survey show an even stronger impact from the Health Team’s work than the Outcomes Framework. Achieving such

improvements for this user group should not be underestimated, given the common and often long-term mental health implications of being homeless – including relationship breakdown, rough sleeping, fear of violence and poverty.

Mental Health Improvement

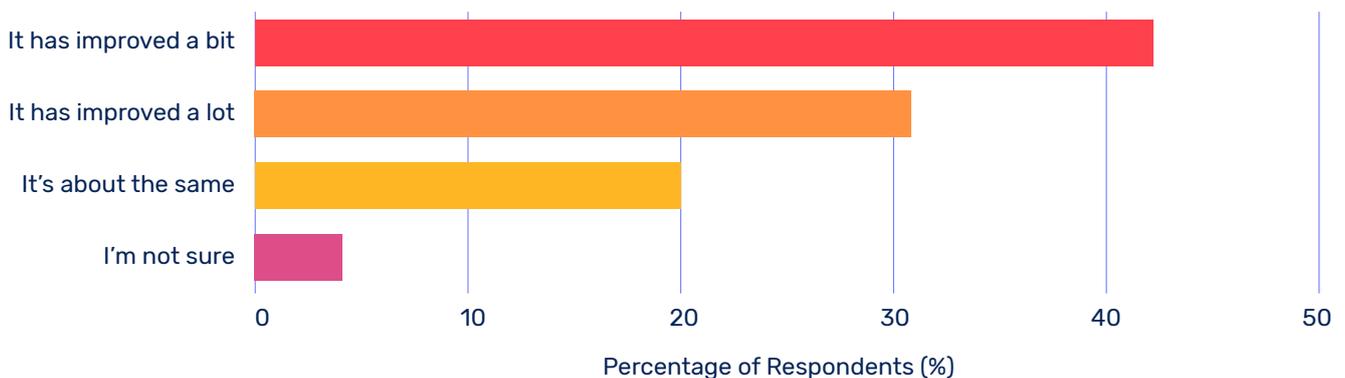


4.6.4 Physical Health Improvement

Survey respondents also strongly note physical health improvements. Given that the Health Team's interventions are non-clinical and largely non-physical, this might reflect the team's work connecting young people to external services.

It may also show the challenge of differentiating Health Team's interventions from other interventions, such as the football sessions that NHYC provides (but which do not fall within the Health Team's activities).

Physical Health Improvement



4.7 Interview / Focus Group Data

The survey data outlined above offers a more detailed picture of service use and impact than was possible through the Outcomes Form. However through in-depth interviews and focus groups with smaller numbers of young people we were able to gain further, richer, insights into the impact of NHYC services on young people's health. We have grouped these impacts into four areas: increased access to basic health care services; improved rights awareness, self-advocacy and system navigation; improved mental and emotional health, and improved health management.

4.7.1 Increased access to basic health care services

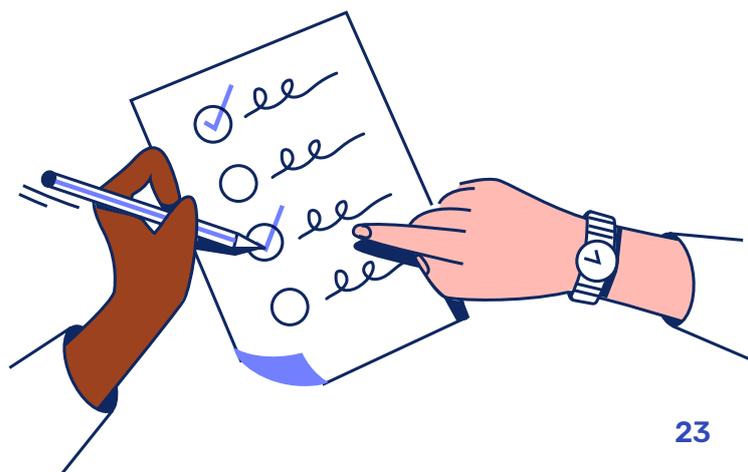
Young people described significant improvements in their ability to access and navigate healthcare systems as a result of the Health Team's support

Access to a GP is a fundamental health need, and indeed a right. Yet NHYC young people face significant access barriers – whether deriving from asylum-related rights denial, no fixed abode, no local connection, or no ID. Liaising with local GPs & other health providers,

accompanying young people to appointments, assisting with registration processes, are all therefore regular activities for the Health Team.

This frequently requires patience and persistence, but usually bears fruit. Young people we spoke to reported successfully registering with GPs or other health services because of the Health Team's support, some after long periods without access. The Health Team also similarly support young people in accessing dental care, although this is far more challenging due to the chronic shortage of available dentist places.

“Ana helped with signing up to local GP and getting correct referrals put in place and for the support on numerous occasions in regards to both my seizures, PTSD and the time I blacked out in the centre.”



