Catch22

The Hive

Evaluation Report

Full Report

March 2026

CHARITY FUNDRAISING LTD

THE HIVE

catch 22

Contents

1. Introduction

1.1. The Hive

The Hive is a youth wellbeing hub based in Camden between South Hampstead and Swiss Cottage. The Hive offers early intervention and wraparound support for young people experiencing, or at risk of, poor mental health. It uses a 'one-stop shop' holistic model, seeking to address emotional wellbeing alongside social, physical, and practical needs. The team at The Hive deliver this through:

- A drop-in social hub with table tennis, games and 'food-drop' donations from local cafes
- One-to-one emotional, therapeutic and practical support
- Programme of scheduled creative and sporting activities and events
- Employability services
- Sexual health clinic
- Substance use advice

The service acts as Camden's main early support hub for 16–24-year-olds facing mental health challenges and is central to the local *Minding the Gap* framework for integrated youth mental health provision.

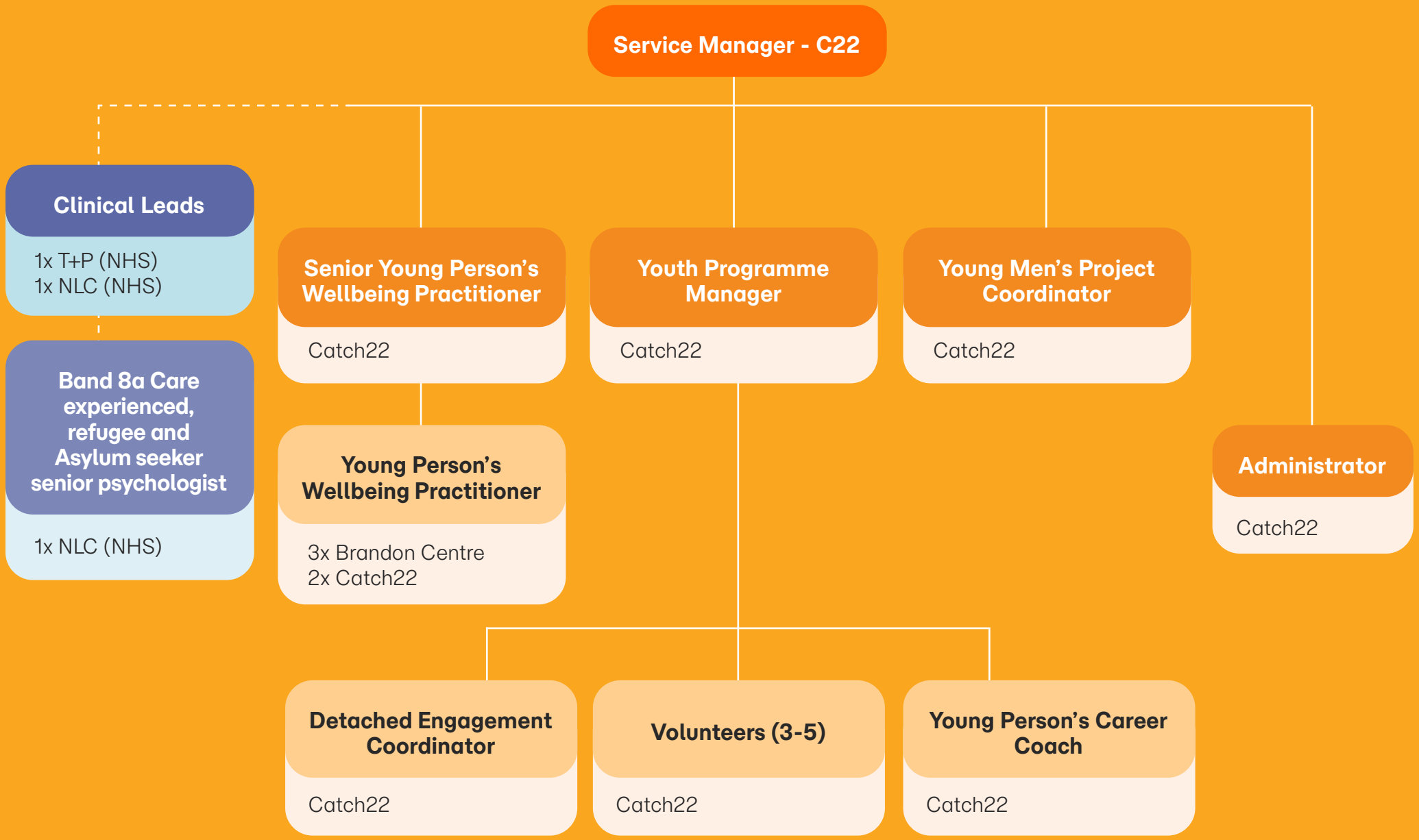
The Hive was established in 2015 as part of Camden's Minding the Gap – a strategic response to a critical shortfall in mental health provision for young people transitioning from adolescent to adult services. The service was developed following a borough wide review of mental health support for 16–24-year-olds, prompted by serious concerns about the "cliff edge" at age 18 within statutory mental health pathways. The review followed the tragic suicides of two young men who were discharged from CAMHS but left waiting for adult mental health support.

The review highlighted the need for an accessible, community-based service that could bridge the gap between youth and adult provision. In response, Camden Council commissioned Catch22 to deliver The Hive, embedded within the Minding the Gap partnership of voluntary and statutory organisations to provide integrated support for young people across the borough. The service was co-produced with young people, who designed the building, the service specifications, and were part of the procurement. Through The Hive Youth Board and regular formal and informal consultation, co-production remains a central ongoing mechanism to ensure The Hive maintains its relevance and accessibility for young people.

Delivery of The Hive model is supported by a multidisciplinary team with expertise spanning youth work, mental health and wellbeing, employment support, and community engagement. Staff come from a range of professional backgrounds including youth work, counselling, psychology, social prescribing and careers guidance. This diverse skillset enables the service to respond flexibly to the complex and interconnected needs presented by many young people accessing the hub.

The team includes seconded staff from NHS and voluntary sector Minding the Gap partners.

The Hive Staff Model



1.2. Catch22

Catch22 is a national charity with a long history of delivering practical, person-centred services that build resilience and aspiration. With over 200 years' experience supporting vulnerable children, young people, families, and communities, Catch22 operates across areas including education, employability, justice, and health and wellbeing.

Its approach is based on creating safe, supportive environments; prioritising trusted relationships; and providing flexible, responsive support to meet individual's specific needs. As the lead organisation for The Hive, Catch22 brings substantial expertise in delivering early intervention services, coordinating multi-agency partnerships, and empowering young people to navigate complex challenges.

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."

2. Evaluation Aims and Approach

2.1. Overview

This evaluation was commissioned by Catch22 to understand the contribution The Hive makes to improving the mental health, wellbeing and life chances of young people aged 16–24 in Camden. Since its establishment, The Hive has played a central role within Camden's Minding the Gap partnership, offering a distinctive community-based alternative to clinical mental health provision and helping to bridge the transition between child and adult services. Catch22, commissioners and partners are now seeking a deeper understanding of its effectiveness, its value within the wider system, and the future potential for strengthening or replicating its model.

This evaluation therefore aims to generate insights and recommendations that reflect the lived experiences of young people, the professional perspectives of staff and partners, and the operational evidence captured as part of routine delivery.

2.2. Aims of the Evaluation

The overarching aims of the evaluation are to:

1. **Assess the impact of The Hive on young people's mental health, wellbeing, relationships and life chances.**

   The Hive operates a holistic model that blends emotional support, practical guidance, social opportunities and early intervention mental health work. A key aim of the evaluation is to explore the extent to which this integrated approach leads to measurable improvements for young people, both during their engagement and in the period after support ends.

2. **Understand how The Hive achieves change - what works well, for whom, and when.**

   Beyond outcomes, it is important to understand the mechanisms and approaches that enable the service to engage diverse groups of young people, build trust and sustain relationships, and provide an offer that feels accessible and relevant. This includes identifying the role of staff skills, organisational culture, the flexibility of the model, and the value of integrating the social hub with the one-to-one support offer.

3. **Examine The Hive's place within Camden's wider system of mental health and youth provision.**

   The service is part of the Minding the Gap consortium and works closely with statutory and voluntary agencies. The evaluation therefore seeks to explore how The Hive complements other services, what gaps it fills, where young people may still experience unmet need, and how the model contributes to system-wide aims such as smoother transitions, prevention of crisis escalation, and reduced demand on acute NHS services.

4. **Identify opportunities for development, improvement and potential replication.**

   The evaluation aims to explore lessons that can support the development of early support hubs locally and nationally, informing potential future scaling or replication in other areas. This includes understanding the key features that make the model effective, the infrastructure and partnerships required, and any limitations or capacity challenges that may need to be addressed.

2.3. Outcomes Framework

The following framework of outcomes and indicators was developed from review of service data and reports, interviews with staff and a co-design focus group with young people at The Hive. The framework was used to structure the research and help measure the level of impact achieved across different domains.

Young People have improved health and mental wellbeing	• Increased confidence and self-esteem • Increased levels of happiness and positivity • Reduced levels of anxiety or depression • Improved physical health habits – getting sufficient exercise and sleep, making healthy food choices
Young People are better able to manage their mental health	• Increased knowledge/awareness about mental health • Increased coping strategies to manage stress / anxiety / anger • Increased resilience • Reduced risk factors, such as alcohol and drug use
Young People have stronger support networks	• Improved relationships with family / friends / wider community • Reduced feelings of isolation • Increased confidence to discuss mental health and access support • Better access to other support services such as housing, specialist mental health support or others
Young People have improved life chances	• Improved social and other soft skills • Increased engagement with education, training or employment • Increased aspirations and action to achieve positive life goals • Reduced risk-taking behaviours that could negatively affect life outcomes (eg illegal activity, gambling, substance misuse, unprotected sex, reckless behaviours that could result in injury to self or others)

In addition to outcomes for individuals, the evaluation also sought to assess wider systemic impact achieved by the service. The following systems outcomes were identified to structure the research.

Improved capacity and pathways for young people to access mental health support in Camden

Stronger and more effective collaboration between the statutory and voluntary sectors in Camden

Preventative impact on demand for NHS emergency / crisis mental health support services in Camden

Preventative impact on demand for other statutory crisis support such as housing or social services, or Youth offending teams

2.4. Research Questions

The evaluation is built around three thematic areas - Impact, Process, and Systems -each with a set of guiding research questions.

Impact

- What changes do young people experience in their mental health, confidence, relationships, social connections and life chances?
- Are there patterns of difference between demographic groups or types of engagement (e.g., social hub users compared with one-to-one clients)?
- Which elements of the model appear to contribute most strongly to positive change?
- To what extent do improvements endure beyond the period of active involvement?
- What examples of positive destinations - such as education, employment, stability or independence - can be attributed, at least in part, to the service?

Process

- How does The Hive successfully engage young people, including those who may struggle with conventional services?
- How do factors such as location, atmosphere, staff approach, flexibility, and levels of persistence influence engagement?
- Which groups are underrepresented, and what are the potential barriers to their participation?
- How effectively do the social hub activities and one-to-one provision work together?
- How well supported and equipped do staff feel in delivering the model?
- How appropriate and effective are the internal monitoring tools for capturing the breadth of impact achieved?

Systems

- How does The Hive differ from, and complement, other local services such as CAMHS, adult mental health teams, youth projects and voluntary sector provision?
- For which groups is The Hive well suited, and which may require alternative support?
- What value does the integrated statutory–voluntary partnership model bring?
- To what extent can the service help reduce pressure on crisis and emergency care?
- What factors would need to be in place for the model to be adopted in other local areas?

2.5. Methodological Approach

The evaluation uses a mixed-methods design, bringing together qualitative and quantitative data sources to build a rounded understanding of The Hive's delivery and impact. The approach, including the outcome framework and research tools was developed in consultation with service users through a co-design focus group at The Hive.

1. Quantitative Data

Quantitative analysis was conducted using a combination of service performance and monitoring data, operational reports and a structured questionnaire delivered between February 2025 to October 2025 using Zoho Survey and Analytics. The survey targeted 100 responses and was completed by **109** young people, with a median time since first attending the Hive of 1-2 years ago (time ranged from more than 2 years to less than one month ago). Survey responses were anonymous, email addresses were collected for those wishing to enter a prize draw and/or be contacted for a further interview, however, email addresses

were separated from the questionnaire data and all data was stored on an encrypted and password protected server. The survey explored experiences across four domains reflecting the evaluation framework:

- Changes in mental health and wellbeing
- Ability to manage mental health day to day
- Strength of relationships and support networks
- Outlook on future goals and aspirations

Ninety-five of the respondents completed these measures. The responses provide broad insights into young people's perceptions of outcomes resulting from their engagement with the Hive and allow for exploration of patterns across demographic groups and service pathways.

The monitoring data is collected by The Hive for young people accessing one-to-one support, before, during, and at the end of their support. This includes demographics and risk factors, and scores on the Short Warwick-Edinburgh Mental Wellbeing Scale and a Resilience and Social Engagement scale. Young People are also supported to record goals they wish to achieve, which are assessed on a scale of 1 (not achieved) to 10 (achieved). This data included **420** young people who used the one-to-one service at The Hive, between 2023-2025. Monitoring data is also recorded for those attending the Social Hub, including demographics and footfall of groups. This data included **1,982** young people who had used the Social Hub at the Hive between 2023-2025. Data provided by the Hive was anonymised via service user IDs and was stored securely.

2. Qualitative Data

Qualitative data has allowed for deeper exploration of how young people experience the service, what enables engagement, and what young people value most about the Hive. Consent forms were taken prior to any interviews/discussions and transcripts were taken from recordings and stored securely. Analysis was undertaken both manually and using QInsights, and all names were changed prior to analysis. Data includes:

- **33 interviews with young people (in-person and telephone)** who are current and recent past users (<3 months) of the service. **These** focused on individual experiences of accessing the various components of the Hive and the impact this had on their health and wellbeing.
- **9 interviews with staff (online)** across clinical leadership, wellbeing practitioners, social hub leads and employability support. These interviews provided insight into practice, challenges, staff skills, and **the complexity of young people's needs.**
- **4 interviews with partner organisations and commissioners (online),** exploring how The Hive interacts with the wider system, its contribution to improving transitions, and perceptions of its distinct role within the Minding the Gap model.
- **3 in-person focus groups involving a total of 16 young people** covering the experiences of Asian young people, Black young men and refugees and asylum seekers in accessing the Hive. These were groups identified by Hive staff members as facing increased barriers to accessing support. In line with the Hive's co-production ethos, young people were also consulted during the development of the evaluation tools. Youth Board members provided feedback on the design of the service user questionnaire and focus group framework to ensure questions were accessible and relevant to young people's experiences.
- **Case studies** developed by staff utilising existing service records and then summarised. These bring to life the detail and nuance of individual service user journeys, the relationship between different strands of support, and examples of longer-term impact.
- **Observation of Social Hub activities** by the evaluation team, complementing the interview material with further understanding of how young people engage with the non-clinical environment.

3. Document and Data Review

The evaluation team also undertook a review of the following to help bring a wider context to the analysis:

- Annual reports
- Quarterly monitoring narrative reports
- Service contract
- Internal monitoring tools and performance dashboards
- Policy documents and local strategic priorities

2.6. Analytical Framework

Findings were analysed thematically, guided by the evaluation framework and informed by themes emerging from the data. Findings were then cross referenced across the different sources: survey responses, interviews, case studies, operational data and document review. The broad mix of sources and comprehensive sample sizes across each research type were intended to ensure reliable results and a balanced interpretation of the extent and type of impact achieved.

2.7. Limitations

While the evaluation generated insights across the spread of research questions, some limitations should be acknowledged:

- Survey responses represent a substantial sample, however, they are self-reported and may be influenced by recall or current mood. For example, the median length of time since first attending the Hive was between 1-2 years. In line with ethical practice, demographic questions were not mandatory which resulted in some reduced sample sizes in demographic analysis.
- Interview subjects were mostly self-selecting, but in some cases were suggested by Hive staff members. They may therefore not be fully representative of the broader cohort of young people accessing the Hive, however there was a broad demographic mix and a large enough sample size to mitigate any risk to validity of findings.
- Some demographic groups, particularly refugees and asylum seekers, were more difficult to engage in the evaluation due to language barriers or concerns about sharing personal information.
- Internal monitoring data has not been comprehensive in all areas due to a combination of some young people being resistant to engage with current monitoring processes and inconsistent approaches, such as gaps in follow-up data.
- It was not possible to capture the views of young people who chose not to return to the Hive after a single visit or short period of engagement and so insights into why some young people might feel The Hive is not appropriate for their needs may be limited.
- In the cost avoidance analysis, some data such as duration of use was not available for all cases analysed. In these instances, estimates were used. Sources are detailed in Annex 10.1

Case study - Tyrone

Background

Tyrone (name changed) was referred to The Hive by a clinical psychologist at the Brandon Centre following therapy for low mood and anxiety. Diagnosed with autism and ADHD, Tyrone often felt different from others and found it difficult to trust people due to past experiences of bullying. He tended to isolate himself when anxious, which worsened his mental health and occasionally used cannabis to help manage his anxiety. At referral, Tyrone hoped that one-to-one support would help him manage anxiety, improve his sleep, and build confidence to take part in social activities.

Support from The Hive

Tyrone began with regular **one-to-one wellbeing** sessions over 12 months with a Hive practitioner. These sessions helped him explore his emotions and gain acceptance of his autism and ADHD. He spoke openly about the lasting impact of bullying, and the practitioner used reflective and emotional regulation approaches to help him process anger and rebuild self-esteem.

Once he felt ready, Tyrone was encouraged to join the **Social Hub**, initially with support from his worker. This marked a major step in overcoming social anxiety. He began attending daily and quickly found connection through The Hive's **Young Men's Project**, where he participated in group discussions on identity and wellbeing. He also joined **football and boxing sessions**, developing teamwork skills and a sense of achievement. Staff noted that Tyrone became noticeably more confident and communicative through these activities.

Tyrone also began working with The Hive's **Career Coach** to prepare for employment. Through structured sessions, they created a CV, practised interview skills, and applied for jobs. With support, Tyrone secured his dream job working in a hospital. The career coach continued to meet with him weekly for three months after he started work, helping him adapt to the new environment and maintain confidence.

Outcomes

Since engaging with The Hive, Tyrone has made strong progress both emotionally and practically, achieving a number of outcomes:

- Successfully gained and sustained employment in an entry level role, later expressing ambition to complete an apprenticeship in another industry.
- Developed confidence and social skills through participation in group work, sports, and social trips.
- Significantly improved sleep, emotional regulation, and anxiety management.
- Increased independence and financial stability, ending his Universal Credit claim.
- Demonstrated improved understanding of healthy relationships and personal boundaries, supported by male staff mentors.

Staff describe Tyrone as a "happier, more confident young man" who now contributes positively to group settings and is able to navigate social interactions with growing awareness.

Longer-Term Impact

Through consistent relational support, Tyrone has transitioned from social isolation and low self-worth to stable employment and increased self-confidence. His engagement has reduced risks linked to poor mental health, substance misuse, and social withdrawal. Educational sessions on drugs and alcohol, delivered via the FWD partnership, further reduced his cannabis use and strengthened awareness of health risks.

