Catch22

The Hive

Evaluation Report

Executive Summary

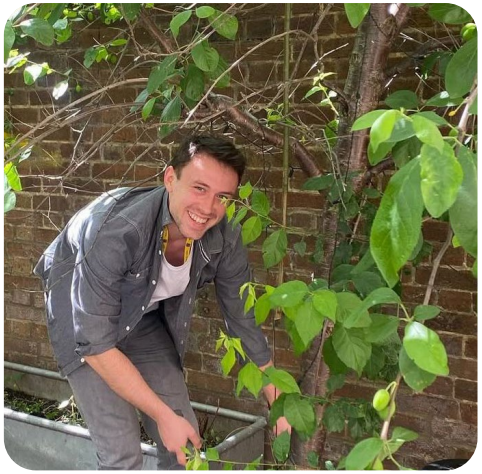
March 2026

CHARITY FUNDRAISING LTD

THE HIVE

catch 22

Contents



1. Overview

The Hive is a youth wellbeing hub based in Camden providing early intervention and wraparound support for young people aged 16–24 experiencing, or at risk of, poor mental health. Established in 2015 as part of Camden's Minding the Gap partnership, The Hive was designed to address a recognised "cliff edge" between Child and Adolescent Mental Health Services (CAMHS) and adult provision. It acts as a one-stop shop, combining a non-clinical social hub environment with one-to-one emotional and therapeutic support, alongside practical guidance, employability services, sexual health provision and structured activities.

This evaluation was commissioned by Catch22 to assess The Hive's impact on young people's mental health, wellbeing and life chances; understand how the model achieves change; examine its role within Camden's wider system; and identify opportunities for development and replication.

Drawing on quantitative monitoring data (n=420 one-to-one service users; n=1,982 social hub users), survey responses (n=109), qualitative interviews and focus groups with young people (n=49), staff interviews (n=9), partner interviews (n=4), case studies and an illustrative cost avoidance analysis, the evaluation finds that The Hive delivers substantial positive impact at individual and system level. It reaches young people with high levels of complexity, generates measurable improvements across four outcome domains, and demonstrates significant preventative value for statutory services.

The full version of this evaluation is available from Catch22.

2. Reach and Profile of Need

Demand for The Hive has grown year on year. In 2023/24, 844 young people accessed the Social Hub (408 new users), rising to 1,173 in 2024/25 (337 new users). One-to-one support reached 457 young people in 2023/24 and 488 in 2024/25.

The cohort presents with significant and overlapping vulnerabilities. Data from the One-to-one service for example shows:

48.1% **reported suicidal ideation.**

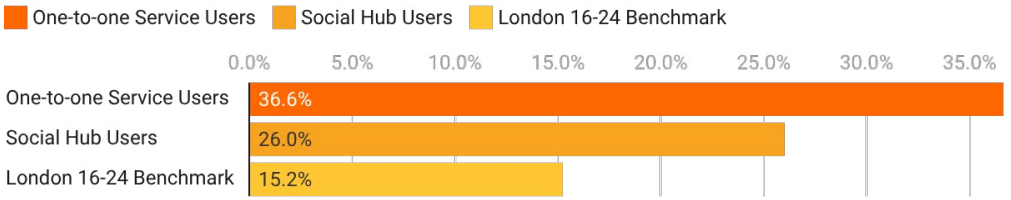
43.9% **reported a history or risk of abuse and violence.**

62.7% **presented with five or more identified risk factors.**

22.4% **were care-experienced young people.**

Family instability, domestic conflict, financial hardship and trauma-related experiences were the most prevalent risk factors. Around one quarter of young people had a learning disability and/or autism, and around one fifth had a history of self-harm.

Service User NEET % vs Camden Benchmark



Sample Size: One to One = 424; Social Hub = 77

Source: London 16-24 NEET, 2024; Education Statistics Service • Created with Datawrapper

Service users at the Social Hub and particularly the One-to-one service are substantially more likely to not be in employment, education or training than the local 16-24 population.