4.7.2 Improved rights awareness, self-advocacy and system navigation

Alongside this practical support, it was evident that the Health Team also builds the self-advocacy and communications skills to help their young people navigate health systems and access the further support they need. This system navigation function appeared particularly important for groups facing additional barriers, such as refugees, LGBTQ+ young people, and those with language differences. Young people we spoke to described many changes in this area:

Stronger self-advocacy skills: *“We model self-advocacy. Once they leave, they need to navigate systems alone.”*

Increased understanding of care pathways: *“They help me with physical health even going with me to GP to make an appointment. Godgive provided me with a lot of help – blood-check, blood-pressure, giving me information if I want to register with dentists and more.”*

Greater understanding of their healthcare rights: *“I didn’t know I had a right to an interpreter at appointments. Now I always ask for one when I need it.”*

4.7.3 Improved mental and emotional health

Young people articulated various psychological and emotional changes as a result of their journey through NHYC:

Improved self-validation: Young people described moving from seeing themselves as “just homeless” to having a more positive self-image: *“I feel fulfilled because a group of loving trained professionals gave me the care I needed”*

Better emotional regulation: Several reported developing better strategies for managing difficult emotions, for example: *“It made me feel more confident with myself”*

Positive future vision: Participants noted beginning to think beyond immediate survival to longer-term health and life goals. As one reflected: *“I want to go back to uni... but I’m taking steps to make sure housing, therapy, and hospital appointments are sorted first. I don’t know if I’m ready, but I’ll never know unless I try.”*

Finding creative outlets: Young people valued opportunities to make sense of past experiences, for example through creative projects: *“I journal, make art, or just cry. Releasing that energy helps.”*

Accessing peer support: Although this is not specific to the Health Team, many valued the space and environment that NHYC provides to connect with those facing similar challenges: *“When we come somewhere like this, it’s a bit easier because everyone’s kind of in the same situation or been through things very similar so it’s quite easy to empathise with people.”*

4.7.4 Improved health management

The Health Team understand that to achieve sustained outcomes, young people must take ownership and responsibility for managing and improving their own health. This is nurtured through regular health workshops and a ‘coaching’ approach made possible through strong individual relationships.

The success of these interventions was evident in the practical, proactive approach for managing their own health that young people described. This took different forms for each young person:

Proactive wellbeing measures: *“Journaling with felt tips and stickers helps me process my day. Crochet keeps my hands busy in social situations—it takes the pressure off.”*

Sexual health awareness: *“The sexual health clinic... works very, very well because most of our people will probably not address any or they won’t go to a sexual health clinic. But now, since we have one here, everyone can go. It’s quite a busy time for the nurses when they come her, so I think that says a lot.”*

Harm reduction: *“There was a young man was having sex with another male and the other male tried to inject him with crack. Because of the relationship that New Horizons had cultivated with the young person, he told them very quickly and he was referred to me that same week so we were able to do preventative work.”*

4.8 Complex and Non-Linear Trajectories

It would be a mistake to think that these achievements have been a straightforward process for the Health Team and their young people. Many narratives revealed complex, non-linear journeys with cycles of engagement and disengagement before achieving more sustained improvements. Young people highlighted how crisis points eventually led to deeper engagement with NH support and noted the value of the Health Team's capacity to "hold" them through setbacks.

It is important to reemphasise here that the young people interviewed and surveyed are not necessarily representative of all NHYC young people – those who fill in surveys and attend interviews tend to be those who have stronger engagement and therefore better outcomes. There are certainly others that did not engage so deeply with the service and for whom the Team were not able to achieve those outcomes. Whilst we appreciate the challenge in doing this, finding ways to track 'disengagement' more carefully – both in numbers and in reasons – would give the team a fuller picture and allow them to respond accordingly.

However, for those that the Health Team have been able to support most intensively, these qualitative accounts provide compelling evidence of their impact across relevant outcome domains. The depth and consistency of young people's testimonies suggest that the team is successfully achieving many of its intended outcomes, even when these aren't fully captured in quantitative measures. Particularly notable is how closely young people's experiences align with the team's emphasis on building health literacy, self-advocacy, and sustainable wellbeing practices rather than simply addressing immediate health concerns.

"In my darkest moment, they were there to pull me back – I can't thank them enough."

"It hasn't been a straight line upwards. There have been really bad patches. But they stuck with me through those, and overall, looking back, I can see how far I've come."

4.9 Contextual Factors Influencing Impact

Beyond engagement patterns and demographic factors, we identified several contextual elements that appeared to influence outcomes:

Previous service experiences: Young people with extensive negative experiences of healthcare systems often showed slower trust development but sometimes achieved more significant changes once engaged

Support networks: Those with some existing support connections such as churches or support groups typically demonstrated stronger outcomes, suggesting the Health Team's work is enhanced when it complements other supportive relationships and structures.