Without The Hive's sustained involvement, Tyrone might have remained disengaged from work and social life, with heightened risks of anxiety, increased drug use and poor health. Instead, he has developed resilience, ambition, and an expanding sense of possibility.

3. Context

3.1. Young People's Mental Health in Camden

Recent national data on the prevalence of mental health conditions illustrates the scale of need among young people: for 16-24 year-olds in England, the prevalence of common mental health conditions has risen from about 18.9 % in 2014 to over 25 % in 2023-24.[1]

Recent reports on young people's mental health in Camden suggest a continuing and deepening mental health crisis among local youth, driven by the lasting effects of the COVID-19 pandemic and compounded by socio-economic pressures such as the cost-of-living crisis. The Young Camden Foundation (2023) found that 80% of young people felt their mental health worsened due to the pandemic, with statutory services overstretched and voluntary organisations increasingly filling the gap.[2] Healthwatch Camden's *Your Voice Your Health* report (2024) found that around 23% of 17–19-year-olds in Camden have a probable mental health disorder, and that many young people face barriers to accessing support.[3]

Worsening youth mental health has been recognised at a strategic and commissioning level in Camden and its neighbouring boroughs. *The North Central London Population Health and Integrated Care Strategy* (2023) emphasises the need to build integrated, multidisciplinary teams at neighbourhood level that bring together education, social care, and health professionals to identify needs early and provide holistic, joined-up support for young people. It recognises the challenges young people face when moving from child to adult services and commits to improve continuing care and safeguarding arrangements.[4] The recent *Raise Camden: Child Health Equity Data Audit* (2025) by the Institute of Health Equity and Camden Council also recommends increasing youth spaces and inclusive programmes to mitigate the impacts of inequality on young people's physical and mental health.[5]

3.2. Barriers to Accessing Services

Several connected barriers have been identified through literature and interviews with partners and the service commissioner as influencing young people's ability to access and benefit from mental health and wellbeing services in Camden:

- **Transition gap** – young people moving from children's to adult mental health services had often found themselves unsupported, navigating multiple services without coordination.[6]
- **Stigma and lack of trust** – qualitative data from youth surveys in Camden highlight that young people often feel unfamiliar or uncomfortable with clinical settings, worry about being judged, or believe services are not youth-friendly.[7]
- **Complex lives and social determinants** – disadvantage, unstable housing, caring responsibilities, disrupted education and cross-agency involvement all reduce young people's capacity to engage with standard service models.[8]
- **Accessibility and awareness** – many young people reported a lack of knowledge about what support is available or how to access it and found service navigation confusing or fragmented.[9]
- **Thresholds and capacity constraints** – Young people with lower-level but significant needs may not meet thresholds for adult services or face long waiting lists which cause them to disengage from statutory care.[10]

3.3. The Minding the Gap Partnership

The Minding the Gap partnership was first established in 2015 by Camden Council and the then Camden Clinical Commissiong Group in response to a strategic review that identified significant gaps in mental health provision for 16-24-year-olds, in particular the challenges young people face when transitioning out of child and adolescent mental health services into adult mental health services. Minding the Gap's core objectives are to "improve transitions between child and adult mental health services, to improve the reach of mental health services for young people aged 16-24 and to destigmatise health services by offering holistic and integrated support".[10]

The Minding the Gap model is delivered through three key aspects:

- The Hive – a youth hub delivered by a range of organisations across the NHS and voluntary sectors and led by Catch22.
- Specialist counselling and psychotherapy for young people delivered by the Brandon Centre.
- A transitions mechanism involving regular multi-agency meetings to oversee and coordinate referrals from Child and Adolescent Mental Health Services (CAMHS) to adult services.

The model was evaluated by the New Economics Foundation in 2017 and shown to generate very good outcomes for young people alongside a significant return on investment.

3.4. The Hive's Role Within Local Youth Mental Health Provision

The local context in Camden suggests an ongoing need for a service model that is accessible, flexible and capable of spanning early intervention through to more specialist support. The Hive continues to evolve to respond to those challenges by:

- Mitigating the transition gap from child to adult services.
- Reducing any stigma around mental ill health.
- Providing a non-clinical hub environment, similar to a youth or community centre.
- Reaching young people who may otherwise disengage from statutory services.

1. BMJ (2025). Quarter of young adults in England have a mental health condition, data suggest. https://www.bmj.com/content/389/bmj.r1351
2. Young Camden Foundation (2024). Heads Up! Mental Health Fund Report 2023/24. https://youngcamdenfoundation.org.uk/images/downloads/ypfWebsite/Heads-Up-Mental-Health-Fund-Report-2023.pdf
3. Healthwatch Camden (2024). Your Voice Your Health Camden Series: Mental Health Report. https://nds.healthwatch.co.uk/sites/default/files/reports_library/20240404_Camden_Your%20Voice%20Your%20Health%20Camden%20Series_Mental%20Health%202024.pdf
4. North Central London Population Health and Integrated Care Strategy (2023). https://nclhealthandcare.org.uk/wp-content/uploads/2023/05/PH-IC-Strategy-V.Final-long-version.pdf
5. Institute of Health Equity and Camden Council (2025). Raise Camden: Child Health Equity Data Audit. https://www.instituteofhealthequity.org/resources-reports/raise-camden---child-health-equity-data-audit/raise-camden-child-health-equity-data-audit.pdf
6. Implementing Thrive (2018) Minding the Gap transitions service in Camden: Case Study. https://implementingthrive.org/implemented/case-studies-2/minding-the-gap-transitions-service-in-camden/
7. Healthwatch Camden (2024) Your Voice Your Health Camden Series: Mental Health Report. https://nds.healthwatch.co.uk/sites/default/files/reports_library/20240404_Camden_Your%20Voice%20Your%20Health%20Camden%20Series_Mental%20Health%202024.pdf
8. Institute of Health Equity and Camden Council (2025). Raise Camden: Child Health Equity Data Audit. https://www.instituteofhealthequity.org/resources-reports/raise-camden---child-health-equity-data-audit/raise-camden-child-health-equity-data-audit.pdf
9. Healthwatch Camden (2024) Your Voice Your Health Camden Series: Mental Health Report. https://nds.healthwatch.co.uk/sites/default/files/reports_library/20240404_Camden_Your%20Voice%20Your%20Health%20Camden%20Series_Mental%20Health%202024.pdf
10. London Borough of Camden (2021) Procurement strategy for Minding the Gap. https://democracy.camden.gov.uk/documents/s97250/Minding%20the%20Gap%20report.pdf

Case study - Antonio

Background

Antonio was 16 when they were referred to The Hive by CAMHS to access one-to-one wellbeing support and the Social Hub. They have diagnoses of autism, ADHD, and anxiety, which affect daily functioning and confidence, particularly around travel and unfamiliar environments.

At the time of referral, Antonio was highly isolated, spending most of their time at home gaming online. They had not attended school for over a year following bullying and peer conflict, and were struggling with sleep, personal hygiene, and eating routines. These challenges contributed to low mood, self-harm, and social anxiety. The referral aimed to help Antonio rebuild confidence, establish structure, and reduce isolation.

Support from The Hive

Antonio began weekly one-to-one wellbeing sessions with a Hive practitioner. These sessions provided a consistent, safe space to explore emotions, understand anxiety triggers, and practice emotional regulation strategies. The practitioner helped Antonio set small, achievable goals around daily routine, self-care, and social interaction. Over time, Antonio learned grounding techniques and ways to express emotions more constructively, which supported gradual improvements in confidence and wellbeing.

Once they felt ready, Antonio began attending the Social Hub to build social confidence and develop communication skills in a relaxed, inclusive setting. They participated in group activities such as boxing, cooking, guitar lessons, creative workshops, and trips, all of which encouraged interaction and reduced isolation. The Hive team adapted support around Antonio's comfort levels, ensuring they could participate at their own pace.

Through social prescribing funding, the service provided a weighted sensory toy to help Antonio manage anxiety and self-soothe. The Hive also supported access to free wellbeing activities that would otherwise have been financially inaccessible to the family.

Outcomes

Over nine months of engagement, Antonio has made significant progress:

- Re-established healthy routines for sleep, hygiene, and eating.
- Reports reduced anxiety, improved mood, and greater self-confidence.
- Formed new friendships through the Social Hub and is more comfortable in social environments.
- Improved relationships with family members, spending more time together.
- Enrolled on a post-16 college course and is preparing to re-enter education for the first time in over a year.
- Antonio has expressed increased optimism about their future and aspirations to gain work experience, possibly in a youth or community setting.

Longer-Term Impact

Without The Hive's support, Antonio would likely have remained isolated at home, disengaged from education, and at risk of further mental health deterioration. Instead, consistent support and accessible social opportunities have built confidence and resilience, supporting improved integration into social activities and education / training opportunities.

The Hive's approach has reduced the need for crisis or statutory interventions, helping Antonio develop the skills, motivation, and social connections that will support long-term stability and wellbeing.

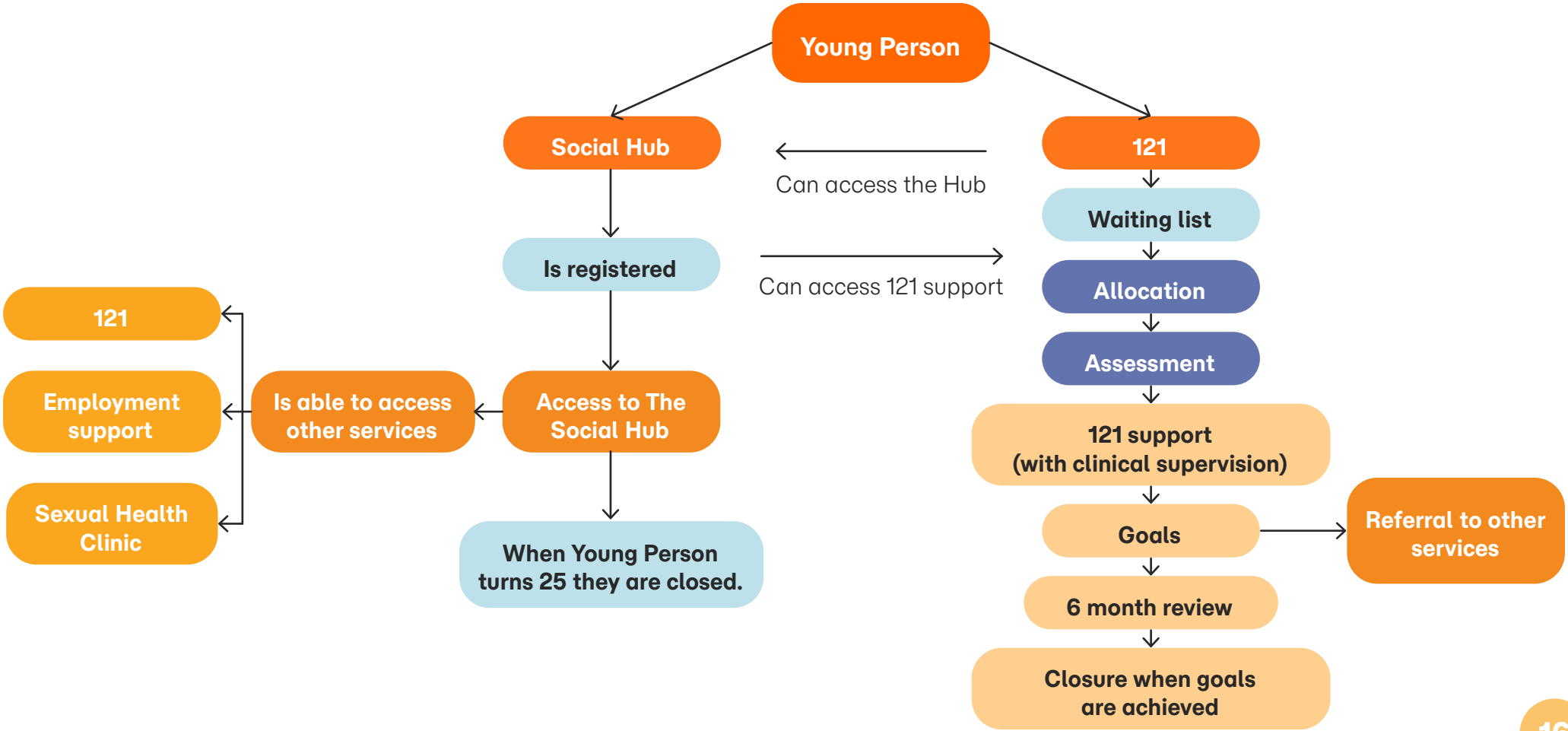
4. The Hive - Engagement and Activities

This section outlines who engages with The Hive, the level and nature of their involvement, the risk factors and needs presented by young people, the range of activities available, and how service users interact with different components of the model.

4.1. Engagement Routes and User Journey

The diagram below illustrates the different routes through which young people may engage with the service and the range of support available within the Hive model.

Young Persons journey



Young people can access The Hive through a range of referral routes. Many young people self-refer by attending the social hub or contacting the service directly, while others are referred by professionals including Minding the Gap partners, schools, social workers, GPs, CAMHS practitioners, youth offending services or other community organisations.

Once engaged with the service, young people may follow a number of different pathways depending on their needs. Some young people initially access the social hub, which provides a safe and informal environment where they can take part in activities, meet peers and build relationships with staff. Following registration, young people can continue to access the hub on an ongoing basis and may also be introduced to additional support where appropriate.

For those requiring more structured support, young people may be referred internally to one-to-one support with a wellbeing practitioner. Support typically begins with an assessment and collaborative goal setting, followed by a series of one-to-one sessions delivered with clinical supervision. Progress is reviewed periodically, with a formal review typically taking place after six months.

Importantly, the Hive's integrated model enables young people to access multiple forms of support concurrently. For example, a young person attending the social hub may also receive one-to-one wellbeing sessions, employment coaching or attend the sexual health clinic. Similarly, young people accessing structured support can continue to participate in hub activities alongside their sessions.

Throughout the journey, staff can also arrange referrals to external services where more specialist support is required. Support is typically concluded once agreed goals have been achieved, although young people can continue to access the social hub and other activities where appropriate until they reach the age limit of the service.

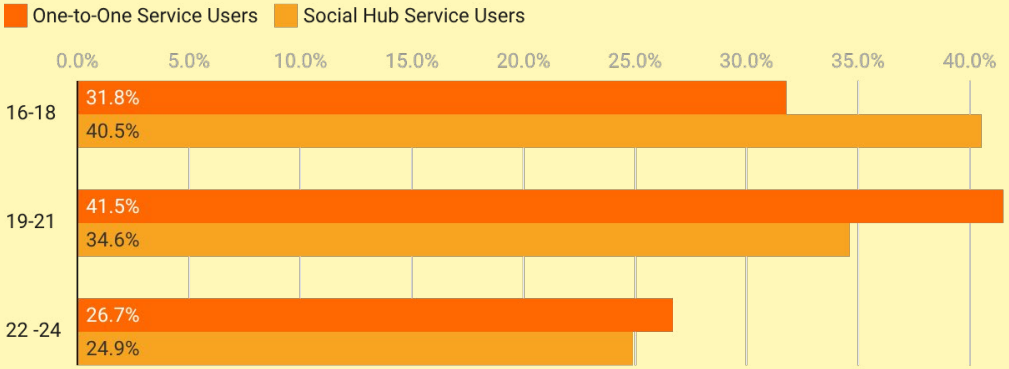
4.2. Profile of Young People Engaging with The Hive

The Hive supports 16–24-year-olds across Camden, many of whom face significant mental-health, social, and practical challenges. The young people's experiences include anxiety, depression, suicidal ideation / attempts, family breakdown, homelessness, challenges accessing education, training or employment and many more besides. Monitoring data for the one-to-one service and the social hub indicate that the cohort is diverse but shares common, overlapping, risk factors, which shape their pattern of engagement. Demand is high, with **844 young people** attending the **social hub and activities** in the 2023/2024 cohort (408 new service users). This rose to **1,173 young people** attending the social hub and activities in the 2024/2025 cohort (337 new service users). Similarly, **the one-to-one service** supported approximately **457 young people i**n the 2023/2024 cohort, rising to **488 young people** in the 2024/2025 cohort.

4.3. Demographics

The following sets out some key demographic statistics for service users accessing the social hub and / or one to one support between April 2023 and March 2024. Low disclosure of some demographic factors, limits analysis. A full breakdown is available in Annex 10.4. A breakdown of Impact by demographic group is provided in section 5.5.

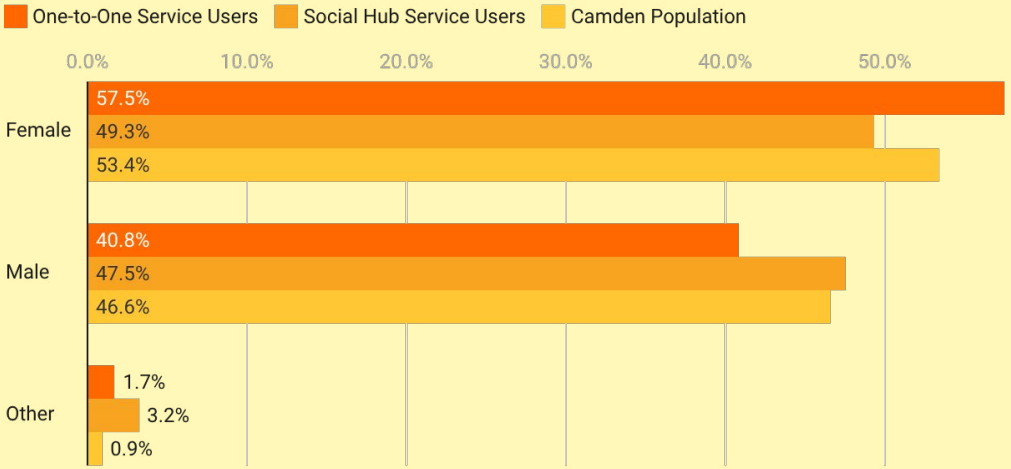
Service Users by Age Group



Sample Size: One to one = 424; Social Hub = 1,982

Social Hub users skew younger than One-to-one service users. 40.5% of social hub users fall in the 16-18 age group, whereas the largest group of One-to-one service users is the 19-21 age group with 41.5%.