The Hive successfully reaches a demographically diverse population. Black, Mixed and other Global Majority groups are over-represented compared to borough benchmarks. LGBTQ+ young people, particularly those identifying as bisexual or other sexualities, are substantially over-represented relative to local population data. Muslim young people are also over-represented compared to borough averages. These patterns indicate that **The Hive is engaging groups who are often under-represented in statutory mental health provision as well as those facing the greatest needs.**

3. Impact findings

The evaluation framework examined four outcome domains:

1. Improved health and mental wellbeing
2. Increased ability to manage mental health
3. Stronger support networks
4. Improved life chances

Across all domains, the majority of young people reported meaningful positive change.

1. Improved Health and Mental Wellbeing

Survey findings indicate strong perceived improvements in emotional wellbeing:

90.3% reported feeling *more confident*

74.2% reported feeling *less anxious*

90.4% reported feeling *happier*

62.9% reported feeling *healthier*

Qualitative interviews reinforce these findings. Young people consistently described increased confidence, improved mood stability, reduced social anxiety and a greater sense of personal safety and belonging. Many spoke of arriving at The Hive feeling isolated, withdrawn or overwhelmed, and gradually rebuilding confidence through both one-to-one support and participation in group activities.

> "Yeah, I've definitely got a lot more confidence. I feel naturally happy. I used to be a very glass half empty type of person, but since going to the Hive I've changed to glass half full. I'm more optimistic about like situations."
> **- Service User Interview**

2. Increased Ability to Manage Mental Health

Supporting young people to develop self-management skills is a central aim of The Hive's model. Survey results show:

77.8%
reported feeling *more confident managing difficult situations*

76.1%
reported feeling *knowledge and understanding* of their mental health

70.8%
reported an increased ability to *manage stress, anxiety or anger*

Outcome 2 scores were modestly lower than other outcome areas across demographic groups, suggesting this domain may require continued strengthening. However, qualitative data was very strong indicating that many young people developed practical coping strategies, improved emotional literacy and greater resilience. Staff reported that young people frequently return months or years later referencing tools learned during their engagement.

> She was teaching me how to rewire my reactions to things to not be as anxious as I was or like how to take that energy and put it somewhere else.
> **- Service User Interview**

3. Stronger Support Networks

The Hive's social hub plays a central role in reducing isolation and strengthening relationships:

89.8%
felt more *confident discussing their mental health* and accessing support

84.9%
reported reduced *feelings of isolation*

77.9%
felt it had helped them *access other support services*

71.1%
reported improved *relationships with family, friends, or community*

For many young people, particularly those who were care-experienced, newly arrived in the UK, or experiencing family breakdown, The Hive provided their first experience of a stable, supportive community environment.

> I felt like if the social hub wasn't there, I wouldn't have made the friends that I had... Because you know, like it's really hard making friendships.
> **- Service User Interview**

4. Improved Life Chances

The evaluation finds strong perceived progress in aspiration, soft skills and engagement with future pathways:

91.3%
reported feeling more optimistic about what they can achieve

72.8%
reported help in *moving towards employment*

84.9%
reported improved social and other soft skills

71.8%
reported help in *starting education or training*

84.4%
reported help towards other *future goals*

Monitoring data indicates that around one in five young people who were NEET at entry moved into education, employment or training during engagement. Interviews suggest that beyond formal outcomes, The Hive supports increased ambition, purpose and self-belief.