Practical barriers: Outcomes are consistently constrained by practical issues like transportation access, phone credit, and ID documentation. Contacting young people for follow-ups is a frequent challenge due to communications technology barriers.

System responsiveness: External factors such as waiting lists for specialist services significantly influenced the Health Team's ability to facilitate positive outcomes

Staff emphasised the importance of these contextual factors. One team member reflected: ***"We don't work in a vacuum. A young person's outcomes are shaped by the wider system around them and the practical realities of their lives. Sometimes our most important work is addressing those contextual barriers rather than direct health interventions."***

In our assessment, the Health Team demonstrates notable skill in adapting their approach to different engagement patterns and contextual factors. The service appears particularly effective at maximizing the impact of brief interventions while also creating conditions for deeper change through sustained engagement when possible. The observed variations in outcomes reflect both the complexity of young people's lives and the team's responsiveness to diverse needs and circumstances.

5. The Health Team's 'impact enablers'

When considering impact, it is important to identify the key factors that make that impact possible – when it works, what makes it work? This can help teams strengthen those enabling factors. These factors are often more to do with 'how' a service is delivered than 'what' is delivered.

5.1 Enabling Conditions

We are highlighting eight key enabling conditions that we think underpin the Health Team's effectiveness, although this is not necessarily an exhaustive list. These interconnected elements create a foundation for positive engagement and outcomes, with both young people and partners consistently highlighting their importance.

5.1.1 Person-centred relationships of trust

The pivotal role of trust-building appears to be one of the critical aspects of the Health Team's approach. The non-judgmental, person-centred ethos creates safety for young people who have often experienced rejection from mainstream services. This approach differs markedly from experiences in statutory settings, where young people frequently report feeling processed rather than understood.

Young people consistently emphasised that this non-judgmental stance is particularly valuable when dealing with sensitive health issues or behaviours they feel shame around. We consider this trust-building a foundational principle of the Health Team's approach, creating necessary conditions for all other interventions to be effective.

"Other organisations treat you like a problem. New Horizons sees me as a human."

"I've used Godgive quite a lot... if I have an episode and I just want to keep a wound clean or something like I know that I can present there and she won't judge me for it."

5.1.2 Flexible engagement pathways

The Health Team has developed adaptable engagement approaches that accommodate the often chaotic circumstances of homeless young people's lives. Rather than imposing rigid requirements that might exclude those most in need of support, the team tailors their approach to each individual's situation and readiness.

This flexibility extends across all aspects of service delivery, from appointment scheduling to engagement methods and intensity of support. Partners particularly noted how this approach has succeeded in maintaining relationships with young people who have previously disengaged from more structured services. For young people, this flexibility is often the difference between engagement and disengagement. One explained how counselling support is provided without pressure to commit to a traditional therapeutic schedule:

"My counsellor never insists on sessions – she works around me. I appreciate the freedom to come when I'm ready."

"Having someone that can tailor their support around your needs, I think that's what's important."



5.1.3 Holistic approach to interconnected needs

The integrated approach enables comprehensive identification and response to interconnected needs. The Health Team recognises that physical health, mental health, housing, financial stability, and social connections are deeply interrelated and cannot be effectively addressed in isolation.

This holistic perspective is embedded in assessment and support planning processes. Staff consistently demonstrated awareness of how different aspects of young people's lives interact, avoiding narrow focus on the presenting issues without considering broader context. This approach represents a significant departure from how mainstream health services typically operate, with their tendency toward specialization and fragmentation.

Young people particularly valued having their needs considered in their entirety rather than being directed to multiple separate services. This approach appears especially well-suited to addressing the complex, interconnected challenges faced by homeless young people.

5.1.4 Balance between prevention and crisis-response

Whilst it will always be a challenge to achieve a balance between preventative and crisis response interventions – immediate needs inevitably end up taking precedence – we found strong evidence that the Health Team is managing this tension well.

Regular health checks identify issues before they become acute crises, while proactive sexual health support reduces risks of preventable conditions. The team maintains capacity for crisis response while working with young people on long-term self-advocacy. This was strongly echoed in participant feedback.

“The health team are very good at being reactive if somebody's having a physical or mental health need. They're in the thick of it, responding to needs as they arise.”

5.1.5 Balance between practical support and self-advocacy

There is a similar tension between doing things for young people and building their capacity to do it themselves. We found that these components were well-balanced in the team. Young people expressed the value of NHYC's accompaniment and practical support at particular moments, but also strongly referenced the support they had received in managing their own health pathways long-term.

“That's the agency that we were talking about before, just giving that young person that doesn't have a lot, has maybe been failed, just a little bit of power, a little bit of power to say this is what I want and this is how I like it.”

5.1.6 A truly trauma-informed approach

Most youth service delivery organisations now use the language of trauma. However, the evaluation found a sophisticated understanding of trauma's impacts within the Health Team. This approach is embedded throughout service design and delivery, creating a foundation for effective engagement with young people who have complex histories.