Service User Gender vs Camden Benchmark

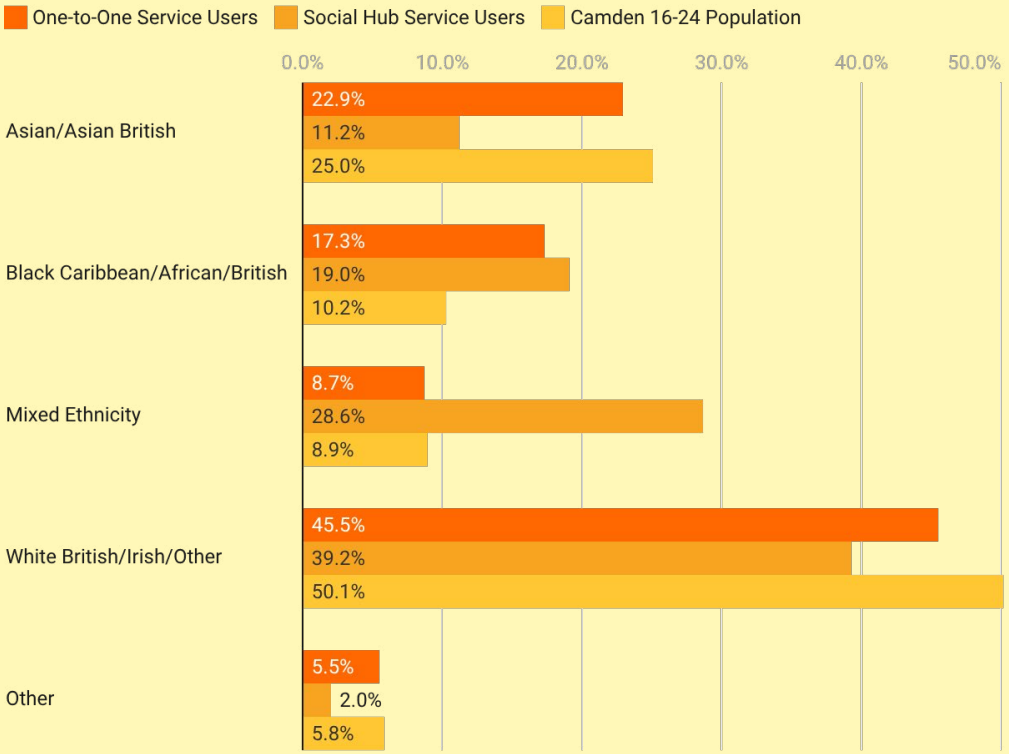


Sample Size: One to one = 424; Social Hub = 1,849

Source: Camden Population Male / Female: Sex registered at birth - all age groups. ONS, Census 2021. Camden Population Other: Gender Identity. All over 16's (exc did not answer). ONS Census, 2021 • Created with Datawrapper

Service user gender is broadly in line with local population benchmarks. Females however are moderately over-represented in the One-to-one service (57.5%) and under-represented in the Social Hub (49.3%). Conversely, Males are moderately under-represented in the One-to-one service. Other gender identities are substantially over-represented in both the One-to-one service and in particular the Social Hub with 3.2% vs 0.9% Camden benchmark.

Service User Ethnicity vs Camden Benchmark

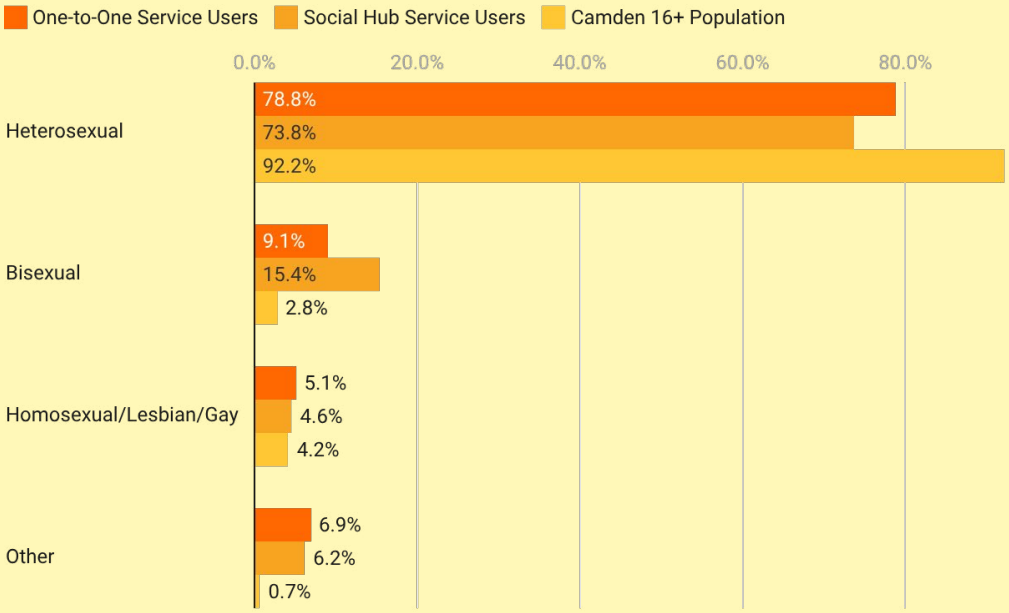


Sample Size: One to one = 415; Social Hub = 1,904

Source: Camden 16-24 Population. ONS, Camden Health Equity Data Pack • Created with Datawrapper

Black, Mixed and Other Ethnicity groups are all moderately to substantially over-represented across both services. White groups are moderately under-represented. Asian groups are broadly represented within the One-to-one service but substantially under-represented in the Social Hub.

Service User Sexuality vs Camden Benchmark

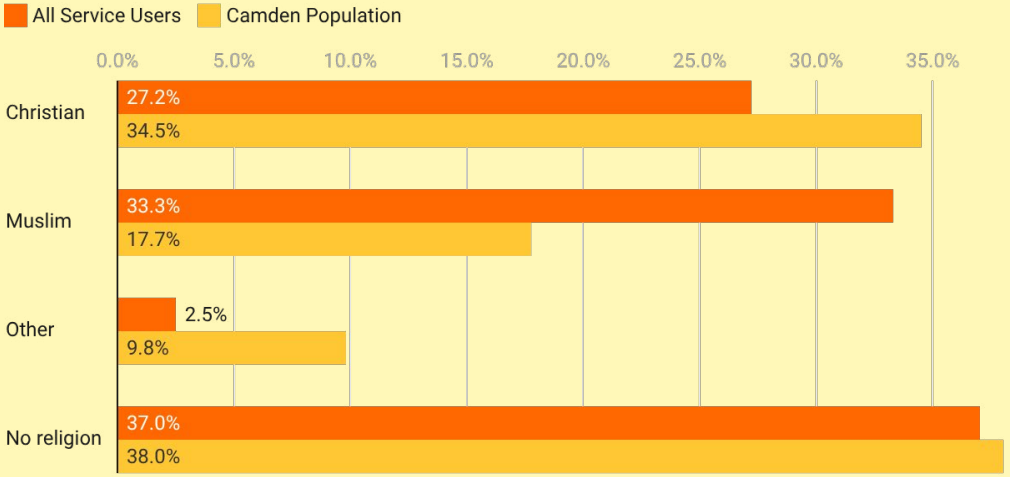


Sample Size: One to One = 274; Social Hub = 65

Source: Camden Population Sexuality All over 16's (exc did not answer). ONS, Census 2021. • Created with Datawrapper

Heterosexual service users are moderately under-represented across both services. Homosexual groups are slightly to moderately over-represented and Bisexual and Other sexualities are substantially over-represented across both services. Note that Social Hub statistics for Sexuality are based on a small sample size of 65.

Service User Religion vs Camden Benchmark

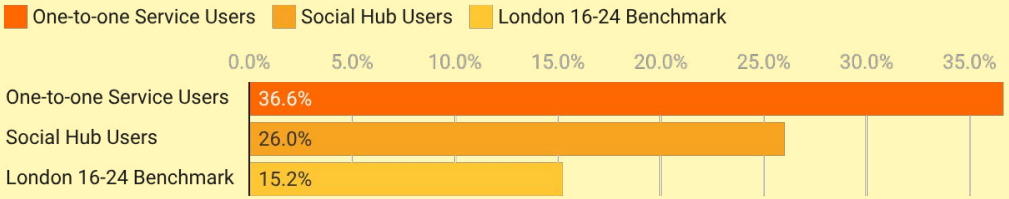


Sample Size = 81

Source: Camden Population (exc did not answer). ONS, Census 2021. • Created with Datawrapper

Other religions are substantially under-represented in The Hive services. Christians are moderately under-represented. Those with no religion are closely representative of the population and Muslims are substantially over-represented against the Camden population. Note that statistics for Religion are based on a low sample size of 81.

Service User NEET % vs Camden Benchmark



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

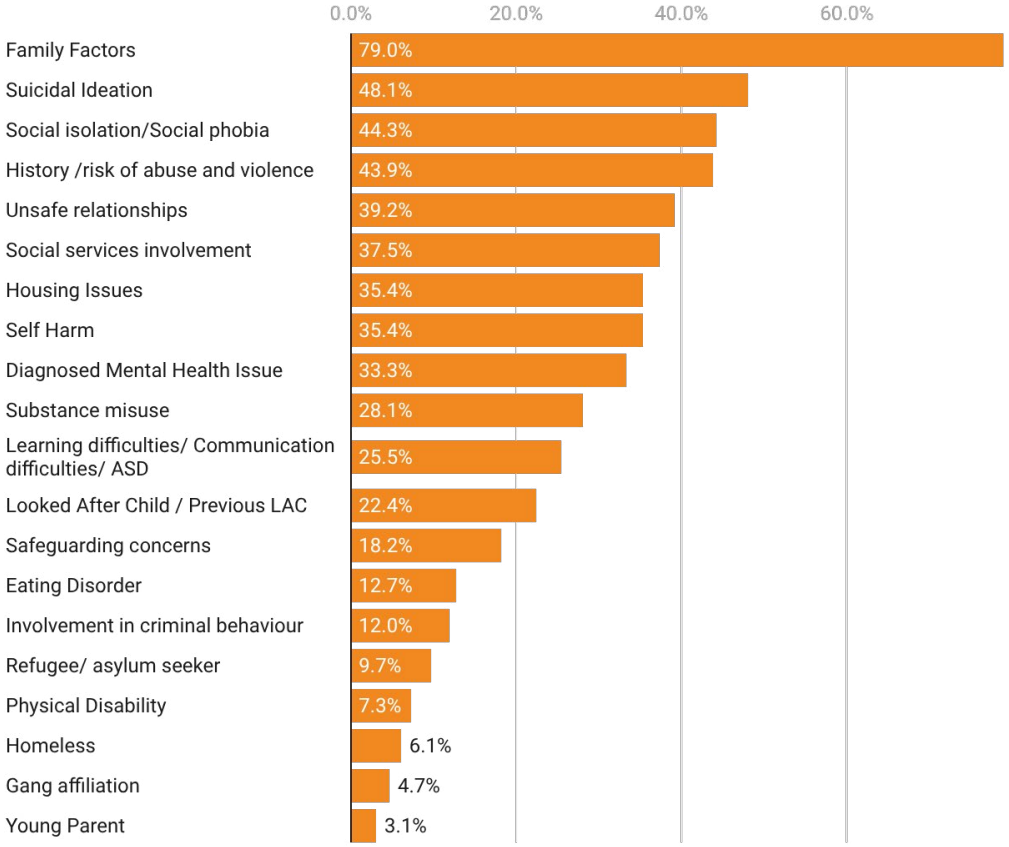
Source: London 16-24 NEET, 2024; Education Statistics Service • Created with Datawrapper

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.

4.4. Risk Factors

The following frequencies of risk factors were identified through analysis of one-to-one service user monitoring data.

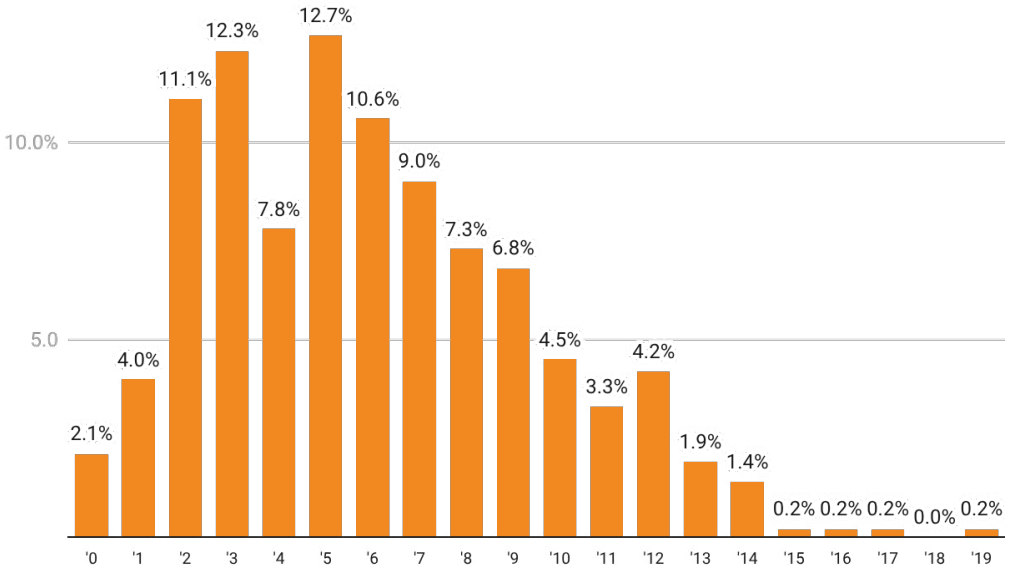
One-to-one Service User Risk Factor Frequencies



Sample Size = 424

Family factors are the most prevalent risk factor. This refers broadly to issues such as family instability or breakdown, poor parenting, parental mental health or substance misuse, domestic conflict or abuse, or financial hardship. Suicidal ideation is highly prevalent among one-to-one service users at 48.1%.

One-to-one Service Users by number of Presenting Risk Factors



Sample Size = 424

The vast majority of One-to-one service users present with multiple risk factors. 62.7% present with five or more risk factors, demonstrating the service reach to some of the most vulnerable young people in Camden.

- Within Camden, as recently as 2025, there were 331 young people with care experience (1%)[11]. Over April 2023 to March 2025 The Hive's one-to-one service supported 95 young people with care experience, equivalent to nearly 29% of all young people with care experience in Camden.
- In the last quarter of 2025, 1,663 people (all ages) in Camden were registered as receiving asylum support (0.8%)[12], with approximately 258 between the ages of 16-24 (16% of these). Over April 2023 to March 2025 The Hive's one-to-one service supported 41 young people with refugee / asylum seeker status, equivalent to 16% of all young people with refugee / asylum seeker status in Camden.

11. London Borough of Camden (2025). We Make Camden: State of the Borough Report 2025: https://www.camden.gov.uk/state-of-the-borough-report
12. UK Local Authority Immigration Support Map (interactive dashboard showing asylum support by council area, including asylum accommodation and subsistence) UKFlow (2026) https://ukflow.uk/map.html

Demographic / Risk Factor Comparisons

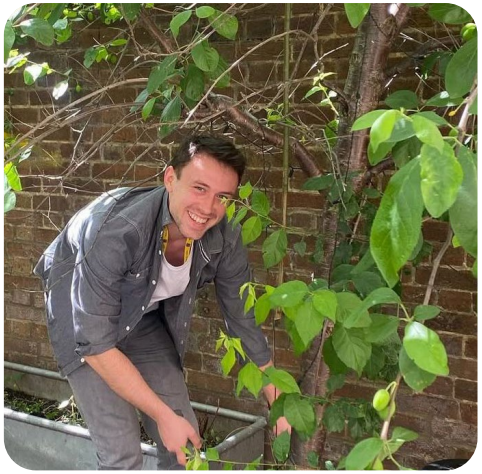
- **Young Adults (19-24) were 53% more likely than adolescents (16-18) to have a diagnosed mental health problem (37% vs 24%),** 23% more likely to have suicidal ideation (51% vs 41%), 46% more likely to have a history/risk of abuse and violence (49% vs 33%), and 31% more likely to have experience of being a Looked after Child (24% vs 19%). Other risk factors were similarly prevalent amongst both age groups, with around one quarter having a learning disability and/or autism and one fifth a history of self-harm.
- **Women were at higher risk of mental health difficulties** than men: they were 32% more likely to have a diagnosed mental health condition (37% vs 28%), 34% more likely to have experienced suicidal ideation (53.3% vs 40%), and were almost twice as likely to have a history of self-harm (45% vs 23%). However, they were 47% less likely to have a learning disability and/or autism than men (18% vs 35%), 58% less likely to be involved in crime (8% vs 19%), 92% less likely to be Refugees/Asylum Seekers (2% vs 21%), 39% less likely to have experience as a Looked after Child (16% vs 29%). Both were equally as affected by high rates of substance use (around one third).
- **Black young people were 45% more likely than White young people to report involvement in crime as a risk factor** (17% vs 12%), 16 times more likely to be refugee/asylum seekers (26% vs 2%), more than twice as likely to have experience of being a Looked after Child (42% vs 17%), and 85% more likely to have a history/risk of abuse and violence (60% vs 32%). White young people were twice as likely as Black young people to have a history of self-harm (41% vs 21%). While Asian young people were 37% less likely than White young people to be involved in crime (7% vs 12%), 41% less likely to have substance abuse (18% vs 30%), but were 60% more likely to have a history/risk of abuse and violence (52% vs 32%). Groups were equally affected by high rates of learning difficulties and/or autism (around one quarter) and suicidal ideation (around a half).

4.5. Activities

In addition to the social hub and one-to-one service, the Hive's holistic model offers young people structured activities, drop-ins, and practical support, to enhance skill development, life skills, health advice, boost confidence, and encourage social engagement.

Most popular types of activities

- **Open-access social hub sessions**
  The largest area of engagement overall, with very high participation in 2024/25 (**over 500** across core drop-ins) compared with strong although lower levels in 2023/24 (**around 250–300** across major sessions).
- **Practical support and essentials**
  A major growth area, particularly Food Collection/Drop, which increased substantially in 2024/25 (**over 550**). Employment and benefits support also grew, with combined attendance rising to **around 50** across job-related sessions in 2024/25.
- **Music and creative arts**
  Music and arts sessions remained consistently popular, with flagship activities such as guitar and music lessons engaging **around 200** young people across both years combined.
- **Physical activity and sports**
  Participation increased in 2024/25, with football, boxing and sports-linked projects reaching **over 150** young people collectively.
- **Social events and celebrations**
  Seasonal and themed events attracted **30–40** participants per session, forming a steady and well-used part of the offer.
- **Trips and outings**
  Trips expanded in 2024/25, with cultural and recreational outings attracting over **150** participants across the year.
- **Job, money and life-skills sessions**
  Employability, financial guidance and Real Talk sessions together engaged **around 80–100** young people across both years, reflecting steady interest in practical and future-focused support.
- **Gender-based and identity groups**
  Gender-specific and identity-focused groups, such as Men's Group and Women's Group, together engaged **well over 300** young people across the two years.



4.6. Partnerships

4.6.1. Strategic Partners

The Hive is supported by a group of strategic partners that form the Minding the Gap consortium, each contributing specialist expertise. Together, these organisations ensure that The Hive can offer clinical oversight, therapeutic support, outreach, early intervention and practical services in a single setting. Their roles include:

Local Authority

- **Camden Council** – commissions The Hive and provides the building from which the service is delivered.

NHS and Clinical Partners

- **North London NHS Foundation Trust** – provides a Clinical Team Lead ensuring safety, supervision and links to Adult Mental Health Services (AMHS).
- **Tavistock & Portman NHS Foundation Trust** – provides clinical leadership for under-18s and maintains pathways with CAMHS and specialist services.
- **Anna Freud Centre** – offers specialist psychological input, reflective practice and AMBIT training for staff.
- **Central and North West London (CNWL) NHS Foundation Trust** – embeds sexual health practitioners onsite and delivers a weekly clinic.