> "I think the interview prep we did over two or three weeks, that was really good. We went through a couple of questions, but we really went into them."
> **- Service User Interview**

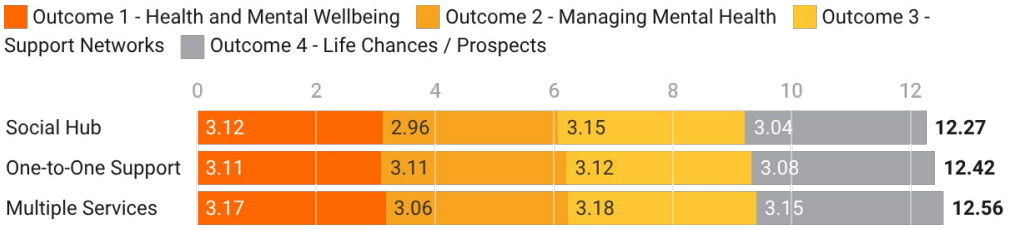
4. Differential Impact and Service Combinations

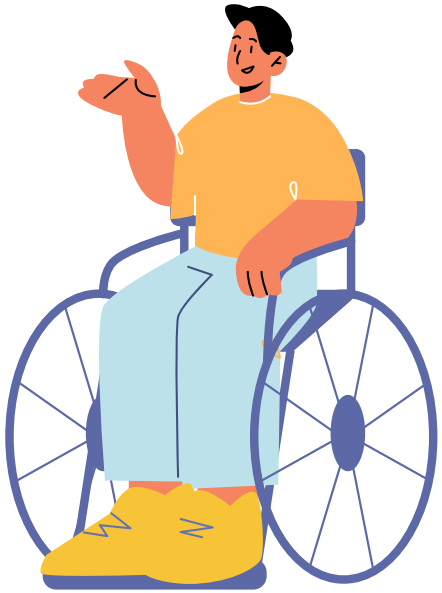
Average survey scores (0–4 scale) were around 3 across most demographic groups, indicating broadly consistent positive impact across different background and risk profiles. However some variations were observed:

- Young men reported slightly higher average outcome scores than young women.
- Black and Asian young people reported slightly higher outcome attainment than White or Mixed groups.
- Bisexual, gay and lesbian young people reported somewhat lower overall attainment across domains.
- Those with multiple risk factors reported slightly lower outcomes than those without.

Analysis of service pathways suggests that young people accessing both the Social Hub and one-to-one support report stronger overall improvements than those accessing either in isolation. Those using both elements reported between 5–8% higher improvements across outcome domains. The Social Hub appears particularly associated with strengthening support networks, while one-to-one support is more strongly associated with improved mental health management skills. This reinforces the importance of the integrated model. The data suggests that the combination of the social hub and one to one support achieves greater impact than either can individually.

Outcome Scores by Service





5. Process Findings

The evaluation examined how The Hive's delivery model generates impact in practice. Findings indicate that outcomes are closely linked to its non-clinical environment, flexibility and strong relationship-based approach.

The Hive operates as an intentionally youth-friendly and non-clinical space. Young people consistently described the environment as welcoming and distinct from statutory services, reducing stigma, anxiety and barriers associated with clinical settings:

> "It feels a lot less clinical, if that makes sense, kind of less hospital feeling... In the Hive, it feels a lot more comforting."
> **- Service User Interview**

The open-access Social Hub plays a central role in engagement. It enables young people to enter without formal referral, build trust gradually and move into one-to-one support where needed. Flexibility is a defining feature of the model. Young people are not discharged for missed appointments and can return after periods of absence.

> "We let young people engage at their own pace. They can leave and come back when they're ready, without judgement."
> **- Staff Interview**

Practical support also supports engagement. Through social prescribing and discretionary funding, staff address barriers such as travel costs, food insecurity and access to training. This responsiveness is particularly important for young people experiencing housing instability or financial hardship.