- There is consideration given within the physical environment privacy and sensory needs.
- Staff consistently demonstrated awareness of how trauma affects behaviour, cognition, and emotional regulation, interpreting challenging behaviours through this lens rather than as deliberate disruption or non-compliance.
- The Head of Health led an organisation and partner-wide effort to move away from punitive responses, transforming what was once a “bans policy” into an “inclusion policy” which focuses on understanding and addressing underlying needs.

This approach enhances the effectiveness of interventions by creating an environment where young people feel safe enough to engage honestly with their health needs, often for the first time, and to engage with difficult personal material without fear of judgment or rejection.

5.1.7 Partnership approach

The Health Team has cultivated a strong network of external partnerships that extend their impact, including Camden and Islington NHS Trust, UCLH, FWD (Camden Drug & Alcohol service), sexual health clinics, and local GP practices. These partnerships are a fundamental part of their delivery model and help strengthen the team's impact in the following ways:

Expanding reach through satellite services:

Offering external services within the Centre represents a particularly effective aspect of the model, bringing specialist provision directly to young people in an environment where they already feel comfortable. This allows the Health Team to offer a wider range of services and allows partners to access young people they otherwise may not.

Reducing access barriers: These partnerships appear particularly effective at addressing psychological barriers to healthcare access, such as stigma and previous negative experiences, by creating more welcoming and familiar engagement routes.

“Actually having someone in house that you’ve seen around... in an environment you feel safe is going to be a huge help to kind of bridging that gap for those young people.”

The Health Team's external partnerships represent a thoughtfully developed network that extends the reach and impact of their work. Although we acknowledge that there is a limit to the number of partnerships the team has capacity to manage and involve, it did appear that some potentially useful partners – such as those offering dental or eye-care services, are not currently engaging as they might. It may be useful to conduct a 'partner audit/ refresh' to identify current service gaps and needs, review dormant partnerships and seek new partnerships that could meet those needs.

5.1.8 Staff wellbeing

Staff wellbeing appears to have been a key priority and intentional activity area since the inception of the Health Team. Leadership invest significant time in creating spaces for staff to come together, debrief, coordinate, share successes and challenges, support each other, and develop a strong team culture. In addition, NHYC provide regular reflective practice sessions and clinical supervision support. Across the organisation, time is ringfenced for administrative/ organisational needs, which helps staff manage competing demands in a very resource-stretched environment and prevent burnout.

“Protecting staff is crucial; they can't help young people if they're broken.”

5.2 How the Health Team's Offer Addresses DEI

Inputs from young people, stakeholders, staff and participants described how the Health Team has developed approaches that address equity, diversity, and inclusion in the following ways:

Cultural responsiveness: The team has incorporated culturally responsive elements into service delivery, including use of translation services and explaining healthcare concepts in culturally relevant ways. However, the team acknowledged that the increase in service use by migrant groups means they need to invest greater resource in this area.

“Talking about feelings or trauma in a second language is hard. We rely on translators and staff who speak other languages, but it's not enough.”

“Young refugees fear blood tests due to cultural myths. So we educate them: ‘This vial is tiny - no one's selling your blood.’”



Addressing multiple disadvantages

and intersectionality: The approach acknowledges and responds to intersecting forms of disadvantage. Testimonies from both young people and partners highlighted the Health Team's understanding of these intersections, noting that this nuanced appreciation of complexity distinguished their approach from services that tend to address issues in silos.

Inclusive practice and adaptations for neurodiversity:

The evaluation identified various practical measures that enhance service accessibility for diverse groups. Young people with neurodivergence reported feeling welcomed and understood, suggesting that inclusive practice principles are effectively embedded in service delivery.

“Sitting for 50 minutes is awful for ADHD clients. We need flexible, adapted approaches.”

“I’ve been involved with the neurodiversity team because I’ve been on the waiting list to get my ADHD diagnosis for so long... New Horizon is the only institution that can understand.”

Non-clinical and creative forms of engagement:

NHYC as a whole has designed its approach around balancing informal, drop-in spaces with structured support, providing a range of activities that allow young people to engage in accessible ways.

“At Mental Health Week, I interviewed young people on the football pitch. They switched to ‘TV mode,’ sharing stories freely. Moments like this show healthcare doesn’t have to be clinical.”

The organisation also prioritises incorporating young people's voices into service-design and delivery. At organisation-level, this is done primarily through a fortnightly 'Youth Voice' session which the Health Team feeds in to. The team also convened young people to participate in the design and delivery of this evaluation, finding creative and accessible mechanisms such as drawing and video to engage with the process.

5.3 Contribution of the Therapeutic Practitioner role

The Health Team has recently expanded to include a new 'Therapeutic Practitioner' role. This role was created to:

- Increase collaboration and specialist referrals with local statutory mental health services
- Increase the clinical capacity of the team, for example through training and support in trauma work
- Support NH young people with especially complex needs – including those who had been banned from the service.