Voluntary and Community Sector Partners

- **The Brandon Centre** – provides wellbeing practitioners and therapy for young people needing structured interventions.
- **The Winch** – undertakes youth outreach in schools, estates and community settings, referring young people into The Hive.
- **Fitzrovia Youth in Action (FYIA)** – supports peer education and volunteering opportunities.

Together, these partners create a coordinated, multi-agency system that strengthens The Hive's capacity to meet the diverse and complex needs of young people across Camden.

4.6.2. Delivery and Community Partners

The Hive works with a wide range of delivery and community partners to broaden its social, educational, therapeutic and practical offer. These partnerships strengthen engagement, extend opportunities, and support young people with diverse needs.

Therapeutic & Wellbeing

- The Hive's therapeutic offer is strengthened through partners providing specialist interventions, including equine therapy **(Strength & Learning Through Horses)**, music therapy **(Nordoff & Robbins)**, spoken word and creative expression **(Write2Speak)**, sexual health education **(Brook)**, and substance misuse support **(FWD, CGL)**. **Camden Safety Net** also provides specialist input around domestic and sexual violence.

Arts & Creative Partners

- A wide range of arts organisations, including **Go Live Theatre Projects, The Big House, Camden Art Centre, The Poetry Society, The Roundhouse, WAC Arts** and **Hampstead Theatre**, deliver creative and cultural activities, helping young people build confidence, skills and social connections through drama, performance and visual arts.

◀ Camden Arts Centre Pottery Trip

Employability & Skills

- Partners such as **Good Work Camden**, the **DWP**, **Drive Forward, SPEAR** and **Action Boxing Intervention** provide employability support, skills development and coaching. Corporate partners including **PureGym, M&S, Pret, Aldi** and **ZSL** contribute through training opportunities, food donations, gym access and volunteering schemes.

Outreach & Community Support

- To reach young people not currently accessing services, The Hive works with the **Camden Detached Team**, the **Metropolitan Police Youth Engagement Team, British Exploring Society** and **New Horizons Youth Centre**. Additional community support comes from organisations like the **Trussell Trust Food Banks**.

Substance Use Pathways

The Camden Drugs & Alcohol Commissioning Team plays a strategic role in improving referral pathways and coordinated support for young adults with complex substance use needs, working closely with **FWD** and **CGL**.

4.7. Engagement and Activity Summary

- **Engagement has grown** year on year, with 844 young people attending the Social Hub in 2023/24 (408 new), rising to 1,173 in 2024/25 (337 new). One-to-one support reached 457 young people in 2023/24, increasing to 488 in 2024/25.
- **Complex needs:** Suicidal ideation is reported by 48.1% of one-to-one service users, and 62.7% present with five or more risk factors. Family-related issues are the most prevalent risk factor. Around one quarter have a learning disability and/or autism, and around one fifth have a history of self-harm.
- **Demographic patterns:**
  - Social Hub users skew younger (40.5% aged 16–18), while one-to-one users skew older (41.5% aged 19–21).
  - Women are over-represented in one-to-one support (57.5%) but slightly under-represented in the Social Hub (49.3%). Other gender identities are over-represented (3.2% vs 0.9% Camden benchmark).
  - Black, Mixed and Other ethnic groups are over-represented across both services; Asian young people are substantially under-represented in the Social Hub.
  - LGBTQ+ young people are substantially over-represented; bisexual and other sexualities show the highest proportional over-representation (Social Hub sexuality data based on n=65).
  - Young people not in education, employment or training are substantially over-represented compared to the Camden 16–24 population.

- **Inequalities in risk exposure:**
  - Young adults (19–24) are more likely than 16–18-year-olds to have a diagnosed mental health condition (37% vs 24%) and suicidal ideation (51% vs 41%).
  - Women report higher rates of diagnosed mental health conditions (37% vs 28%), suicidal ideation (53.3% vs 40%) and self-harm (45% vs 23%) than men.
  - Black young people are more likely than White young people to have experience of care (42% vs 17%), refugee/asylum status (26% vs 2%) and history/risk of abuse and violence (60% vs 32%).
  - The Hive's one-to-one service supports 29% of Camden's care-experienced young people (331 in borough).
- **Holistic model of support:** Open-access sessions are the largest area of engagement (over 500 attendances across core drop-ins in 2024/25). Food provision grew substantially (over 550 attendances in 2024/25). Creative arts engaged around 200 young people across two years; sports reached over 150 in 2024/25; gender-based groups engaged over 300 across two years; and employability/life-skills sessions engaged 80–100 young people.
- **Strong partnership infrastructure:** Delivered through a multi-agency consortium including Camden Council, North London NHS Foundation Trust, Tavistock & Portman, Anna Freud Centre, CNWL, Brandon Centre, The Winch and FYIA, alongside a wide network of therapeutic, arts, employability and outreach partners.

Case study - Asim

Background

Asim (name changed) was 19 when he was referred to The Hive by the North Camden Crisis Team following his first episode of drug-induced psychosis which included suicidal ideation. The crisis resulted in a short psychiatric admission at Hospital, triggered by heavy cannabis use alongside prolonged use of other substances over time, including mushrooms, MDMA, and ketamine.

At the time of referral, Asim was under the Early Intervention Service and receiving short-term treatment at the Greenwood Centre. He reported confusion and guilt related to the psychotic episode, anxiety about relapse, and uncertainty about his diagnosis and medication. Asim had faced low self-esteem and tension within his family. He had also faced bullying and racism in his childhood and described himself as "socially stunted", finding it hard to make friends until his late teens.

Asim was studying Engineering at university but had disengaged from his studies and failed several modules. He expressed frustration, regret and shame about this and was worried about returning to university.

Support from The Hive

Asim was referred for one-to-one support as well as engagement in the Social Hub. The main focus was to help him understand his mental health, strengthen approaches prevent relapse, and reduce social isolation.

Over three months, Asim attended regular individual sessions, finding the support "relieving" and saying he felt "able to talk." His clinical support lead used Acceptance and Commitment Therapy (ACT) and cognitive-behavioural approaches to help him explore the link between values, emotions, and behaviour. Together, they worked on identifying what was meaningful to him and developing coping strategies to manage intrusive thoughts, anxiety, and regret.

Through reflective exercises, Asim considered the risks and consequences of substance use and developed plans to avoid triggers when returning to university. After planning to substitute drugs with alcohol, he recognised the danger of this and made a conscious decision to abstain. The Hive also referred Asim to substance misuse support local to his university to make sure he could access support during term time when he was away from London.

Outcomes

Asim has shown substantial progress in his recovery and self-awareness:

- Developed strong insight into, and the ability to discuss his mental health.
- Maintained abstinence from drugs and significantly reduced alcohol intake with better understanding of the triggers that could risk relapse.
- Re-engaged with university, with a renewed sense of motivation and a plan to retake failed modules from his first year.
- Improved family relationships.
- Improved emotional regulation and the ability to plan for his long-term wellbeing, redefining fun to a state that needn't require substances.

Longer-Term Impact

The Hive's targeted support has been critical in helping Asim stabilise after a potentially life altering mental health crisis.

His understanding of his illness and the risks of relapse has deepened considerably, and he is now working hard to shape a lifestyle that will better support his recovery.

Without support from The Hive, Asim would likely have remained at high risk of relapse, further hospitalisation, and an inability to continue with his degree. Instead, he is now positioned for recovery, academic achievement and a positive life ahead of him, supported by clear strategies to prevent relapse and a renewed sense of purpose.

5. Impact findings

5.1. Outcome 1: Young People Have Improved Health and Mental Wellbeing

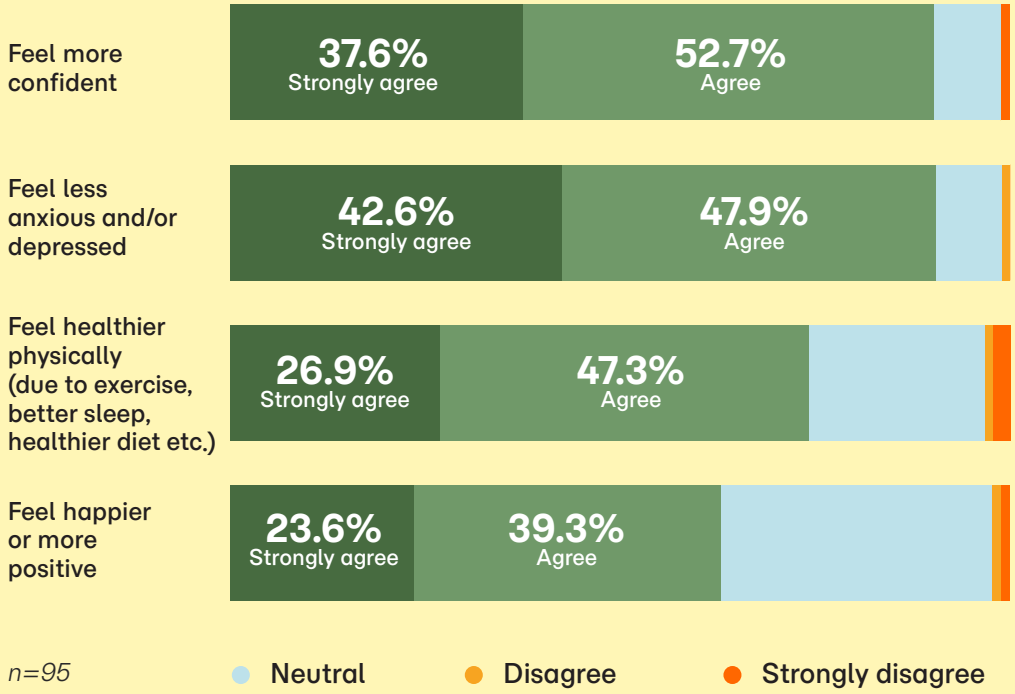
The survey data indicates that The Hive has a strong and consistent positive impact on young people's mental health and overall wellbeing. For example:

90.3%
reported feeling *more confident*

90.4%
reported feeling *happier*

74.2%
reported feeling *less anxious*

62.9%
reported feeling *healthier*



These findings align with the qualitative evidence gained via interviews and focus groups, where young people frequently described the service as enabling them to be happier and more confident. Young people have clearly experienced a broad shift in their emotional state and sense of stability as a result of their engagement with the service.

5.1.1. Improved confidence and self esteem

Many of those supported by The Hive have started with very low levels of confidence. However, through the one-to-one support and Social Hub activities, the young people using The Hive have had the benefit of opportunities to stretch their horizons, try new things and develop a sense of achievement. This has led to increased confidence and self-esteem.

> "I'm less shy and reserved. So I just met a lot of people who were very like welcoming and kind. And I've gotten to know them. So that was kind of something I was struggling with before, and I feel like coming here every week or so has helped me kind of break out of my shell a bit."
> **- Service User Interview**

5.1.2. Improved feelings of happiness

The activities at the Hive are fun and enjoyable and young people have reported making new friends and developing new interests. Having fun things to do, people to spend time with and a sense of being valued are often what makes people the happiest and this is borne out in the evaluation research.

> "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**

5.1.3. Reduced feelings of anxiety or depression

Many of the young people referred to The Hive experience anxiety and can feel unable to participate in activities in general. Some feel unable to leave their homes to begin with. The Hive team have worked with individuals at their own pace, providing one to one support and then carefully linking individuals into relevant activities in the Social Hub. Over time, individuals have reduced their levels of anxiety and learned how to manage feeling anxious through coping strategies and testing their boundaries and learning they can succeed.

> "I think it's improved my mental health actually. I'm learning to be more confident around people and learning that it's okay to speak in, like, I don't know how to explain it, like it's okay to speak in a setting where there's multiple people."
> **- Service User Interview**

This indicator had a relatively high proportion of neutral responses which may reflect the open access nature of The Hive where not all service users are necessarily impacted by anxiety or depression.

5.1.4. Improved physical health habits

The Hive operates a range of physical activities, healthy cooking and wellbeing sessions which are all designed to help people feel and be healthier. The majority of people responding to our survey agreed that this was an outcome they had experienced, however over a third did not experience impact in this area. There may be a number of reasons for this:

- Individuals may feel they are healthy and sufficiently fit anyway and therefore not identify any particular change in this area
- Some individuals may prefer to take part in arts/crafts activities rather than sports or outdoor activities and therefore haven't necessarily taken part in work which is designed to impact physical health
- There may be better opportunities to embed physical health into the programme that have not yet been explored.

5.2. Outcome 2: Young People Are Better Able to Manage Their Mental Health

Supporting young people to better understand, navigate and manage their own mental health is a core aim of The Hive. The quantitative survey findings show strong improvements across key indicators of self-management, coping ability and emotional resilience.

Survey results indicate:

77.8%

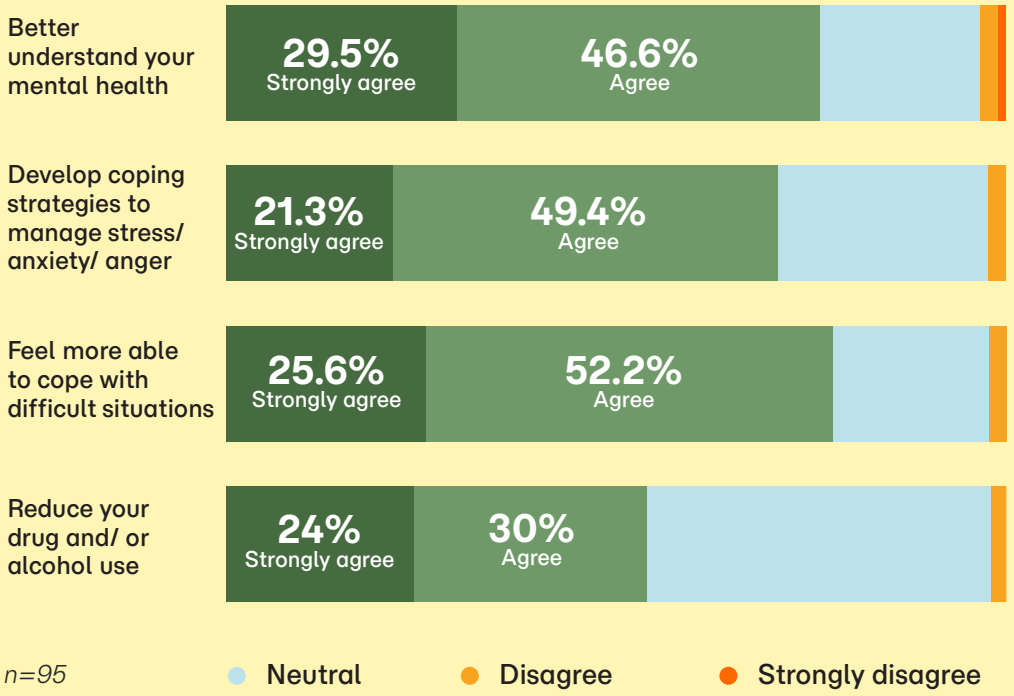
reported feeling *more confident managing difficult situations*

76.1%

reported feeling *knowledge and understanding* of their mental health

70.8%

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



These findings suggest that young people have been able to develop the tools and confidence they need to manage their mental health more independently. This was strongly reinforced during the interviews and focus groups, with young people describing a wide range of practical and emotional skills gained through one-to-one support, group activities, and informal interactions in the social hub.

5.2.1. Increased knowledge and awareness about mental health

Around three-quarters of those completing the survey said that they have increased their knowledge and understanding about mental health. During interviews and the group discussions, young people reported how they were better able to understand their emotions, recognise patterns and explore factors negatively impacting their wellbeing. Individuals said that The Hive had helped them become more self-reflective and aware of their own wellbeing. Some individuals also reported sharing their new-found awareness about mental health with their friends and families and thereby extending knowledge and encouraging others to have open conversations about mental health too.

> "Because I'm not really the type of person who likes to talk about themself. So we kind of discussed why I might be having those feelings, where they're coming from."
> **- Service User Interview**

5.2.2. Developing coping strategies to manage stress/anxiety/anger

A significant proportion of people responding to the survey (nearly 71%) reported improved confidence in their ability to handle stress, anxiety and anger. This was also a common thread across the interviews, whereby young people commonly highlighted behavioural and attitudinal shifts and improved ability to self-regulate. Some had developed positive coping mechanisms to prevent situations that might worsen their mental health. For others this was more about learning to manage and express emotions, address fear and reduce anger.

> "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**

5.2.3. Increased resilience

Overall, this indicator was most commonly experienced by the survey respondents (around 78%) and again commonly reflected on by interviewees who reported being able to deal with conflict more positively. Individuals reported feeling better able to set boundaries, prepare for situations that might create social anxiety, learn how to deal with conflict and challenge with positivity and self-assertiveness.

> "From being at the Hive, I've been more comfortable opening up about my feelings of people before... I have more boundaries now with people like friends and family. And I'm more aware of my emotions now."
> **- Service User Interview**

5.2.4. Reduced risk factors

Overall, 44% of survey respondents were neutral around the extent to which The Hive had helped them to reduce drug and alcohol use. This perhaps reflects the demographic make-up of the cohort as well as general trends towards healthier lifestyles amongst young people resulting in fewer young people using drugs and alcohol. However, 54% still felt that The Hive had a positive impact in helping them reduce their use of alcohol and/or drugs.

For some young people, substance use is used to self-medicate for current conditions, and/or can directly contribute to poor mental health, even to the extent of requiring psychiatric hospital admission. Asim's (name changed) case study, for example, highlighted The Hive's role in helping him transition following drug induced psychosis requiring inpatient support, through a journey of understanding the dangers of both drug and alcohol abuse and resulting in a strong conscious decision to abstain, ultimately enabling him to re-engage with higher education.

5.3. Outcome 3: Young People Have Stronger Support Networks

Strengthening young people's relationships and support networks is a central pillar of The Hive's model. The survey findings show consistently high levels of progress in this area, demonstrating both improved peer relationships and increased trust in professionals.