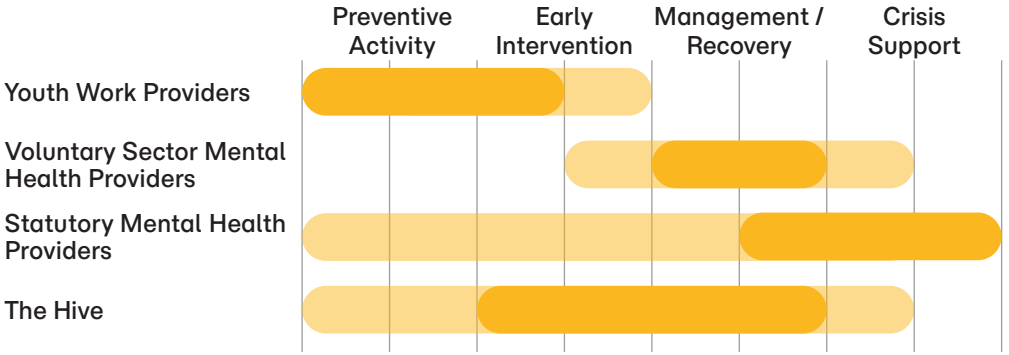
Another distinctive element of the Hive model is its emphasis on co-production, with young people actively involved in shaping service delivery through participation structures such as the Youth Board.

The staff team combines youth work and clinical expertise, supported by regular supervision and embedded NHS partnership working. However, staff report increasing complexity in presentations, particularly in relation to trauma and neurodiversity, placing pressure on capacity.

While overall engagement is strong, some barriers remain. LGBTQ+ young people, Muslim young women and neurodivergent young people may face challenges in accessing or feeling fully included within provision. Limited opening hours and geographic factors also affect access for some. Monitoring systems demonstrate positive change but completion rates are inconsistent due to challenges faced by staff in engaging young people in monitoring processes.

6. Systemic findings

The Hive occupies a distinct position within Camden's youth and mental health landscape. It spans early intervention and recovery support, sitting between universal youth provision and specialist statutory services. This positioning enables it to engage young people who may not meet thresholds for adult services, are awaiting CAMHS transitions, or are reluctant to engage with clinical provision.



Young people who had accessed both CAMHS and The Hive frequently contrasted the environments. While recognising CAMHS' role in diagnosis and medication, many described The Hive as less clinical, more relaxed and more caring:

> The hive makes me feel safe every time, it's a place where I feel safe opening up and able to talk about what's going on and my mental health.... CAMHS was a place where I didn't feel comfortable when it came to attending my sessions.
> **- Service User Survey Response**

Commissioners and partners described The Hive as performing a crucial "holding" function during transitional periods, reducing the risk of young people disengaging entirely from support.

The evaluation also examined preventative impact on statutory systems through eight costed case studies comparing service usage before and after Hive engagement. These cases are not statistically representative of all service users but illustrate potential cost avoidance where community intervention may prevent crisis-level escalation or other negative outcomes.

Across these cases:

- Psychiatric inpatient bed nights reduced from 914 pre-engagement to 14 post-engagement.
- A&E mental health attendances reduced to zero in all cases where they had previously occurred.
- Crisis Team contacts reduced sharply or ceased entirely.
- In cases involving youth offending or supported accommodation, involvement reduced or ended.

The total potential short-term statutory cost avoidance identified across these eight cases amounted to £926,716, including approximately £747,000 in avoided NHS crisis and inpatient costs. These figures reflect short-term potential cost avoidance only and do not account for longer-term impacts associated with improved employment, education, stability or wellbeing. Calculations and cost sources are provided in the full evaluation report.

In one case study, a young person stated:

> I do not think I would be alive if it had not been for The Hive.

Commissioners characterised the service as strong value for money when compared to the cost of inpatient placements or repeated crisis interventions. While the case study sample is small, the scale of avoided crisis use is notable and consistent across cases.

The integrated voluntary–statutory partnership model strengthens the wider system. Embedded NHS clinical leads, joint working arrangements and multi-agency coordination reduce failed referrals and improve transitions between services. The model aligns closely with national policy priorities emphasising early intervention, community-based support and integration within Integrated Care Systems.

However, limitations remain, the age boundary at 25 creates a new transition point for some young people. Capacity constraints risk reintroducing waiting periods if demand continues to rise. Strengthening data-sharing with statutory partners would improve the ability to evidence system-level impact at scale.