The role is shared between NH and North London NHS Foundation Trust's Young People Services (YPS), with the intention of increasing referrals, collaboration and integration across the two parties.

This evaluation was asked to consider any emerging impact from this role. As the post-holder has only been in place for 6 months at the time of writing, it is too soon to draw substantive conclusions about its long-term impact. However, we can identify some emerging contributions that we believe are enhancing the capacity of the team and the impact of the organisation.

Improved methodological transference between NH and statutory partner:

Because of the split role, the Therapeutic Practitioner has been able to start bringing therapeutic approaches from one partner to the other. To date, this has taken the form of developing a support model for young people with complex psychological and behavioural patterns within the statutory partner and bringing it into NH. Over time, this should allow the Health Team to expand the impact of its work with this user group.

“I essentially wound up importing the model from the YPS into New Horizon... the model of support in YPS is one where it's both casework and therapy, but the therapy and casework are merged together. So that's basically what I wound up doing is like very, very careful, thoughtful case work that's based on XYZ therapeutic literature.”

– Therapeutic Practitioner

Enhancing Health Team clinical knowledge and skills: The post-holder has already made a contribution to building clinical knowledge across the team, developing training and providing informal, responsive support on a case-by-case basis.

“I’ve been involved heavily with the working group that’s working to redevelop the trauma-informed training for new staff and then for everybody. We’ve been essentially starting from scratch and rebuilding an entire day-long training.”

– Therapeutic Practitioner

“People consult me about things all the time... This youth worker was working with these young people who I would describe as having psychotic structures, and they were drawing pictures...strange and bizarre kind of delusional pictures...and the youth worker asked me to come down and help her make sense of this. It was a really good on-the-floor skill share kind of thing.”

– Therapeutic Practitioner

“When someone discloses suicidal ideation, I want to create a safety plan. The therapeutic practitioner role helps, but demand is relentless.”

– Health Team Member

Implementation of the inclusion policy: One of the key contributions of the post-holder has been to work with young people who have been temporarily excluded from accessing NHYC because of behavioural issues, according to NHYC’s Inclusion Policy. This policy balances the need for the safety of staff and service users with the desire for the Centre to remain inclusive to all those who need it. The Therapeutic Practitioner designed and piloted a process to work with those young people during the temporary period of their inclusion.

“I’ve both designed and then piloted what that work should look like. So now basically when a young person gets banned for whatever reason...we would meet and we would do three or four sessions of working through what happened, any kind of mediation that needs to happen, developing or working on some kind of DBT skills, emotional regulation kind of stuff.”

– Therapeutic Practitioner

From our conversations with relevant team members, we provide recommendations for how this role might further contribute to the team’s impact in Section 6.



6. Strengthening Impact: Evolving & Developing the Health Team

In the previous sections we have focused primarily on our assessment of the impact that the Health Team has been able to create for its service users, according to its intended outcomes. Here we outline five areas where we think the Health Team can further strengthen this impact:

1. Coordination, referrals and partnerships
2. M&E systems
3. Team structure and roles
4. Staff wellbeing
5. Programmatic developments

6.1 Coordination, Referrals and Partnerships

6.1.1 Internal referrals and integration

In this evaluation, we have reflected the team's strengths in internal coordination and referrals. Our interviews suggested several areas where these systems could be further strengthened. Staff highlighted some inconsistencies in how young people are referred between different parts of the Health Team and the wider organisation. This could be supported by more systematic induction processes that help new staff understand the interconnections between different aspects of New Horizon's work.

"New staff coming in... don't realise the links between teams. We need to rebuild [internal] partnerships so they understand how, say, art workshops can tie into mental health."

"Knowledge-sharing isn't enough - we need joint projects."

6.1.1 External referrals and partnerships

We have documented the Health Team's strong partnerships model. The team has developed various external referral relationships, particularly with healthcare providers. However, it seems that the effectiveness of these pathways varies considerably depending on the service and individual relationships.

Some external partnerships, like the sexual health clinic and specialist support, have clear referral processes and good information sharing. Others, particularly mainstream mental health services, present more significant challenges. We understand that some of these barriers are due to external factors outside of the Team's control. However, rather than pushing on closed doors, the team could explore other potential partners with greater referral capacity.

In a constrained funding environment, the team may also consider building on successful existing partnerships through joint funding bids to create more integrated services.

6.2 Data Management & Impact Reporting

6.2.1 Challenges in data capturing

As outlined previously, we found significant limitations in data capturing through this evaluation, for example:

- **Intervention recording** varies in detail and consistency across different team members
- **Case study documentation** tends to happen retrospectively rather than as an integrated part of service delivery
- **Partnership outcomes** are rarely systematically captured
- **Qualitative impacts** such as increased health literacy or system navigation confidence are inconsistently documented.