Across the sample:

89.8%

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

84.9%

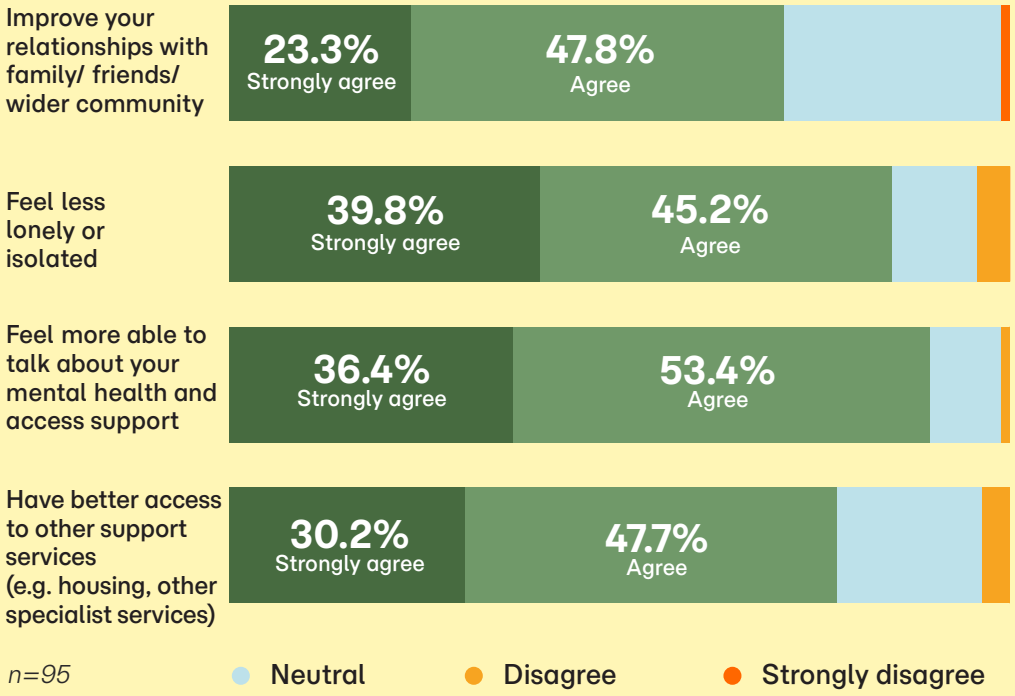
reported reduced *feelings of isolation*

77.9%

felt it had helped them *access other support services*

71.1%

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



These findings indicate that The Hive has supported young people to build social connections and develop their abilities to communicate openly and seek help when needed. Those young people participating in the interviews and focus groups confirmed this picture, describing making new friends, feeling part of a community, enjoying meaningful social interaction and overcoming loneliness.

5.3.1. Improved relationships with friends and family

The vast majority of young people reported having improved relationships with friends, family and the local community (71%). However, this was also the lowest scoring of all the indicators for this outcome. Nearly a third either did not feel that this was an area relevant to them or felt that there had been negligible positive change. This may reflect the fact that The Hive's interventions are focused on working with and empowering the individual young person who may have limitations as to the extent to which they can address other challenges with friends and family. Nevertheless, it is clear that the positive behaviour and attitude change which The Hive engenders enables young people to view other people's behaviours and attitudes more positively and this is helping them improve their relationships.

Interviews and focus groups frequently identified improved peer relationships from access to The Hive, as well as some evidence of positive impact on family relationships.

> "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**

5.3.2. Reduced feelings of isolation

The Hive provides a safe and welcoming environment where young people can build friendships, reduce isolation, and develop social skills. Activities like the social hub, group workshops, and trips have helped individuals develop a sense of belonging and community. The Social Hub plays a particularly central role in helping young people build friendships, practise social interaction, and feel connected. For many, the Hub provided the first environment in which they felt safe and confident socialising.

> "...I find it really nice when we go like places together as The Hive, like all the young people when we all go together because you like when you're there it's kind of different to going out and it feels more like, obviously not a family, but like I don't know just has a sense of togetherness like going out together."
> **- Service User Interview**

For young people with strained or absent family relationships, such as care-experienced young people, refugees and those who have migrated here, or those experiencing parental conflict, the sense of community at The Hive filled a critical gap.

5.3.3. Increased confidence to talk about mental health and access support

There remains considerable stigma around mental health and many young people can find it difficult to be open about their experiences. The Hive team have worked hard to create an environment in which individuals can feel safe to talk about mental health and this has been borne out in the survey responses and interviews. Young people commented on being able to have difficult conversations about mental health and that their workers were among the first adults they felt truly listened to them.

> "And like, no one's judge, you or anything, and like, we're all very, very different. So, it's nice to like, find, like something coming through conversation and get to know people."
> **- Service User Interview**

5.3.4. Improved access to other support services (e.g. housing, and other specialist services)

The Hive broadens young people's support networks and wellbeing opportunities by connecting them with external activities, therapies, and community organisations, helping them access wider social circles and additional mental-health support beyond the service. The staff work with individuals to help them identify their needs and issues and support them to develop the confidence to access other services independently too. Individuals have been helped by the Hive team to access clinical and non-clinical therapies, housing and benefits advice, sexual health services, employment support, education as well as be better able to pursue their hobbies and interests.

> "When I got sectioned, she was on the other end of the phone... they've gone to me with the police, they've even got like housing, you know, like they tried to help get me rehoused multiple times, they've helped with like literally every aspect of my life..."
> **- Service User Interview**

5.4. Outcome 4: Young People Have Improved Life Chances

Improving young people's life chances is a central objective of The Hive's model, and this is embedded in all activities as well as being a focus for specific interventions when needed.

84.9%
reported improved social and other soft skills

72.8%
reported help in *moving towards employment*

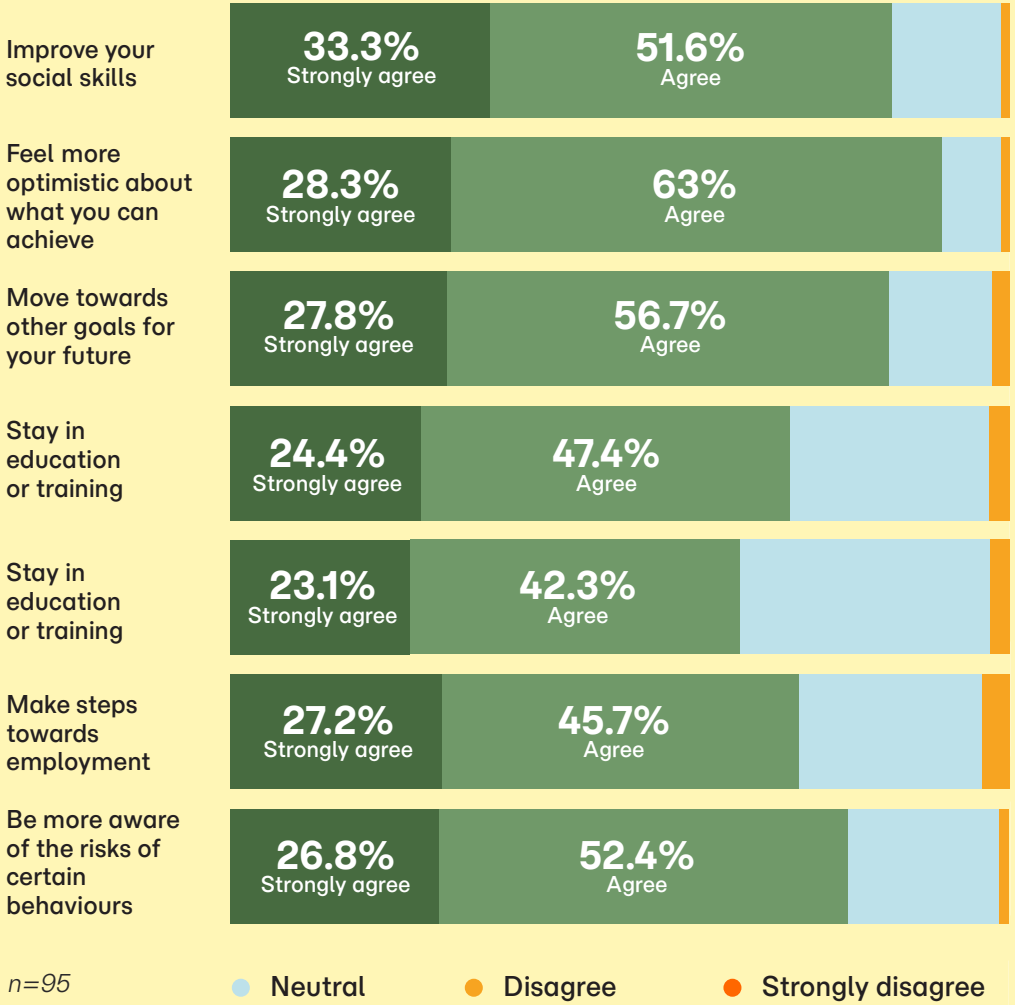
91.3%
reported feeling more optimistic about what they can achieve

71.8%
reported help in *starting education or training*

84.4%
reported help towards other *future goals*

65.4%
reported help in *staying in education or training*

81.2%
reported gaining more *awareness of the risks of certain behaviours*



Interviews and focus groups with young people consistently demonstrated that these improvements are the result of dedicated work by the team to help them improve soft skills, be better motivated, develop a stronger sense of self-belief and hope in their futures. The Hive's holistic, personalised approach enabled the team to blend emotional support with practical guidance, social prescribing, and sustained encouragement.

5.4.1. Improved social skills

The survey data shows that 84.9% of respondents felt that Hive activities had helped them to improve their social skills. This was evidenced in the case studies and interviews too. Individuals reported experiencing overwhelming shyness and social anxiety when they joined the Hive but over time and with the reassurance of the team became more able to talk to others, speak up for themselves and make friends.

> "The Hive has made me more confident in socialising and making friends, and I'm actually going out of the house now because of that."
> **- Service User Interview**

5.4.2. Increased aspiration and action to achieve positive life goals

Nearly 90% of individuals responding to the survey highlighted a greater sense of optimism about the future following The Hive's interventions.

Structured activities and workshops, such as art sessions, music lessons, and cooking classes, help young people develop soft skills as well as explore hobbies and interests. Wherever possible, the Hive team have encouraged individuals to pursue their dreams and helped them access further support to hone these interests and support their future aspirations. Where appropriate this has also involved empowering individuals to lead sessions in their hobbies for other Hive users.

> "I think as I began to like, do different be more open to the activities at The Hive like the cooking class, I really enjoy it because I felt like there was a kind of sense of purpose to do something, felt like it was, contributing to something."
> **- Service User Interview**

Alongside formal education or employment outcomes, young people described important emotional and motivational shifts, becoming more hopeful, ambitious and future-oriented. The activities gave young people a sense of purpose:

5.4.3. Increased Engagement in Education, Training and Employment

A component of The Hive's work involves supporting young people to stay in or move into education, employment and training. The team have provided individuals with help with applications and interviews as well as support and guidance around college and university education. This has involved reflective practice which has simultaneously encouraged individuals to develop a greater sense of self-awareness and self-esteem too.

> "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. One of the questions was tell me a bit about yourself. We ended up spending the whole session on just that question alone because I felt like at the beginning, because I'm not really the type of person who likes to talk about themselves. So we kind of discussed why I might be having those feelings, where they're coming from."
> **- Service User Interview**

The survey data did show somewhat weaker impact for those reporting that the Hive had helped them to stay in education (65.4%) and this wasn't an area that was particularly highlighted by young people during interviews or group discussions. This may be because this isn't a specific challenge for some young people – around 28% reported that this was not applicable to them in the survey. It might also reflect that the indicator is in many cases a second order impact of broader mental health and wellbeing support rather than always being a direct or primary focus of support provided.

NEET levels amongst One-to-one service users are substantially higher than the London average (36.6% vs 15.2%). The one-to-one service's monitoring data indicated some positive change here, with around 1-in-5 who reported not being in any education, employment, or training when they started accessing the Hive, moving into one of these.

As outlined earlier, the support offered by the Hive also helps individuals to develop coping strategies. Together these have better enabled individuals to deal with difficult and stressful situations such as exams or interviews. Ultimately, enabling individuals to reduce anxiety and improve their self-esteem also has significant impact on their ability to engage with employment, education and training.

5.4.4. Reduced risk-taking behaviours

Survey data shows that 81% of young people responding agreed that they had increased awareness of risky behaviours. The Hive has provided individuals with access to sexual health services, drug and alcohol support and the staff reported in interviews that they were aware of young people being deterred from gang participation and youth crime. These are all major factors in mitigating poor mental health outcomes.

5.5. Demographic Patterns and Risk Factors

Outcomes between different demographic and risk factor groups were similar, with modest differences between them. Indicators on the survey were linked to the four main outcomes (improved health and mental wellbeing; increased ability to manage mental health; stronger support networks; and improved life chances). Each indicator response was scored from a minimum of 0 (Strongly Disagree) to a maximum of 4 (Strongly Agree). For most service user groups average scores were around 3, indicating that most service users, irrespective of their demographics or risk factors, reported that they'd experienced improvements in these areas.

Average Survey Scores (0-4) by Demographic group / Risk Factor

Demographic/Risk Factor	N	Outcome 1: Health and Mental Wellbeing	Outcome 2: Managing Mental Health	Outcome 3: Support Networks	Outcome 4: Life Chances / Prospects
Demographics					
Age					
16-18	16	3.02	2.76	3	2.81
19-21	48	3.15	2.99	3.17	3.05
22+	28	3.03	2.9	3.05	3.03
Gender					
Female	29	3.12	2.84	3.05	3
Male	34	3.24	3.17	3.23	3.21
Ethnicity					
Asian/Asian British	18	3.18	3.09	3.14	3.26
Black or Black British/ Caribbean / African	14	3.29	3.11	3.14	3.22
Mixed or Multiple Ethnic Groups	8	2.97	2.63	2.93	2.77
White	17	3.16	2.85	3.14	3.05
Sexuality					
Bisexual/Gay/Lesbian	12	2.74	2.57	2.78	2.75
Heterosexual	45	3.17	3.03	3.17	3.12
Religion					
Christian	17	3.24	3.04	3.16	3.17
Muslim	21	3.33	3.26	3.34	3.31
No Religion	19	3.11	2.7	3.12	2.9
Risk Factors					
Neurodivergence					
Yes	22	3.06	2.8	3.07	3.03
No	28	3.2	3.01	3.21	3.01
Carer Responsibilities					
Yes	12	3.23	2.76	3.19	2.76
No	38	3.11	2.97	3.13	3.1
Housing Instability/ Homelessness					
Yes	11	2.98	2.89	2.94	3.05
No	39	3.19	2.93	3.2	3.01
Multiple Risk Factors					
Yes	41	3.12	2.88	3.09	3.02
No	27	3.2	3.12	3.27	3.19

Note: Scores for each item ranged from 4 (Strongly Agree) to 0 (Strongly Disagree). Other groups were recorded but frequencies were too low for comparison. In line with ethical practice, demographic questions were optional. N/A responses excluded.

Some modest differences are apparent across the scores:

- Outcome 2 - Management of mental health appears to have lower improvements than other outcomes across all demographic and risk groups.
- Males reported higher improvements than Females across all four outcome areas
- Young people of Black and Asian ethnicity reported higher overall outcome attainment than White or Mixed ethnic groups
- Bisexual, gay and lesbian young people reported the lowest overall outcome attainment across all demographic and risk groups
- Service users with any form of risk factor or multiple risk factors reported lower overall outcome attainment than those without these difficulties.

More in depth comments were captured during interviews with young people, which highlighted impacts further. Neurodivergent young people spoke about improvements to their confidence and social anxiety. Some others touched on demographic and risk factors that were in too low frequencies amongst the survey respondents to compare. For example, young people with care-experience commented on gaining better social networks and relationships, where before they did not have others that they could rely on. Additionally, for one young person who had recently arrived in the UK, they experienced positive outcomes to their general mental health and wellbeing:

> When I went to The Hive, I mean, like, after the support they offer and kind of like... helpful. Kind of mentally. It did help me a lot like mentally.
> **- Service User Interview**

5.6. Activities and Services Most Associated with Wellbeing Gains

Outcome Scores by Service

The data suggests that the combination of the social hub and one to one support achieves greater impact than either can individually. It can be seen that whilst one to one support is the most effective mechanism for improving capacity to manage mental health (outcome 2), the social hub is more effective at helping young people build support networks (outcome 3). The additional structured activities and targeted support in areas such as employability and sexual health, enables those accessing multiple services at the Hive to achieve better outcomes. Addressing all four outcome domains is crucial for achieving and sustaining long term impact.

Different elements of the broad service offering support different outcome areas:

- The employment hub for example is a crucial part of The Hive's model and plays a significant role in supporting attainment of Outcome 4 – Improving Life Chances, whilst also building the protective factors of purpose and aspiration which support Outcome 1 – Health and Mental Wellbeing.
- Sexual health concerns are often closely linked to emotional wellbeing, relationships, exploitation risk and confidence. The one-stop shop model of the hub minimises barriers to access, reduces anxiety and supports healthier relationships, thereby directly contributing to attainment of Outcome 1 – Health and Mental Wellbeing.

5.7. Sustained Impact

Through the staff interviews and case studies, it is clear that many young people continue to benefit from the Hive's interventions after they have left the service. Young people consistently described lasting gains in confidence, coping skills, and personal growth that continue well beyond their time at the service. Many reported life-changing improvements in mental health, greater independence, and the ability to pursue ambitions they previously felt were out of reach.

> "Especially a lot of young people that have left our service... they've kind of like come back and just said they still remember some of the interventions and tools that they learned two years ago, especially some young people that left because they had to go out of London to go to uni... they said things like when I felt heightened during my exams or overwhelmed, I remembered some of the tools that The Hive has taught me to manage my anxiety and just my pressure."
> **- Staff Interview**

5.7.1. Positive Destinations

One of the key areas in which longer term impact is sustained is in employment and education outcomes. As has been outlined earlier in this report, young people have been supported by The Hive to pursue employment and education goals, as well as develop soft skills and aspiration. Interviews with the staff team highlighted the use of social prescribing to help pay for tuition, careers guidance and support for individuals to gain apprenticeships as well as progress towards and into jobs in accountancy, catering, IT, teaching and in health and social care. Some Hive users have returned to the service and taken up peer educator roles too.

> "The Hive told me that they were planning to start tuition from last year in September... In March, they told me that they would pay for seven sessions with a tuition centre for me. I don't think I would have performed as well as I did in my A levels without them."
> **- Staff Interview**

5.7.2. Preparing young people for future therapy, adulthood, and independence

The Hive's work enables young people to improve their wellbeing and mental health and put in place the protective factors needed to sustain this across their life-course. The team work with individuals to prepare them for future therapy as well as putting in place practical support and advice around things like housing and developing life skills. Staff also referred to a number of young people who had been able to come off CAMHS waiting lists due to reduction in mental health needs following Hive interventions.

> We help people... get ready to access [formal therapy]... without the hive they maybe would have reached the top of that waiting list... and maybe that wouldn't have been as successful for them. I think we set them up for their future... helping them find ways to manage their mental health in a sustainable way.
> **- Staff Interview**

5.7.3. Transitions to other services

Some young people mentioned how The Hive helped them transition to other services, ensuring continued support. For one young person, The Hive helped them get the mental health support they needed, which they hadn't been able to get previously:

> I've had access to special education since high school and I've tried to get therapy from the NHS several times as an adult but it's never felt reasonable and I've never managed to get past the GP... I've since been referred to the NHS core team from The Hive.
> **- Staff Interview**

5.8. Impact Summary

In our young people's survey key metrics included:

90.3% reported feeling *more confident*

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

84.9% reported reduced *feelings of isolation*

91.3% reported a *greater sense of optimism about what they can achieve*

- The majority of young people have experienced substantial positive impact across all 4 outcome areas and have improved mental health, increased ability to self-manage, stronger support networks and better life chances as a result of The Hive's interventions. However, outcome 2 – ability to manage mental health, saw lower reported impact than other outcomes across almost all demographic and risk groups.
- There were modest variations in reported impact between demographic groups:
  - Males reported higher impact than Females
  - Black and Asian ethnicities reported higher impact than White or Mixed ethnic groups
  - Bisexual, gay and lesbian young people reported the lowest overall outcome attainment of all groups
  - Service users with any form of risk factor or multiple factors reported lower impact than those without
- There were modest variations in reported impact depending on which services had been accessed. The social hub in isolation saw lowest impact, followed by one-to-one support, with those accessing multiple services reporting the highest levels of overall impact.
- The social hub was more effective at supporting young people to build support networks, whereas one to one support was more effective at developing skills and knowledge to manage mental health.
- There is qualitative evidence which shows that the Hive's interventions have long term impact on their future prospects by supporting all four outcome domains including raising aspirations and belief around future life opportunities.