7. Recommendations

Strengthening clinical capacity and building service resilience to manage complex cases

- Review and strengthen pathways for managing complex needs within the open-access model, alongside continued development of staff skills to meet increasing complexity.
- Build and communicate the business case to sustain and expand clinical staff capacity
- Ensure caseload limits align with increasing caseload complexity to maintain quality of service

Strengthening monitoring, evaluation and learning approaches

- Co-produce a stronger and more consistent monitoring and evaluation approach with young people that also allows for baseline and journey travelled data capture across all services
- Establish improved digital tools with better reporting functionality and ensure staff have the skills and support to effectively use them
- Build system level impact data capture into ongoing monitoring including NHS data sharing if possible to demonstrate statutory cost savings

Improving service accessibility and experience

- Continue to identify opportunities to enhance equity and address issues through targeted promotion, dedicated activities and specialist partners
- Undertake specific co-production activities with young women, those from LGBTQ+ communities and those with multiple risk factors
- Pilot extension to opening hours to include evenings and/or weekends and monitor impact
- Review the hub environment with young people to identify potential opportunities to address concerns raised on feelings of accessibility and comfort and ensure robust safer space protocols are in place and followed

Expanding service integration within broader support systems and partnership working

- Minding the Gap partners to continue to pool resources and look at additional ways stakeholders can work together to address systemic challenges for young people in the Borough through structured pathways
- Review and develop all aspects of the current transition approach for service users reaching 25, including for those that won't meet the thresholds for adult services support
- Consider how needs for practical housing support can be addressed through working with specialist partners and / or enhancing staff skills and knowledge.

Case study - Amy

Background

Amy (name changed) was referred to The Hive in 2023 shortly after discharge from hospital following a suicide attempt. At referral she was struggling with chronic suicidal thoughts, self-harm, and unstable housing. Her early life was marked by family breakdown, parental drug addiction, physical abuse, and periods in care, and in the year before engaging with The Hive she experienced multiple psychiatric admissions and A&E attendances for mental health crises and suicide attempts.

> "Being in hospital was an incredibly difficult time but I had no one and I felt alone"

Support from The Hive

Amy was initially referred to the one-to-one service for emotional and practical support. Her worker has offered them regular, flexible sessions. Sometimes these have been on the Hive premises, out in the community or the worker has supported them with accessing other services. She benefited from regular support and has built a good relationship with her worker and the rest of the team.

She has also accessed the wider range of Hive services:

- **Social Hub activities** several times a week, building a sense of belonging and reducing isolation.
- **Career and financial support,** including guidance around Universal Credit and exploring potential career interests.
- **Sexual health support,** through drop-in sessions with onsite nurses.
- **External referrals,** including facilitated access to housing and wellbeing services.

Outcomes

Since engaging with The Hive, Amy has made substantial progress:

- No hospital admissions since summer 2023, an enormous achievement compared with over 300 bed nights in the previous year.
- Reduction in self-harm and suicidal behaviour; only one crisis episode in 18 months, after which she sought support from The Hive the next day.
- Stronger social connections and reduced feelings of loneliness.
- Improved financial stability and early steps towards career planning.

> "Having someone who actually listens and stays consistent with me has made the biggest difference."

Longer-Term Impact

Daily access to The Hive has given Amy a reliable safety net, preventing relapse and supporting her to stabilise. She has avoided repeated admissions, built a small but trusted peer network, and engaged with essential services. Without this support, she would likely have continued cycling through crisis services, at significant personal and financial cost. Instead, Amy is beginning to build resilience, hope, and a more stable foundation for the future.

> "The Hive has personally helped me through a lot... I feel valued and respected, and I'm grateful for the help and guidance they've provided."

8. Acknowledgements

The team at Charity Fundraising Ltd would like to register our thanks to all those who supported this evaluation. In particular, we are grateful to the young people who generously shared their experiences, the staff team for their openness and collaboration, and the local partners and commissioner who contributed their time, insight and expertise. This evaluation would not have been possible without their involvement and support.

This external evaluation was undertaken by:

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