Staff acknowledged these challenges and expressed interest in developing more appropriate ways to capture impact:

“We’re probably not capturing those outcomes well enough, those little interactions that are actually really important outcomes. I think people think about outcomes and they think, oh, a young person has to have like, you know, gone through the whole counselling process. But it could also be small interactions that provide... really meaningful change for a young person.”

6.2.1 Recommendations for M&E systems and processes

Here, we make some recommendations for strengthening the team’s systems for capturing data and evaluating impact.

System configuration: Depending on staff discussions and agreement with the internal M&E team, it may be useful to refine the categorisations in the Salesforce system. For example, many entries currently labelled as actions could better be understood as outputs. There currently does not appear to be a category called ‘outputs’, so it is hard for evaluators and senior leaders to track the pathway between ‘actions’ (things that staff do), outputs (resulting situations those activities create) and outcomes (changes in the desired target group).

Similarly, many of the actions labelled as outcomes were in fact outputs or even actions. This diminishes the ability to understand data consistently, see causality, learn and adapt.

Staff training in M&E: Whether the system is reconfigured or not, the most important thing is consistent use of it by those inputting data. Inconsistency makes the data very challenging to work with, analyse, present and learn from. We consider there is an urgent need to increase staff’s understanding of these processes and improve consistency among the team in how data is entered in the system.

Explore technological solutions: There is always a tension between the need to document and the more urgent need to support. We think

technology could potentially help with this. For example, a quick voice note could be recorded to a secure system on staff’s work mobile phones, then sent to an email address or server, from where AI tools could categorise each intervention described in the voice note as an ‘activity’, ‘output’ or ‘outcome’, and link it to the young person it is referring to on Salesforce. Staff teams could review the AI’s work to ensure valid categorisation.

Consider ‘case ownership’: Our challenges in obtaining consistent Outcome Forms data revealed that one of the issues is a lack of a clear process and ‘case ownership’, meaning staff aren’t sure whether a form has been completed, by who, and whose responsibility it is. The fluid and interconnection nature of the service – with young people moving between different departments – is of course a great strength but also presents challenges in following and documenting that young person’s progress through the Centre.

One proposed solution by interviewees was that each young person is assigned a case worker, who would be responsible for ensuring that the Outcomes Form was filled out, whichever team they are currently working with. However, it should be noted that other interviewees did not see this as workable. This shows that there isn’t an easy answer to this, but the team should explore options to improve consistency in this area.

Integrate regular, lighter-touch, ongoing forms of data capture: There seems to be a big jump from regular activity monitoring to the longer-term, 3 monthly self-reported Outcomes Form. More regular process and outcome monitoring could help fill this gap. Young people are not, for example, asked to feedback on how, if at all, they feel differently after a session with the Counsellor, or a session with the Communications Skills Tutor. This makes it difficult to understand which interventions are making the most difference or how they could be improved. Asking young people how each session went may be administratively challenging, but more regular input and progress tracking should be considered.

Secondly, the survey we shared with the young people during our evaluation could be somewhat of a model for the use of regular YP surveys for more timely self-reporting which links more directly to intervention types.

This reflection highlights the need for impact measurement approaches that can capture incremental changes and recognise the value of relationship-building and trust development as outcomes in themselves.

6.3 Team Structure & Roles

Through our discussions, we observed thoughtful consideration about how Health Team roles might evolve to better meet changing needs. The potential developments already discussed include:

- Bringing a stronger emphasis on advocacy and outreach to the nurse role
- Expanding the communications skills tutor position with explicit focus on neurodivergence support
- Further strengthening the collaborative component of the Therapeutic Practitioner role

Whilst it would be outside the scope of this evaluation to recommend specific changes to JDs or role configuration, below we reflect general insights on how roles within the team might develop and expand in the coming years to strengthen NHYC's impact.

6.3.1 Evolution of the Nurse role

While the role has primarily focused on clinical tasks and health assessments, staff interviews suggest an evolving vision for this position that emphasises system navigation and advocacy:

“A nurse today also needs to be a health advocate... We need outreach workers meeting people where they're at.”

This perspective reflects a broader shift in thinking about how healthcare support is provided to homeless young people. Several partners noted that clinical interventions alone are insufficient when young people face significant barriers to mainstream healthcare access. The advocacy component—helping young people navigate complex systems,

supporting them at appointments, challenging discriminatory practices—appears increasingly central to effective healthcare support.

6.3.2 Enhancing the Communications Skills Tutor role

Another area identified for potential development is the Communications Skills Tutor role. This position currently combines assessment, advocacy, session-based interventions, and casework – all within a 2-day p/week post, thus limiting its impact.

Staff have reflected the increased demand for this type of support, particularly related to neurodivergence. There appears to be potential to expand this position into a full-time role with a more explicit focus on neurodivergence support, though this is of course funding dependent.