Case study - Anna

Background

Anna (name changed) was 18 when she was referred to The Hive by her GP due to persistent emotional and behavioural difficulties linked to a history of trauma, neglect, and instability. As a care-experienced young person, she was living in Camden Pathways supported housing and had little family support. Her early life experiences included parental substance misuse, multiple care placements, school exclusion, and exposure to crime and exploitation.

By her early teens, she was involved in petty offending, substance misuse, and abusive relationships. She had a child as a teenager, who was subsequently adopted, an event that compounded her trauma and led to a complete breakdown of trust in mental health services. She had frequent suicidal ideation but avoided engaging with CAMHS after negative experiences, stating that;

> "The only service I was able to trust was The Hive."

Support from The Hive

The Hive provided **long-term one-to-one therapeutic support** over a period of more than five years. Initially, engagement was inconsistent, but over time Anna built trust with her clinician and began to attend regular weekly sessions. This consistent relationship was key in helping her stabilise and process her traumatic experiences.

The clinician worked with Anna on emotional regulation, developing self-care routines, and exploring the impact of her early experiences. Over time, she began to tolerate psychiatric input, something she had previously rejected, and accepted support for crisis management.

At one of Anna's lowest points, when she expressed intent to end her life, the practitioner's intervention was lifesaving.

Anna later reflected:

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

Continued work has focused on helping Anna establish structure, consider returning to education, and manage daily life more independently.

Outcomes

Through sustained therapeutic support, Anna has made meaningful progress in a number of areas:

- Marked improvement in emotional regulation and crisis management.
- Development of a trusting relationship with professionals and willingness to engage in mental health support.
- No involvement in criminal activity during her engagement with The Hive.
- Greater stability in housing and daily structure; now managing her own council accommodation.
- Considering re-engaging with education or training opportunities.

Longer-Term Impact

The Hive's long-term, trauma-informed approach has significantly reduced Anna's risk of suicide, reoffending, and re-entry into crisis services. Building trust was the foundation for her engagement, allowing her to access mental health care, stabilise her housing, and rebuild a sense of agency. Anna's ability to reflect on her past and express gratitude for support highlights a significant shift from survival to recovery and self-determination.

Without The Hive, it is likely Anna would have continued to experience recurrent crises, possible homelessness, and repeated contact with emergency and criminal justice services. Instead, she has achieved stability and is beginning to look towards education and personal development.

6. Process Findings

This section examines how The Hive's model works in practice, drawing on interviews, surveys, staff reflections and case studies. It provides a critical analysis of the strengths and weaknesses of the delivery model, including gaps and opportunities for improvement.

6.1. Engagement Strategies

The Hive uses a number of different strategies to engage young people and make the Hive stand out compared to other services. These include:

6.1.1. A non-clinical environment

The Hive is designed as an intentionally non-clinical environment. This helps to attract young people into the service and sets it apart from other spaces they may have accessed offering mental health interventions. One staff member explained:

> We've consciously created a space that feels more like a youth club than a mental health service.
> **- Staff Interview**

Young people consistently described the physical environment as central to why they felt able to attend and open up. The Hive feels informal, calm and distinct from clinical settings associated with assessment or risk. Young people contrasted the Hive positively with statutory services such as CAMHS:

> 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**

Some young people also described how the Hive compares positively to other youth spaces:

> "I just feel like the environment there as well... I used to go to another youth club... but it was very violent... at the Hive I can actually speak to adults, it feels different."
> **- Service User Interview**

6.1.2. Integration of social hub and one-to-one support

The Hive's one-stop shop model is built on the principle that young people benefit most when practical, emotional, and social support are not delivered in isolation but integrated together as part of a single, accessible environment. Young people may initially engage through the social hub, employment advice or sexual health provision before accessing one-to-one emotional wellbeing support. Warm handovers between staff, shared spaces and collaborative case discussions reduce the need for formal onward referrals and minimise disengagement.

Co-location enables practitioners to respond quickly when additional needs emerge. For example, a young person attending for employment support may disclose relationship concerns requiring sexual health advice, or a social hub attendee may informally disclose or be identified by staff as requiring structured practical or emotional support.

> "The social hub and one-to-one support work hand-in-hand. For example, a young person can attend a cooking workshop while also having therapy sessions to address their deeper personal challenges."
> **- Staff Interview**

Accessing one of The Hive's services often served as an entry point for young people to access others. Social hub activities help young people with social anxiety take small steps towards building relationships and engaging in group activities. They can also create informal opportunities for therapeutic engagement.

In other cases, a young person may start attending one-to-one sessions and then start accessing the social hub:

> "I used to attend my one to ones and then gradually I went into the activities."
> **- Service User Interview**

Qualitative feedback shows how the social hub helps young people decompress after difficult sessions, practise skills learned in therapy, and build confidence through gradual exposure to group activities:

> "Young people might explore relationships and boundaries in therapy, and then reinforce these skills in a group workshop or social activity."
> **- Staff Interview**

These activities can also help identify young people in need of urgent support:

> "During a football session, we noticed a young person struggling emotionally, and we were able to intervene immediately with one-to-one support."
> **- Staff Interview**

Young people who have used both the social hub and the one-to-one service report more positive outcomes than those using only one of these services. The survey data for young people accessing both services showed:

6.8% higher improvements in mental health and wellbeing

8.5% higher improvements in their ability to manage their mental health

8.3% higher improvements in their support networks

4.9% higher improvements in their life chances

6.1.3. Flexibility and responsiveness

The Hive's model allows for ongoing engagement with young people without rigid session limits or requirements for frequency of contact. This flexible approach benefits young people who struggle with structure or face significant disruption in their lives, as it allows them to engage at their own pace and return for support even after long breaks. This flexibility is seen as crucial by staff and the Hive's partners for reaching and effectively supporting young people who may not engage with structured, time-limited services.

One young person described how essential this was during a difficult period:

> "I felt like I needed that immediate support, and I was able to get that through the Hive."
> **- Service User Interview**

Staff confirm that offering young people the flexibility to engage on their own terms is a deliberate strategy to hold young people through unstable periods. Staff maintain contact between sessions through calls, texts, and WhatsApp to provide some continuity and leave the door open for their return to the service:

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

The Hive is particularly unusual in being able to offer a home visit for young people whose physical or mental health prevents them from travelling to the service. These individuals would otherwise struggle to access the support from other services:

> "The Hive were like the first people who were like, no, we'll come to you. That's fine. Like, if you can't do it, if leaving the house is too much for you and you're too anxious, like, we'll find another way to still get you that support."
> **- Service User Interview**

6.1.4. Duration and continuity of support

Aside from the limit placed on age, there is no requirement for young people to move on from the service. For some young people, The Hive provides long-term, consistent support over several years. This is often the first stable professional relationship they have had.

Case studies describe multi-year relationships which helped young people with a history of trauma to reduce risk, stabilise their mental health and move into education or employment.

Staff have often provided young people in crisis with a consistent presence who is able to check in regularly on them. One young person who had been experiencing domestic violence commented:

> "They would call me first thing on a Monday morning... last thing on a Friday evening. They really went above and beyond."
> **- Service User Interview**

6.1.5. Practical support

Young people are supported to engage with the service through practical help including travel costs, digital access, food support, and funding for courses or activities. Many young people face financial constraints that limit their ability to attend appointments, take part in activities, or pursue employment or education and the Hive helps to address this where possible.

The social prescribing budget allows staff to respond flexibly to individual needs, such as providing travel cards, purchasing journals to support emotional regulation, or covering fees for accredited training courses. This reduces stress and makes opportunities accessible to young people who would otherwise be excluded.

Addressing practical barriers is especially important for those living in unstable housing, dealing with family conflict, or managing low income. Removing these obstacles creates the stability needed for young people to remain engaged and make progress.

> “There are some brilliant cases where we've paid for tuition for young people from deprived backgrounds who have high goals.”
> **- Staff Interview**

6.1.6. Co-production and youth participationPartnership

Co-production is a central mechanism through which The Hive maintains its relevance and accessibility for young people. The Hive Youth Board provides a structured forum for young people to contribute their perspectives on service delivery, outreach and new programme development. Members are supported to share their experiences, identify barriers faced by their peers and help shape improvements to the service.

Alongside the Youth Board, young people contribute to feedback processes, consultations and programme design discussions. These opportunities enable the service to test ideas with young people directly and ensure that interventions reflect the realities of their lives. Staff highlighted that this collaborative approach strengthens trust and reinforces the sense that The Hive is a space designed with young people rather than simply for them.

6.1.7. Partnerships

A broad range of strategic and delivery partners also support the Hive in engaging a diverse group of young people. Referrals are made into the service from CAMHS, social workers, the Brandon Centre, hostels and housing providers and Early Intervention in Psychosis (EIP) services.

Shared care, particularly with the Brandon Centre, allows the Hive to take on more complex cases through joint assessments and shared risk management:

> “We can, we can take on cases that maybe we wouldn't without that partnership.”
> **- Staff Interview**

The services offered by partners can also help to reach underrepresented groups and bring young people into the Hive. A number of interviewees mentioned being attracted to the Hive after seeing flyers for the gym voucher offer and running club. Others had heard about the free trips which the Hive offers and, while they did not initially intend to return to the Hive, found themselves coming back to the social hub and making use of other services after their positive experience. The range of activities on offer can help to build young people's “intrinsic motivation” to continue returning to the Hive.

6.2. Barriers to Engagement

Although the Hive uses a number of effective strategies to increase engagement, the service does still see varying levels of impact and participation across different demographic groups. The following section looks at some of the cultural, systemic, geographical and resource challenges which can act as a barrier to engagement, as well as the ways in which the Hive is already attempting to address these barriers.

6.2.1. Barriers for demographic groups

Efforts have been made by the staff team to address barriers to engagement for various demographic groups identified as being at risk of being unintentionally excluded from the Hive's services. Nevertheless, some potential barriers do remain and require continued monitoring and mitigating actions to be taken by the staff team:

- **LGBTQ+ youth** may fear judgement from other young people and have concerns about their safety within a space which is not specifically focused on the needs of queer young people. Interviewees noted that LGBTQ+-specific projects ran less frequently than those for men or women and that non-binary young people in particular could feel excluded. The Hive's staff team does not currently represent the LGBTQ+ community, which was also acknowledged by interviewees as a possible deterrent to participation. The team have tried to address this through a new partnership with Likewise who have brought their Queerspace social support group to the Hive, but attendance of LGBTQ+ young people has remained lower than hoped for.
- **Muslim young women** have been described by staff as harder to engage, possibly due to cultural pressures, family expectations, and the lack of tailored group spaces. The Hive created a dedicated group for Muslim young women, but this has had low attendance.
- **Black young men** are currently seen regularly within the social hub and Men's group but are underrepresented within the one-to-one service. Systemic barriers like mental health stigma and the "adultification" of this group (resulting in staff potentially being less likely to see them as in need of support) and a lack of representation among the Hive staff members may hinder their engagement.
- **Young people with refugee and asylum status** face multiple barriers to engaging with mental health services for reasons including eligibility, fear of institutions, language barriers and complex trauma. The Hive has begun to address this through the employment of a new Clinical Psychologist focused on refugee and asylum seekers (as well as care leavers), but trust-building can take a long time for young people who have been harmed by systems outside of the Hive.
- **Young people at risk of criminal exploitation** or gang involvement may be deterred by the Hive's location in between three gang territories.
- **Neurodivergent young people** may struggle within a space which is acknowledged by staff to be at times loud, busy and unpredictable.
- **Young women** in general are at risk of becoming less engaged, and staff have recently seen a shift in the proportions of young men and women attending the social hub. Some young women described in interviews how they felt that the balance of activities on offer had become more focused on men over time (the result of hiring a Young Men's Project Worker) and that the social hub could appear male-dominated and intimidating. Both staff and young women commented on a rise in instances of sexual harassment within the social hub, which the service has attempted to address through dedicated workshops with partners such as Brook and Hopscotch Women's Centre.

6.2.2. Geographic and financial challenges

Staff also highlighted accessibility barriers such as travel costs for young people from low-income households. Living far from The Hive and travel costs act as a barrier to engagement for some:

> There's certain areas of the borough where we have a lot of people come... but then there's other areas that we're just not seeing anyone come to the Hive from.
> **- Staff Interview**

6.2.3. Inconsistent footfall and difficulties integrating

Some interviewees commented that the Social Hub had appeared quiet at times when they had visited, with limited opportunities for socialising:

> I would like to use the Social Hub more... I come here quite often but I haven't met that many people.
> **- Service User Interview**

Other young people had a different experience and described finding the Social Hub overwhelming at first, particularly during busier periods and social events, which could be off-putting and make them less likely to return. Some of the younger interviewees who were still attending school or college mentioned feeling that they were at a very different life stage to older young people who might be in work and living independently, and that this could make it more challenging to integrate.

6.2.4. Limited hours and evening/weekend engagement

A number of staff, partners and young people identified a desire for longer opening hours at the Hive – both into the evening and during the weekend. This was particularly the case if young people were working or had long days at school or college which prevented them from attending regularly. There was a suggestion that some young people needed a safe space away from their home environment outside of the Hive's current opening hours, and the Hive could offer an alternative to spending time on the streets:

> It feels like six is quite early... if they were open today till like eight.... Maybe even on weekends, but I don't know if that's possible.
> **- Service User Interview**

> I often receive comments that the hive is not open late enough, that a lot of young people are active in the evening and that they would like to access it in a later time.
> **- Staff Interview**

Observationally, during visits the Social Hub appeared to have considerably more service users later into the afternoon and early evening than earlier in the day.

6.2.5. Inconsistent promotion

A number of interviewees commented that they felt that the Hive was not well known amongst other young people, despite its prominent position on the high street:

> "I feel like the Hive should be advertised a bit more really. Unless you live around the area, nobody knows about it."
> **- Service User Interview**

Some suggestions were made to promote the service more within schools. The staff team do report actively undertaking outreach but have limited capacity to do so and worry about generating more demand than they can manage.

6.3. Knowledge and Capabilities of Staff Team

The Hive's staffing model reflects the service's holistic approach. The team includes youth workers, wellbeing practitioners, employment and careers advisors, and programme coordinators who together deliver a broad range of support including emotional wellbeing sessions, employment coaching, social prescribing and group activities.

Staff emphasised that their varied professional backgrounds allow them to respond to young people's needs in a flexible and relationship-based way. Some team members bring clinical or therapeutic expertise, while others have youth work, community development or employment support experience. This blend of skills enables the service to support young people with both practical challenges and emotional wellbeing.

The Hive ensures its staff are well-supported and equipped to handle the diverse and complex needs of young people. This is achieved through a combination of regular clinical supervision, training opportunities, collaboration, mentorship, and a focus on staff well-being.

6.3.1. Diverse Skills and Experience

The Hive staff team brings extensive experience of both youth work and working with young people with mental health conditions. This includes:

- Clinical expertise in therapy, trauma work, Adaptive Mentalisation-Based Integrative Treatment (AMBIT), risk management and complex case assessment.
- Youth work and community engagement expertise covering outreach, activity-led engagement and inclusive group facilitation.
- Safeguarding and risk handling including working with those experiencing suicidal ideation and intent and experience managing an open-access environment.
- System navigation and advocacy for marginalised young people while working across mental health, housing, education, legal and social care systems.

6.3.2. Regular Supervision

Staff receive weekly clinical supervision, with clinical supervisors available on an ad-hoc basis for urgent issues. Supervision helps staff manage stress and emotional challenges, especially when working with complex cases.

6.3.3. Training Opportunities

The Hive provides both internal and external training programs to ensure staff are equipped with the necessary skills, such as through the Camden Safeguarding Children Partnership. Staff also have access to funded opportunities for personal and professional development such as coaching apprenticeships.

6.3.4. Collaboration and Peer Support

The Hive encourages a collaborative environment where staff can rely on each other and senior clinicians for advice and support. This involves regular team meetings and peer discussions for shared learning and collective problem-solving. Staff mentioned how senior clinicians and experienced team members provide guidance and mentorship which supports them with managing more complex cases.

6.4. Monitoring and Evaluation Approaches

The Hive employs several monitoring tools and approaches to assess progress, engagement, and the impact of its services on young people. While these tools are effective in many ways, feedback with staff and young people highlights both strengths and opportunities for improvement.

6.4.1. Monitoring Goal Based Outcomes

Personalised goals are recorded in one-to-one sessions, which staff review with a young person to monitor progress they are making towards achieving them. The majority of young people using the one-to-one service recorded at least one goal (63%). Of those, 31.8% demonstrated a positive reliable change on at least one of their goals. However, it should be noted that the recording of progress towards goals was very inconsistent. Many young people had recorded goals initially, but there was an absence of follow-up data to demonstrate if they had made progress.

The kinds of goals set related to five general themes:

- **Healthier living** (e.g. 'Go to the gym' and 'Eating a balanced diet and drinking water regularly')
- **Work and education** (e.g. 'Looking at volunteer opportunities' and 'Going into college more')
- **Socialising** (e.g. 'Come to the social hub twice a week' and 'Work on conversation skills')
- **Hobbies and interests** (e.g. 'Starting a new hobby which could be at The Hive' and 'Trying something new')
- **Organisation and life skills** (e.g. 'Having a schedule/routine and being consistent with it' and 'Work on being on time in general')

While there was no mention of the monitoring of goals in the qualitative interviews, a few young people mentioned finding the setting of goals helpful. Many young people more generally mentioned working towards improving specific areas of their lives and achievements they had made during their time at The Hive.

One staff member at The Hive reported how helpful they thought monitoring goals were:

> The goal-based structure helps young people reflect on their achievements, even when progress feels slow.
> **- Staff Interview**

However, others commented on there being some resistance to goal setting, particularly from those previously involved with CAMHS:

> Young people feel burned out by goal-setting tasks, making engagement difficult.
> **- Staff Interview**

Staff also commented about the challenges for young people in engaging with monitoring processes and the flexibility they have to show in how and when to utilise them.

> I'm not as much of a proponent of the goals with young people.... They don't seem to appreciate the goal orientated sort of style and I think all the wellbeing practitioners would agree with this. When you have a young person who is coming in to see you with a lot on their mind, a lot of things to get off their chest.... because they will often live quite chaotic lives. Talking about goals can seem somewhat facetious or inappropriate, you know. But I still feel they can be useful for some young people. I've got one young man who is completely goal driven and we've worked on his goals as a very clear framework.
> **- Staff Interview**

6.4.2. Monitoring Mental Health and Wellbeing

The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) and a Social Engagement and Resilience scale is used to monitor progress on young peoples' mental health and wellbeing while receiving one-to-one-support. Only 23% completed these measures, however, of these almost half reported a reliable positive change on at least one of them (43%). There were again inconsistencies in the recording of this monitoring data, with some young people only having one recorded score and no follow-up score for comparison. Staff highlighted the challenges in engaging young people with high levels of complexity, crisis presentations and safeguarding concerns in structured monitoring processes. Many don't want to engage or are not in a stable mental state where they feel able to do so.

