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Health Team Evaluation: Executive Summary



March 2024 – March 2025

Prepared for NYHC by Flourish Nonprofits

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HORIZON
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CENTRE**

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New Horizon Youth Centre (NHYC) formed its Health Team in Spring 2022 in the wake of the Covid-19 pandemic and the sharp increase in health needs among the young homeless population of London.

The percentage of young people sleeping rough in the preceding period had climbed from 31% in 2019-20 to 42% in 2023-24. New Horizon's user profile was also changing: for example, its refugee population more than doubled from 12% to 26%. These changes provide the context for the evolution of the Health Team's model and approach.



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

The Health Team Model

The Health Team has developed a model characterised by a trauma-informed, relationship-based approach that differs markedly from mainstream healthcare provision. This approach recognises that physical health, mental health, housing, and financial stability are deeply interconnected and cannot be effectively addressed in isolation.

The team currently consists of the following roles: Head of Health, Health Services Manager, Nurse Practitioner, Counsellor, Communications Tutor (part-time) and, recently, Therapeutic Practitioner.

Partnership working is central to New Horizon's organisational ethos, being an active partner in London-wide youth and homeless sector collaborations. The Health Team has similarly formed close working partnerships with a range of voluntary and statutory sector partners. Some partners, such as FWD (Camden Drug & Alcohol service) and Brook, deliver services within the centre, while others connect via referrals.

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



Summary of Health Team Services & Outcomes

Analysis of service delivery shows a total of 2,217 interventions during the evaluation period, including 514 health appointments, 196 counselling sessions, 179 instances of health advice provision, and 164 advocacy support interventions. Other frequent interventions included 141 instances of contact with external organisations for referral / advocacy,

106 appointments for communications skills development, 47 health MOTs, and 41 sexual health promotion activities.

High levels of user satisfaction underscore the positive impact of the Health Team's work, with 88% of surveyed young people reporting they "fully" or "mostly" got what they needed from the service.

These activities have led to positive outcomes for young people across key domains:

Mental health outcomes

78% of young people reported improvements in their mental health through the Outcomes Form, showing an average one-point improvement on a five-point scale after three months of engagement. This was reinforced by survey data where **40% of respondents who had been supported by the health team reported their mental health 'improved a lot'** and **48% said it had 'improved a bit'** after receiving Health Team support.

Self-advocacy skills

89% of young people demonstrated enhanced advocacy skills through the Outcomes Framework, with **76% showing increased confidence** in communicating with professionals.

Physical health outcomes

While showing more modest improvements than for mental health outcomes (**44% reporting improved physical health** through the Outcomes Form), **85% of assessed young people reported physical health levels above the midpoint** after three months of engagement. In the survey, **44% reported their physical health was "a lot better"** and **32% noted it was "a bit better"** following Health Team interventions. This slightly lower improvement rate, in comparison to mental health, reflects the lower capacity and facilities for physical/ sports activities in the organisation compared to the various kinds of mental health support offered.

How the Health Team Creates Impact

We have identified the following enabling factors as critical to the Health Team's impact:

1. Trust-based relationships that create psychological safety for young people, most of whom have experienced multiple forms of rejection and trauma. The team has a non-judgmental, person-centred approach that allows young people to engage honestly with their health needs, often for the first time, without fear of being stigmatised or dismissed.

2. Flexible engagement that accommodates the unpredictable circumstances of homeless young people's lives. This flexibility extends across appointment scheduling, and the type, length, frequency and depth of support provided. This allows continued connection with young people who may otherwise disengage from more rigidly structured services.

3. Integrated support addressing interconnected needs across health, housing, financial and other needs. The approach is embedded through the multi-disciplinary team, internal coordination with other NH departments, and external partnership working.

4. A truly trauma informed approach that has been led by senior management and embedded throughout service design and delivery. This includes strong staff understanding of trauma's impact on service users' behaviour and engagement, use of open, welcoming spaces, and a transition from "bans" to more supportive "inclusion plans" to address challenging behaviours.

5. Balancing prevention with immediate needs: The team maintains capacity for urgent interventions whilst working with young people on improving long-term self-advocacy and self-management of health needs. Given the level of urgent need within its user group, it is to their credit that the team also manages to provide effective long-term preventative support.

6. Strong coordination within the Health Team and across NYHC services. Regular team discussions, daily debriefs across youth-facing staff, and dedicated administrative time ensure effective information sharing and referrals between specialists

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.