6.3.3 Developing the Therapeutic Practitioner role

We have previously highlighted the emerging impact of this role. Looking ahead, there appear to be several areas where the role could develop further:

Reframe the intended collaboration between

New Horizon and YPS: One of the main drivers for the post was to increase referrals between NHYC and the YPS. However, this arrangement has presented challenges, in large part because of the different catchment areas of the partners – with YPS just focused on Camden and New Horizon being pan-London. It may be worth the Health Team therefore reviewing the partnership with YPS, 6 months in to the role, and rethinking what kinds of collaboration they now think are more viable.

The post-holder identified the opportunity for joint therapeutic groups as a way of delivering shared value and increasing collaboration.

“We have a couple of different collaborations in the works. One is going to be a consultation space for New Horizon. The YPS clinical psychologists once every six weeks or so will meet at New Horizon and New Horizon's people can present cases and get some expert input on them.”

– Therapeutic Practitioner

Role management: There appears to be a mismatch between how the post-holder is line managed within each partner, as well as between the current line management structure and the post-holder's level of experience and seniority. This presents a disjointed supervision experience for the post-holder. We would recommend reviewing this as part of the six-month review process.

Strategic role development: Currently on a one-year contract, the role would benefit from longer-term planning and funding to maximise its potential impact.

6.4. Team Integration and Working Practices

Our observation of team meetings and interviews with staff revealed generally strong integration within the Health Team, with regular case discussions and collaborative approaches to complex situations. However, several factors appear to influence how effectively the team works together:

- **Physical space constraints** limit opportunities for confidential case discussions
- **Documentation systems** don't always facilitate seamless information sharing
- **Different working patterns** (particularly for part-time staff) create coordination challenges
- **High demand** sometimes limits capacity for reflective practice and joint working

Partners noted that when the Health Team works in a fully integrated way, the impact appears to be "greater than the sum of its parts." However, achieving this integration consistently remains challenging in a high-pressure environment with limited resources.

In our assessment, while the Health Team demonstrates strong collaboration, there is potential to further strengthen internal working practices through more structured case sharing, enhanced documentation systems, and protected time for collaborative planning.

6.5 Strategic Considerations

NHYP is currently reviewing and updating its organisational strategy, which this evaluation has not been involved in. Any programmatic developments within the Health Team will of course need to align with this strategy. For the purposes of this evaluation, we will just share some of the suggested strategic developments that have emerged from our discussions:

6.5.1 Developing more community-based and outreach approaches:

Staff interviews revealed emerging thinking about how service delivery could evolve to address capacity constraints:

"Do we have to do everything from the building? Like, why can't we be more creative? Why can't we work in a more adaptable, flexible way similar to like how the Youth Justice Team work?"

This reflection suggests potential for developing more outreach-oriented approaches that might both alleviate space pressures and better meet young people where they are. The Health Team manager described how this might look in practice:

"You're still doing the work, but it's in a way that is more normalised as well, almost like this humanistic approach of just like, yeah, we're just the same and we're just sitting and having a coffee and we can still talk about stuff."

These evolutions appear well-aligned with identified needs and patterns of service use. However, staff acknowledged that "the setup we have at the moment is not conducive for that", and so this would require some significant reconfiguration of the Health Team model, as well as additional resources and careful change management.

6.5.2 Balancing crisis response and prevention

Staff and partners highlighted the continued, and likely increased, tension between immediate crisis response and more preventative approaches: ***“We’re redoing our strategy now. Do we prioritise crisis counselling or preventative care? These are live questions.”***

There is no right or easy answer to this, it is a strategic tension that most social sector organisations navigate. While crisis response is essential, particularly given the life-threatening nature of some situations, preventative work potentially offers greater long-term impact.

“We could hire 50 counsellors and still not meet demand. How do we allocate finite resources without triaging unfairly?”

6.5.3 Young people’s suggestions

Finally, we share some of the challenges and suggestions for service development that have been highlighted by young people through this process:

Physical space limitations: Young people articulated privacy concerns in the current space: ***“Sometimes I don’t want to talk about personal stuff because there’s no private space. Everyone can hear you.”***

Waiting periods for some services: Delays in accessing specific support, particularly counselling, were highlighted as an issue: ***“The initial wait for counselling was hard. I was ready to talk but then had to wait a few weeks.”***

Transition challenges: Young people expressed anxiety about moving on from New Horizon’s support. One young person explained: ***“I’m turning 25 soon and I’m worried about what happens next. The support here has been so important to me.”***

Digital communications: One young person suggested enhanced digital options for maintaining contact with the Health Team: ***“It would be good to have a secure way to message the team between visits, especially for quick questions.”***

Despite these challenges, young people’s perceptions were overwhelmingly positive. As one young person expressed: ***“In a cruel world like this, it feels like the only nice and understanding people are the staff at New Horizon”***



Appendices

Appendix A: Outcomes Table

Table mapping internal outcomes frameworks to evaluated outcome areas and tools used.