From the qualitative data collected, we know that young people did report substantial changes to their mental health and wellbeing. Particularly when it came to better understanding their mental health, learning coping mechanisms to manage it, improving their confidence, appreciating the holistic model used and the safe and inclusive environment, and how vital The Hive and staff had been in helping them in times of great need. For example, one young person said:

> "There's been a lot of times where I was really at my lowest, and they were able to kind of help me bounce back."
> **- Service User Interview**

None of the Young People mentioned completing specific monitoring tools. One Young Person couldn't recall completing any:

> "I don't remember doing anything like that, so I'm not exactly sure."
> **- Service User Interview**

However, many did describe having conversations about their progress with staff:

> "It was like while you were doing it there was like a member of the staff asking you like keeping it more conversation based but for the Like for the CAMHS forms, I remember it was just like very much questionnaire, like risks, like boxes."
> **- Service User Interview**

Others highlighted how well heard they felt by staff when giving feedback:

> "I feel like they really take into consideration what young people have to say when it comes to how they work as a service."
> **- Service User Interview**

One staff member highlighted the use of these tools to facilitate conversation:

> We use the Warwick-Edinburgh scale to start conversations... once they give their responses we can go back to those responses and unpack them and explore them. It works for me. I also like being able to go back and view the change in responses each quarter.
> **- Staff Interview**

However, administrative challenges were raised in their record-keeping systems used of monitoring progress:

> The current system for storing and tracking information is not effective or easy to use.
> **- Staff Interview**

6.5. Process Summary

- The Hive uses a number of strategies to successfully engage a diverse group of young people. The non-clinical model is viewed particularly positively by young people who struggle with traditional, clinical services.
- Integrated social and therapeutic support allows young people to move between activities and one-to-one sessions, improving confidence, wellbeing, and access to support at moments of need.
- Barriers to engagement persist, especially for LGBTQ+ youth, young Muslim women, young Black men, refugees/asylum seekers, and young people affected by gang boundaries. A growing gender imbalance, limited hours, and travel costs can also reduce access.
- Staff bring strong clinical, youth work, safeguarding, and system-navigation skills, supported by regular supervision, training, and collaborative teamwork to manage complex needs.
- Monitoring shows positive change, with many young people reporting improved wellbeing and progress towards goals but suffers from inconsistent data and low completion rates.

Case study - Connie

Background

Connie (name changed) was 17 when she was referred to The Hive by CAMHS following discharge from an adolescent inpatient unit where she had spent two years. At referral, she presented with severe OCD related distress and intrusive thoughts that caused extreme social isolation. She had not left her home since discharge and was unable to tolerate close contact with others, adhering to strict rituals such as maintaining physical distance and only meeting staff outdoors.

Connie had faced extensive adverse childhood experiences, including exposure to domestic violence, emotional neglect, and early onset eating disorder. From the age of 14, her mental health deteriorated rapidly, leading to withdrawal from education and long-term hospitalisation. During inpatient care, she experienced suicide attempts and ideation, self-harm, and began using cannabis. Despite having been academically high achieving, the combination of trauma, OCD, and institutionalisation left her with limited confidence and no social or educational engagement.

Support from The Hive

The Hive provided **intensive, flexible, one-to-one psychological support** through a joint approach between a clinical lead and a wellbeing practitioner. Recognising Connie's high levels of anxiety and inability to travel, sessions were delivered through **home visits** and telephone / video calls. This flexible model was particularly beneficial, as other services had been unable to accommodate her needs.

Rather than applying rigid therapeutic models, Hive practitioners offered unstructured but consistent support. This enabled Connie to process the trauma associated with her time in hospital as well as prior life experiences.

The team supported her to reflect on and validate her past experiences while gently encouraging her to move forward and look to her future. Practical goals were gradually introduced, including registering for **Universal Credit** to build financial independence and exploring remote work options.

Over time, Connie was supported to set **social and confidence-building goals**, including spending more time with others and preparing to attend The Hive in person via taxi — representing a significant milestone in her recovery journey.

The Hive also coordinated a **referral to another Mental Health Core** Team when Connie relocated, ensuring continued care that would be sensitive to her previous experiences and ongoing needs.

Outcomes

Across two years of engagement, Connie achieved sustained stability and avoided further crises:

- No hospital admissions, A&E visits, or crisis interventions throughout engagement.
- Improved emotional regulation and reduced distress linked to trauma.
- Development of insight into her mental health needs and triggers.
- Increased sense of validation, confidence, and personal agency.
- Progress toward independence through access to benefits and vocational engagement.
- Reduced isolation through gradual reintroduction of social interaction and readiness to engage with community activities.

Longer-Term Impact

The Hive's flexibility and the quality and persistence of support enabled Connie to sustain her recovery and transition from dependency on hospital care to greater self-reliance. Without this intervention, it is highly likely she would have experienced further isolation, relapse and readmission.

Connie has developed coping tools, trust in professionals, and growing independence. Her ability to maintain safety outside inpatient care for over two years demonstrates significant resilience and progress in recovery.

Her successful referral to local services when she moved was a major achievement in itself and has ensured ongoing stability and support for her continued progress.

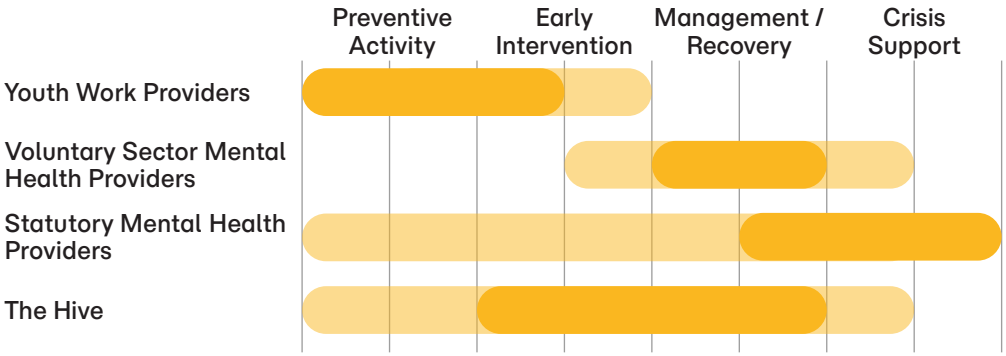
7. Systemic findings

This section considers how The Hive operates within the wider system of youth and mental health support in Camden and beyond.

7.1. The Hive as part of the Local Youth Offer

The evidence suggests The Hive is not simply adding extra capacity to the youth offer or the mental health specific offer in Camden; it spans a broad swathe of youth mental health services, wider social and wellbeing development and traditional youth work. Through this approach it can support young people at almost any stage of their journey in preventing or addressing mental health issues.

The following graphic highlights the core focus (darker shade) and full extent of remit (lighter shade) for each of the main provider types in Camden across the spectrum from broad population level preventive activity, through to highly specialist and medicated crisis support.



As can be seen The Hive fills a clear service gap spanning early intervention and Management / recovery. It enables consistency of supportive relationships within an individual non-clinical environment, reducing the need for multiple referrals between different services and the challenges which that brings for service users in rebuilding new trusting relationships.

7.2. Service Limitations

The research suggests three key areas in which The Hive has limitations on those it can support:

7.2.1. Very high-risk or highly medicated presentations

The Hive is not commissioned or resourced to provide crisis care, intensive home treatment or medication management. Commissioners and staff are clear that young people who require specialist psychiatric input or hospital admission remain the responsibility of NHS secondary care. However, through the embedded clinical staff as well as the Minding the Gap panel, rapid access to the most appropriate service is available.

It should be noted that although there is a clear distinction limiting The Hive's remit, case studies and interviews with clinical staff demonstrate ongoing instances where young people present to them in crisis and have received immediate therapeutic support from the team. Multiple young people reported support such as this as literally saving their life.

7.2.2. Age and geographic boundaries.

The service is primarily for Camden young people aged 16–25. Young people and staff describe challenges when someone moves Borough or ages out at 25.

One service user for example, felt that after moving away she should still be allowed to have their one-to-ones because they technically still have a connection to that area. Unfortunately, the nature of the funding doesn't allow for this.

Numerous young people flagged worries about what support they would be able to access once they reached 25 and were no longer able to attend The Hive. This manifests as both a practical and emotional challenge with staff devoting substantial efforts to supporting young people through the transition.

The Hive provides a leaving pack listing available services, although staff also highlighted concerns that for some young people the 'cliff edge' of support remained but had shifted from 18 to 25.

> ...but I often feel personally that I am almost offering a type of false hope that there is other things like The Hive when ... there's not really.
> **- Staff Interview**

7.2.3. Capacity Limits

Whilst the recent addition of a third clinician focused on care leavers, refugees and asylum seekers adds capacity for therapeutic support and for priority target groups, referrals are still regularly facing potential waiting periods before being able to access one to one support. Although the Hive manage this as best they can, including through early access to the social hub, this still slightly undermines one of the principles on which the service was established in preventing long waiting times for young people in urgent need of support.

> "We don't have enough dedicated workers just for social hub activities, so staff end up taking on informal caseloads alongside their primary responsibilities."
> **- Staff Interview**

Staff have also noted increasing complexity and severity of referrals, which is particularly putting pressure on the clinical team:

> The referrals that we're getting are very complex. And what we're finding is, is that we're receiving a lot of referrals that may not be suitable for the wellbeing practitioners, but then are now being allocated to the clinical team leads where their caseload is getting much bigger than what they envisioned.
> **- Staff Interview**

In terms of alternative routes, the Minding the Gap partnership appears to provide a relatively strong safety net. Where needs fall outside The Hive's scope, young people can be routed via the multi-agency panel and transitioned to other services (e.g. the Brandon Centre, the 18–25 young people's mental health team, or specialist pathways). However, the level and complexity of demand needs to be continuously monitored to ensure The Hive doesn't lose some of its key strengths of fast, responsive and flexible support through sheer weight of referrals.

7.3. Integrated Voluntary & Statutory Partnership Model

The Hive is embedded within the Minding the Gap consortium of Camden Council, North London NHS Foundation Trust, Tavistock & Portman NHS Foundation Trust, Central and North West London NHS Foundation Trust and voluntary organisations including the Brandon Centre and The Winch. This strategic partnership substantially enhances the ability of the system as a whole in Camden to support young people more effectively. Key benefits of the model include:

- Young people have improved access to, and transition between, appropriate services, with reduced risk of unsuccessful referrals.
- Reduced risk of young people falling through the gaps between child and adult services.
- Youth friendly alternatives to clinical statutory services.
- Multi agency collaboration becomes embedded by design rather than ad-hoc, allowing faster and more effective communication and joint working.
- Improved reach to vulnerable and minoritised groups who are otherwise more likely to avoid statutory services.
- Seconded staff deepens integration, enables shared learning and strengthens practice.
- Youth designed and led services (through youth panel) to more effectively meet needs.
- Cost effective model that combines voluntary sector flexibility and community reach alongside clinical oversight and assurance.
- Blending clinical and youth work expertise and activity enhances the range and extent of outcomes achieved by young people; recognising the broader socio and economic factors that influence mental health.
- Strong evidence of best practice and a model that others seek to replicate

Connie's case study (name changed) describes how, for a young person discharged after two years as an inpatient, The Hive provided intensive, flexible, one-to-one psychological support through a joint approach between a clinical lead and a wellbeing practitioner, including home and virtual visits when the young person could not tolerate travelling. Examples like this highlight how NHS clinicians seconded into a voluntary-sector setting can reach young people who otherwise would be unlikely to engage with statutory services yet really need that clinical expertise. Combining this with the social development, support networks, enhanced self-esteem and life chances that the social hub provides, gives the best chances of sustaining positive outcomes.

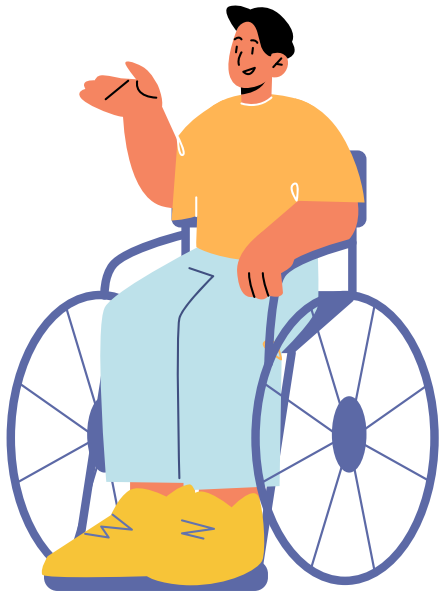
7.4. The Hive and CAMHS

There is a fairly high overlap between young people accessing The Hive and those with experience of CAMHS, with **32%** of survey respondents (n=92) reporting currently or previously having accessed CAMHS services. Female and White respondents were more likely to have accessed them. This was based on a relatively small sample size but is consistent with most literature suggesting that Males and Minority Groups can find it harder to access statutory mental health services.

There was no data available that would enable direct quantitative impact comparisons between The Hive and CAMHS services, however there was plenty of qualitative feedback on how experiences differed across the services.

Sentiment analysis on survey comments detailing the experience and impact of using each, shows a strong preference for and impact achieved by The Hive's model:

- Strongly Favour Hive
- Favour Hive
- Neutral
- Favour CAMHs
- Strongly Favour CAMHs



Young people who have used both CAMHS and The Hive reported four key distinctions:

7.4.1. Environment and culture

The Hive is experienced as less clinical, more relaxed and more caring as compared to experiences of CAMHS services...

> "The hive is much more laid back and allows deeper connections with the staff. making it feel like the staff care more about you."

> "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."

> "CAMHS is quite formal in a way which can be daunting to young people."

> "The staff members at like CAMHS..... generally have to like remain quite stoic and non-expressive when it comes to me talking about like more difficult emotions. It kind of feels like they're not really caring about my mental state, they're just trying to solve a problem that they see. Whereas with The Hive, I feel like genuinely cared for."
>
> - **Service User Survey Responses and Interviews**

However some young people accessing both services noted value in the combination of support, particularly in addressing medication needs:

> CAMHS can really help you in terms of bettering your mental health.... through like medication and having someone who is knowledgeable about mental health.
> **- Service User Interview**

Staff highlight how the flexibility of the offer contrasts with statutory services:

> It's how we introduce our first sessions and delivery with a young person to make it known that we are very flexible and we can work around you and not taking away anything from CAMHS, but we work alongside a young person, so it's all about co-production where we're not regimented to kind of like do an eight week intervention or a 12 week intervention. We could be very creative. To support you and if you don't engage with two or three sessions, that's OK we still will be there. We won't discharge you. We can find ways to remove those barriers for you."
> **- Staff Interview**

7.4.2. Holistic, activity based offer

Young people really value the mix of social opportunities, creative and sporting activities and employment support that run parallel to the one to one support at the Hive and contrast this with an inflexible and limited offer from CAMHS.

> I had CBT at CAMHS. This is completely different to that. Like this is something that you can come to in person and meet people..... But there's stuff to do and you can come In and talk to people. But then you can also kind of do other things to distract yourself from any problems that you have, which I think is something which I was really lacking.
> **- Service User Interview**

> I just say that the hive has a lot of opportunity..... like they can get you into the roundhouse. They can get you into, like equine therapy. They can get you into, like jobs. They can help you with your CV.
> **- Service User Interview**

A number of young people had very strong views about their comparative experiences:

> CAMHS is horrific and a massive letdown to service users nationwide. The Hive is what CAMHS should be.
>
> The Hive is infinitely better than CAMHS.
>
> **- Service User Survey Responses**

7.4.3. Accessibility and thresholds

Young people highlighted extensive barriers to accessing CAMHS support, both in waiting times and thresholds for support, contrasting this with The Hive...

> Unless you're like actively threatening suicide, I feel like the waiting list is so long that you sometimes feel better off just dealing with it by yourself, even if it's not what you need. Because waiting lists can be at a minimum of six months to a year. And when you're struggling mentally, even if you have that referral put in after going to the GP and speaking with the crisis team, you're just sat waiting, not knowing what's going on and you just get worse with no support.
>
> **- Service User Interview**

The Hive is perceived as "a lot better and quicker" to access and more flexible in offering outreach or home-based support when leaving the house is too difficult.

Compared to statutory services, one young person commented on the benefits of the Hive's flexible approach:

> I will say, CAMHS feels way more limited than The Hive because it's open, like, every week other than Saturday and Sundays and also so while CAMHS, they have to book it and you have to wait, you can just walk into the Hive and have an emergency one-to-one if you need it or just, like, have time there while CAMHS there's a whole waiting list.
>
> **- Service User Interview**

Crucially, whereas when young people find it hard (often due to their poor mental health) to access set scheduled appointments, this can lead to discharge from CAMHS. Conversely, The Hive actively expects fluctuating attendance. Young people can drop-in, reschedule, or come back after long gaps without penalty.

> "And especially I think because we work flexibly... if they don't turn up, we're not going to discharge them or close them.
>
> **- Staff Interview**

7.4.4. Relationship building approach and advocacy

Building caring and trusting relationships with the staff was one of the most commonly cited benefits of The Hive. Many of the young people accessing The Hive have felt let down by the system at some point, whether that's health services, social care, education or other statutory providers. Many also feel let down by their own families. As a result, trust doesn't always come easy. Many need time to build relationships and only then can they start to trust someone sufficiently to start rebuilding better mental health.

> "We take our time so that there's time for them to build a relationship and for them to trust us."
> **- Staff Interview**

Alongside feeling let down by the system, young people accessing The Hive often need support in navigating statutory services and advocating on their behalf.

In interviews young people repeatedly highlighted that staff "take the time to listen" and "step up where anyone else can't," including advocacy with the police, social services and education providers. For some, such as Anna (name changed) featured in one of the case studies, The Hive became "the only service they were able to trust" after negative experiences with CAMHS.

The Hive does not and cannot replace CAMHS' role in providing diagnosis and medical treatment, but instead holds complex 18 - 25 year olds who fall between child and adult criteria or face long waits:

> "The Hive is really crucial in that period... they hold those young people... when they're on a waiting list or if they are not eligible for adult mental health services."
> **- Commissioner Interview**

It is important to recognise that The Hive and CAMHS operate within very different remits, resources and accountability frameworks. CAMHS teams are managing significant demand, clinical risk and statutory responsibilities, often under considerable system pressure. The differences described above therefore reflect distinct service models and purposes, rather than a simple like-for-like comparison, and no single approach will meet the needs of all young people.