8. Staff wellbeing: The leadership is committed to staff wellbeing, providing regular reflective practice sessions, clinical supervision support and ringfencing time for administrative/ organisational needs to prevent burnout.

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



Strengthening Impact

NHYC expects the demand for its services to increase in the coming year, which the Health Team will face significant challenges in meeting within current capacity. Whilst additional staff capacity will of course help, we also identified several other areas which could help the Health Team to further strengthen its impact:

Data systems need attention: Inconsistent categorisation of interventions in Salesforce makes it difficult to track the pathway between staff activities, outputs, and outcomes for young people.

Recommendations: *Create clearer categorisations within Salesforce to distinguish between activities, outputs and outcomes; provide staff training on consistent recording.*

Outcomes frameworks could better align:

The organisation-wide Outcomes Framework doesn't capture many Health Team-specific impacts such as health literacy, system navigation confidence, and prevention of health crises.

Recommendations: *The Health Team outcomes could more clearly map to with the organisation-wide outcomes framework / ToC, with measurement tools directly aligning with this framework.*



30% of my job is politely chasing NHS referrals. A dedicated advocate would save time. //

Lack of regular, in-the-moment data capturing:

The absence of more regular feedback or data collection tools means key outcomes are often missed and the team lacks data on how different interventions are leading to those outcomes

Recommendations: *Implement regular, light-touch feedback mechanisms that connect interventions to outcomes. Consider technological solutions such as voice notes that could be AI-categorised to reduce documentation time.*

Physical space constraints limit confidentiality:

The centre layout makes it hard to find private spaces for sensitive discussions, creating barriers to engagement.

Recommendations: *Explore community-based delivery approaches that could ease centre space limitations*

Current staffing structure shows pressure points:

The team is clearly overstretched, which is not unique in the sector. However, part-time roles limit coordination and delivery capacity and some roles could be designed for greater flexibility.

Recommendations: *Possible role development includes expanding the Communications Skills Tutor role to a full-time role with specialist function for neurodivergence support. The nurse role could be expanded to include more dedicated advocacy and outreach. Although the Therapeutic Practitioner role has strong flexibility, its scope and positioning could be more clearly defined and the partnership with YPS better leveraged. A dedicated health advocate/health system navigator could help rebalance the team towards advocacy and help get team members back to their core roles.*





Sometimes I don't want to talk about personal stuff because there's no private space. Everyone can hear you. //

Partnership gaps exist in critical health

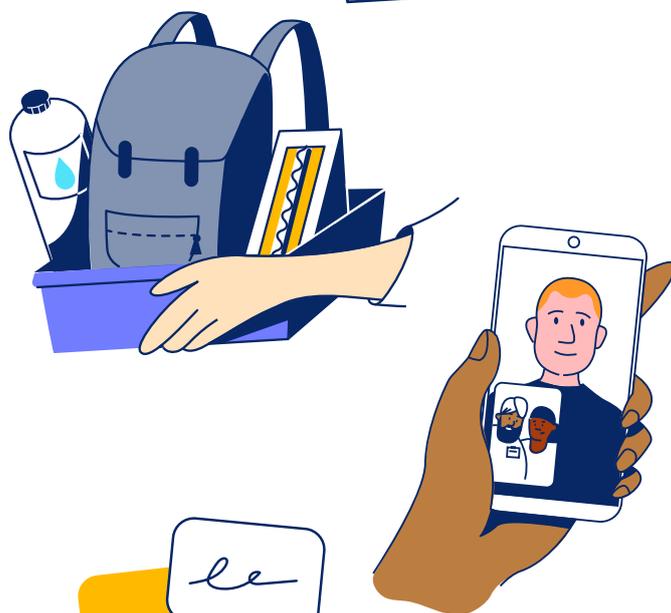
areas: Despite strong partnerships in mental health and sexual health, some gaps remain and delivery can depend on historical relationships.

Recommendations: Conduct a 'partner audit' and young people's survey to identify specific service gaps and identify new potential partners accordingly.

Demographic changes: The Team is aware that the increase in refugee populations brings challenges and multilingual staff with relevant cultural backgrounds could help meet the needs of this population.

Recommendations: Consider options for enhanced support for this group, either through in-house capacity or partnerships. The planned partnership with a specialist multilingual, multicultural therapy service would be a highly valued addition.

The Health Team has established a distinctive and effective approach to meeting the complex health needs of its service users. With targeted improvements to data systems, staff roles, partnerships, and a possible increased outreach offer, this impact could be further extended in the coming years.



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