Outcomes Framework	Our Survey	Daily Monitoring	Interviews and Focus Groups
Improved access to health services across non-statutory and statutory providers			
Increased number of external referrals to health services			
Improved knowledge of different pathways to access healthcare	Partly: 'Number of young people with improved knowledge of their choices' generally – not just health		
Increased confidence in navigating the complexity of the healthcare system	Partly: 'Number of young people with improved self-confidence' generally – not just health	Partly	
Improved understanding of healthcare rights and entitlements to support	Partly: 'Number of young people with improved knowledge of their choices' generally – not just health		
Enhanced ability to self-advocate for access to support		Partly	
Increased confidence in communicating with healthcare professionals	Partly: 'Number of young people with improved sense of advocacy' & 'Number of young people with improved communication skills' generally – not just health		

	Outcomes Framework	Our Survey	Daily Monitoring	Interviews and Focus Groups
Health management outcomes				
Building of resilience and tools to positively manage health	✓	Partly – via open questions		✓
Better understanding of health conditions and treatment options	Partly: ‘Number of young people with improved knowledge of their choices’ generally – not just health	Partly – via open questions		✓
Emotional wellbeing outcomes				
Better understanding of emotions and improved emotional regulation	Partly: ‘Number of young people with improved self-esteem’	Partly – via open questions		✓
Increased self-esteem and confidence	Partly: ‘Number of young people with improved self-esteem’	Partly – via open questions		✓
Long-term health outcomes				
Improved mental health status	✓	✓		✓
Improved physical health status	✓	✓		✓
Development of preventative health practices		Partly – via open questions		✓
Better self-management of health outcomes		Partly – via open questions		✓

Appendix B: Health Team Partners

Camden and Islington NHS Trust:

A close strategic partnership including shared service delivery, referrals and joint funding & management of Health Practitioner role.

Interviewed.

UCLH (University College London Hospitals):

Offering referral pathways for specialist care

FWD (Camden Drug & Alcohol service):

Provide a weekly clinic at NH, as well as workshops. *Interviewed.*

Local GP practices: supporting homeless young people to access statutory health services.

Brandon Centre: Referrals and increasing access to mental health support. *Interviewed.*

Brook: Providing sexual health educational approaches to mental health. *Interviewed.*

Central and North West London NHS Trust (CNWL): The Archway Centre

Community Dental Services (CDS): Helping young people access dental support

Find & Treat TB team: Providing information, workshops and referral pathways as needed

Appendix C: NHYC Health Programme Survey

New Horizons Health Programme Evaluation

This survey is to help us understand what we're doing well and what we could do better in how we deliver our health services. We really appreciate your time in filling it in.

If you complete the survey and provide your name, we will give you a £10 groceries voucher.

Your answers will be kept confidential and not shared individually with the New Horizons team.



New Horizons Health Programme Evaluation

1. What services have you received from the Health Team? Tick all the services you've received.

- | | |
|----------------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Physical health check (with Godgive) | <input type="checkbox"/> Health workshops |
| <input type="checkbox"/> Counselling (with Holly) | <input type="checkbox"/> Sexual health clinic |
| <input type="checkbox"/> Communications support (with Karen) | <input type="checkbox"/> FWD (Jonny) |
| <input type="checkbox"/> General health support (from Ana/Charly/ Jeffrey) | |

2. How many times have you received health support/ services from New Horizons? Mark only one.

- Once 2-5 times 5-10 times More than 10 times Not sure

3. If you're willing to, please describe what they helped you with (for example, a general check-up, registering with a doctor, seeing a dentist, counselling, a specific health problem)

4. When you have seen them, did you get what you needed from the Health Team? Mark only one.

- Fully Mostly A little Not at all Not sure

5. Overall, how satisfied are you with the help you were given by the Health team?

- Very dissatisfied Dissatisfied Neither dissatisfied nor satisfied Satisfied Very satisfied

6. Do you think your physical health has improved since coming to New Horizons? Mark only one.

- It has improved a lot It has improved a bit It's about the same It has got worse I'm not sure

7. Do you think your mental health has improved since coming to New Horizons? Mark only one.

- It has improved a lot It has improved a bit It's about the same It has got worse I'm not sure

8. If your physical or mental health has improved, would you say any of these New Horizons services have particularly helped with that? Mark only one per row.

	A lot	A bit	Not really	Not sure
Physical health check (with Godgive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling (with Holly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications support (with Karen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General health support (Ana/ Charly/ Jeffrey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FWD (Jonny)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What has been the most helpful thing the Health Team has done for you?

10. Are there any health services you need that New Horizons is not currently providing?

11. Please provide your name so we can give you a £10 LoveToShop voucher:

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