7.5. Policy and External Environment

The wider policy environment across youth, employment and mental health is increasingly targeted towards prevention, early intervention and integrated, place-based models of support. National reform agendas emphasise the importance of accessible community settings, collaboration between sectors and smoother transitions between children's and adult's services, particularly for young people aged 16–25. This direction is evident in recent government strategies and independent reform roadmaps, highlighting a strong consensus to reduce reliance on crisis and acute services and strengthen community provision.[13,14]

> "Children and young people often describe open access community mental health support as more approachable and accessible to their needs, and this provision is 100 times cheaper than help in inpatient settings."[15]

Recent developments in youth policy illustrate a growing commitment to hub-based approaches. The National Youth Strategy sets out a long-term vision for strengthening youth services, investing in safe spaces and supporting young people's wellbeing and life chances.[16] The Department for Work and Pensions' Youth Hubs programme promotes co-located, multi-agency support to help young people into employment while addressing wider barriers to stability.[17] Alongside this, the Young Futures Hubs model seeks to embed inclusive, community-based early support hubs linking youth provision, mental health support, education and training.[18] These initiatives reinforce the principle that access points for young people should be community based and holistic in nature.
The Hive reflects many of these principles in practice. It combines open access youth provision with one-to-one emotional and therapeutic support, embeds clinical oversight within a voluntary sector setting, and integrates employability, sexual health and social development alongside mental health support. This goes beyond co-location alone, offering a genuinely holistic model where young people can move fluidly between social, practical and therapeutic interventions within a single trusted environment.

The National Youth Strategy emphasises trusted adult relationships, co-production and cross-sector partnership as foundations for effective youth development.[16] The Hive's integration of youth work with clinical support aligns with national objectives to broaden access to early help and strengthen local partnership approaches and infrastructure.

The Future Minds Roadmap, a joint undertaking between major voluntary sector youth and mental health organisations, calls for a decisive shift from hospital based provision towards community based early intervention and prevention, embedding wellbeing support across schools, youth services and families, and scaling integrated hub based approaches.[19] This also reflects priorities articulated in the NHS Long Term Plan and the Community Mental Health Framework, which emphasise earlier, locally led support and stronger partnership between statutory and voluntary sector organisations, which in turn can reduce pressure on specialist and inpatient services.[13,14] The Future Minds Roadmap explicitly identifies youth hubs and community-based support as central to system transformation, reinforcing the relevance of blended youth and mental health models.[19]

The integrated voluntary and statutory partnership approach of The Hive is also aligned with the collaborative approach envisaged through Integrated Care Systems, which emphasise population health, prevention and shared accountability across NHS, local government and voluntary sector partners.[19] Shared governance arrangements, seconded clinical staff working within a youth setting, and multi-agency referral pathways demonstrate this approach in practice.

13. NHS England (2019) The NHS Long Term Plan. London: NHS England.
14. NHS England (2019) The Community Mental Health Framework for Adults and Older Adults. London: NHS England.
15. Northover, G. (2021) Children and Young People's Mental Health Services GIRFT Programme National Specialty Report: https://gettingitrightfirsttime.co.uk/wp-content/up loads/2025/01/CYP-Mental-Health-National-Report-22-11h-FINAL.pdf
16. HM Government (2023) Youth Matters: Your National Youth Strategy. London: DCMS.
17. Department for Work and Pensions (2023) Youth Hubs: Supporting Young People into Work. London: DWP.
18. HM Government (2024) Young Futures Hubs: Guidance and Programme Overview. London: UK Government.
19. Centre for Mental Health (2026) Future Minds: A Roadmap to Transform Children and Young People's Mental Health. London: Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/wp-content/uploads/2026/01/Future-Minds-Report-2026-D4.pdf

7.6. Scope for Replication

The Hive's model, along with the Minding the Gap partnership is fairly unusual. Some youth hubs have co-location of clinical services or run scheduled sessions within a youth space, but full secondment into a voluntary sector hub remains rare, along with the strength of the overall partnership.

> "It's still quite a unique setup. We're often contacted by other services nationwide, who have also heard about what's going on and sort of want to know how we do it and how do we set it up?..... NHS England contacted me recently to ask about it because they wanted to put it in one of their papers for how transitions should be managed nationwide. So it's got a really, really good reputation and The Hive is right at the centre of it."
> **- Partner Interview**

Stakeholders broadly regard the model as replicable in principle, but believe successful implementation would be contingent on a number of factors:

Commitment from Commissioners to support integrated, prevention-focused provision

The Hive's Commissioner highlighted the evidence from previous social cost-benefit analysis suggesting the model is "a very good investment". She argues that if more funding could be shifted from crisis services to early intervention "we would get much better impact and... overall saving quite a lot of money to the system."

Sustainable funding

Both commissioner and partner interviews stress that contracts are "very, very tight" and there is anxiety about recommissioning and short-term funding cycles. Replication without multi-year, prevention-oriented funding risks diluting the model into a series of short projects.

Strong voluntary–statutory partnerships

The Camden model depends on established relationships between the council, multiple NHS trusts and voluntary organisations, including shared governance through the Minding the Gap panel and practical mechanisms like seconded clinicians and joint social prescribing. Areas without this infrastructure would need time and investment to build similar trust and joint working.

Youth-friendly physical space and workforce

Successful replication also requires an accessible, non-clinical venue that can put young people at ease, particularly those that have felt let down by the system in the past or those from demographic groups that are averse to engaging with statutory services or any service 'labelled' as mental health focused.

Recruitment requires staff who can combine youth work skills with trauma-informed mental health practice. Specialist posts have been key to the success of The Hive's model, (such as an 8a psychologist for care leavers and asylum seekers), as well as diversity within the staff team and commitment to reflective practice and CPD.

7.7. Preventative impact on Statutory Services

To assess whether The Hive generates measurable preventative impacts for statutory services, a costed case study approach was taken. Eight detailed case studies were developed by The Hive staff team, incorporating actual records on pre and post Hive statutory service usage, along with derived estimates where necessary based on average service use. In most cases the time period used was one year pre-Hive engagement and one year post-Hive engagement, however there are some variations based on available data and variable engagement timeframes

The case studies were selected to illustrate a range of young people supported by the service, including some with histories of crisis presentations, supported accommodation placements and youth justice involvement.

For each case, verified unit costs from NHS, local authority and national sources were applied to compare statutory service usage before and after engagement with The Hive.

The study does not seek to predict or project variation in long term life outcomes for young people as a result of accessing the service. The cost savings given are therefore only the short-term savings. Detailed SROI study was outside the scope of the research, however, the longer-term savings from the transformational support for young people can be expected to be an order of magnitude higher than those reported here for the short term.

Accessing statutory services is not inherently a negative outcome; earlier access to appropriate support can reduce longer-term costs. In several case studies, only modest savings were identified. However, given the level of need at the point of referral and the progress made over the past year, it is likely that further cost avoidance has not yet been captured. Several young people presented with poor mental health that may well have escalated without support. For those with autism or ADHD in particular, the absence of early intervention increases the risk of more severe difficulties developing.

There were also substantial soft outcomes, including increased confidence and self-esteem, reduced social isolation and improved management of mental health. While these impacts cannot easily be financially quantified, they indicate a clear preventative effect that is likely to generate longer-term cost benefits.

The detailed cost calculations and cost sources for all eight case studies are shown in **Annex 10.1**.

7.7.1. Preventative Impacts on NHS Emergency and Crisis Mental-Health Services

The qualitative and quantitative evidence together suggest a clear preventative effect on demand for NHS emergency and crisis mental-health services. The Hive clearly helps to stabilise individuals who were previously heavy users of Tier 4 services.

In one case study a young person describes: *"I do not think I would be alive if it had not been for The Hive."* In their case the clinical staff lead reported that they believed the long term, trauma informed support *"significantly reduced their risk of suicide, reoffending, and re-entry into crisis services."*

The costed analysis shows a common pattern across the full set of eight case studies. Key findings include:

- Total **bed nights** in child or adult psychiatric inpatient care prior to Hive intervention across the eight cases studies reduced from **914 to 14** total post Hive engagement.
- **A&E mental-health attendances dropped to zero** in all four cases where young people had attended previously.
- **Crisis Team contacts fell sharply,** including examples where weeks of crisis involvement reduced to none after engagement.

The Commissioner noted that a prior external social cost–benefit analysis found The Hive to be "*very good value for money*", adding: "*You could spend that money easily on a couple of placements a year for very high-need young people.*"

The Hive delivers a measurable preventative impact on NHS emergency and crisis services. The eight case studies alone evidence **£747,000 in avoided crisis and inpatient costs**. A full quantitative assessment would require linkage to NHS datasets for a larger cohort, but the direction and scale of impact are clear.

7.7.2. Preventative Impacts on other Statutory Services

The qualitative and case study evidence also demonstrate lower but meaningful preventative impacts across several statutory systems.

Youth offending and criminal justice

Due to The Hive's location at the intersection of three gang areas, it hasn't been easy to engage young people at highest risk of offending behaviour but there are still a number over recent years and a recent new partnership intends to increase engagement with young people at risk of criminal exploitation or gang involvement. The survey saw 3.3% of respondents (n=109) identify as having experience of gang involvement. One to one monitoring data gives a higher figure of 4.7% (n=424).

> "...another young person who, his family was a well known Camden criminal family.... And we worked with him for a significant time and now he's working and he managed to get out of that loop."
> **- Staff Interview**

Anna's Case Study (name changed) emphasised a complete cessation of offending behaviour: there was "*no involvement in criminal activity during their engagement with The Hive*," and without the service, repeated contact with the criminal justice system was considered likely.

Housing and homelessness

The Hive is not specifically designed to support young people that are homeless, however the service has supported many young people affected by mental health issues and homelessness. Other dedicated services were noted by staff to have been unable to meet demand for referrals and have instead referred young people on to The Hive.

In Anna's case study (name changed), she progressed from unstable supported accommodation to a secure council tenancy, with The Hive staff concluding she would likely have faced "possible homelessness" without The Hive.

In the costed analysis, transitions out of high-cost supported accommodation generated substantial savings, one young person saved **£64,000** by moving into stable council housing.

7.7.3. Summary of Cost Savings

The following table summarises the **net short-term statutory savings** identified across the eight costed case studies.

Net statutory savings by case

Case Study	Net Saving (Costed Analysis)
Case 1	£351,388
Case 2	£30,310
Case 3	£0
Case 4	£0
Case 5	£26,422
Case 6	£68,758
Case 7	£153,024
Case 8	£296,814

Total savings across all eight cases: £926,716

Savings by key categories (aggregated) (rounded to nearest £1,000)

Category	Estimated Total Saving	Explanation
Psychiatric inpatient admissions avoided	~£718,000	Large, avoided admissions: e.g., 332 nights (£265k), 186 nights (£148k)
Crisis Team contacts prevented	~£19,000	Multiple cases moving from weeks of crisis involvement to zero
A&E mental-health attendances avoided	~£4,000	All pre-Hive attendances reduced to zero
Supported housing no longer required	~£64,000	One major transition out of high cost supported accommodation
Police / Criminal Justice Incidents	~£40,000	Two significant reductions in criminal activity, reduced to zero

These totals reflect only **short-term**, e**videnced changes** for just **eight example cases**. Most examples use one year pre-engagement with The Hive vs one year post-engagement with The Hive, however there is some variation subject to available data and engagement timeframes. Annex 10.1 details the timeframes for each case. They do not include long-term or indirect benefits, which earlier qualitative assessments suggest are likely to be significantly larger.

Along with qualitative accounts from staff, partners and commissioners, the narrative case studies, and the cost savings analysis indicate that The Hive delivers a critical preventative role across mental health, youth justice, housing and social care systems. It prevents young people from reaching crisis points, reduces demand on the highest-cost statutory provision, and could offer a strong return on public investment.

With improved data sharing from statutory bodies, these preventative impacts could be evidenced at scale, however, the findings from this evaluation provide a compelling baseline of substantial system-wide value.

7.8. Systems Summary

- The Hive fills a clear service gap for young people in Camden spanning early intervention through to management / recovery support.
- The Hive's limitations on who it can support mainly link to capacity and geographical limits as well as those who require crisis and / or highly medicated support
- The Hive and the wider Mind the Gap partnership have substantially helped to address the cliff-edge of support at 18
- The integrated voluntary / statutory partnership strengthens the system as a whole through improved communications, integration and knowledge and skills sharing as well as reducing failed referrals
- Across factors such as environment, culture, activity options, accessibility, flexibility and a relationship building approach, young people who had accessed both The Hive and CAMHS reported substantially better experience and impact from The Hive
- The Hive demonstrates a strong operational example of many of the policy objectives and principles currently being promoted nationally around early access to mental health support in the community for young people and represents a strong case example of how to take these objectives forward.
- Successful replication of The Hive in other areas would be contingent on a number of factors including sustainable funding, strong voluntary-statutory partnership and youth friendly physical space and workforce
- The Hive achieves substantial preventative impact on statutory services. Across 8 costed case studies psychiatric inpatient bed nights reduced from 914 (pre hive engagement) to 14 (post). A&E mental-health attendances fell to zero in all 4 cases where there had been attendances previously. Total statutory cost savings from the 8 cases reviewed was £927k, with £747k of this being savings to NHS emergency and crisis services.

Case study - Aisha

Background

Aisha was 18 when she self-referred to The Hive following discharge from a year-long stay at an adolescent inpatient unit. She has a diagnosis of bipolar disorder and a history of severe mental health challenges, including manic episodes requiring hospitalisation.

At referral, Aisha was struggling with social isolation, low confidence, and poor physical health. She had few friends and reported feeling disconnected from others. Side effects from medication, including fatigue and weight gain impacted her daily structure and self-esteem. She also faced identity related challenges around religion, gender, and sexuality, as well as complex family dynamics, in part due to further mental health issues within the family. There were additional concerns about financial vulnerability and possible financial abuse.

Support from The Hive

Early sessions at the Hive focused on developing reliability and safety Aisha has been engaged with The Hive for over three years. Her support began **with one-to-one wellbeing sessions** focused on managing bipolar symptoms, establishing routine, and coping with medication side effects. Over nine months, she attended bi-weekly sessions with a clinical lead at The Hive, where she developed grounding strategies and techniques to improve structure in her day.

The Hive also offered a wide range of **social, creative, and physical wellbeing activities** that became central to Aisha's progress. She joined the **Social Hub** and built a strong peer network through workshops in cooking, art, gardening, and wellness. She took part in martial arts, yoga, and women's boxing sessions, which improved her physical health and self-confidence.

Through the **LGBT+ identity group**, Aisha was able to explore issues relating to gender, sexuality, and faith in a safe, supportive space, helping to reduce internal conflict. She also engaged in family therapy and worked closely with The Hive's clinical team to coordinate medication reviews with the Rehabilitation and Recovery service, which helped stabilise her mood.

Aisha benefited from **employment and practical support**, including help from a DWP Universal Credit coach to address financial concerns and guidance from The Hive's employment worker to secure and complete a two-year supported internship. She also received a GP referral for weight management support.

Outcomes

Since engaging with The Hive, Aisha has made significant progress across multiple areas:

- No inpatient admissions, A&E presentations, or crisis escalations since joining The Hive.
- Developed lasting friendships and reduced social isolation.
- Gained self-acceptance through supportive group work and peer networks.
- Completed a two-year internship and is preparing to re-engage in further employment or training.
- Improved wellbeing through consistent participation in exercise and wellness activities.
- Improved access to clinical and medication reviews through The Hive Clinical staff prevented relapse or deterioration.

Longer-Term Impact

The Hive's wraparound support has significantly reduced the likelihood of relapse or hospital readmission. Through consistent support, Aisha has built resilience, independence, and strong social networks. She now has the skills to manage her condition proactively, access professional help when needed, and maintain stability through meaningful activity and community connection.

Without The Hive's intervention, Aisha would likely have remained socially isolated and vulnerable to relapse, with limited ability to access and maintain education or employment. Instead, she has developed a foundation for long-term sustainable recovery and self-sufficiency.

8. Recommendations

The Hive undoubtedly operates within a complex system which has not been without its challenges. This section draws together the key learning from the evaluation in order to make recommendations about how these can be addressed.

8.1.1. Strengthen Staff Capacity

The holistic, trauma informed model of the Hub and its open access delivery approach means that it is necessarily resource intensive. Demand for the service is increasing and the service has at times been understaffed. Staff and partners have been clear though in the interviews that the level of need and complexity among Hive service users has increased markedly, particularly in relation to trauma, neurodiversity, risk and complexity of needs and this evaluation has highlighted slightly weaker outcomes amongst those with multiple risk factors.

Many of the young people supported by the Hive have had challenging experiences during the pandemic, as well as experiencing bereavement, abuse, neglect. An increasing number of those engaging with the service are asylum seekers and refugees who have fled war and oppression and who come with their own complex experiences of trauma too. Many more also have additional challenges such as neurodiversity and disability and this requires specialist resources. Staff highlighted challenges around meeting the high needs of individuals accessing the Social Hub.

It is therefore recommended that the Hive:

- Work with Social Hub staff and clinical leads to review and clarify how complex needs are identified, recorded and stepped into more structured support within the open-access model, ensuring that existing systems remain sustainable as demand and complexity increase.
- Build and communicate the business case to expand clinical staff capacity further within the service to support more young people with complex needs.
- Continue to offer staff further training in areas such as trauma informed practice, neurodiversity, disability inclusion and cultural competency to meet specialist needs.

8.1.2. Create clearer caseload management and progression pathways

It is also important that The Hive team have manageable caseloads which enables the open access provision to flourish, whilst at the same time ensuring complex needs are met. It is recommended that The Hive ensures that it:

- Continues to ensure that young people are prioritised according to need using a robust triage-based system.
- Implement caseload limits which are aligned with the increasing complexity of cases being undertaken within the one to one service.

8.1.3. Strengthen impact measurement and monitoring

There are risks of information not being consistently captured through the current monitoring and evaluation approaches which can have consequences for delivery of support as well as making it difficult to fully assess the reach and impact of the service.

It would be highly beneficial to co-design a lighter, more holistic measurement approach with young people, which captures the outcomes that matter most to them and to commissioners (including system-level prevention). This should be supported by a consistent approach to record keeping which would maximise efficiency and reporting.

It is recommended that the service explores:

- Working with young people and staff to co-design a minimum dataset for the service that aligns with how young people engage with the service. This should consider how to better incorporate fewer, but more usable inputs such as a short check in, goal prompts and simple mechanisms for capturing distance travelled.
- Piloting more holistic, qualitative and creative methods as well as ensuring more consistency in collection of quantitative data – the more methods are aligned to the experiences of young people, the better completion rates will be.
- Creating a mandatory requirement for all Social Hub users to participate in monitoring processes with an initial baseline assessment captured after the first 2-3 visits and then completed periodically and consistently thereafter. This has to be a part of the commitment between the service and the individual as a means to ensure safeguarding as well the effective capture of data for funder requirements and ongoing quality assurance.
- Addressing the current separation of monitoring between Social Hub and one to one users by developing a complete system which uses lighter touch approaches for Social Hub users but nevertheless enables integration for each individual when further services are taken up.
- Creating a streamlined workflow for data capture so that there is a standardised and consistent approach which uses one system for all services. Currently there is overuse of manual data collection across multiple digital systems, which adds substantially to administrative burdens (including that of the clinical staff).
- Ensuring that system-impact evidence becomes a standing output by using the costed case study method or similar approach in future reporting.
- Exploring potential approaches to outcome data sharing with NHS and local authority partners on things such as A&E use, crisis, transitions etc to integrate ongoing systems level data capture and evidence system-level and long term impacts (including statutory cost savings).

8.1.4. Improve equity and inclusion in the Hub

The service evidently works hard to implement effective equality, diversity and inclusion (EDI) strategies, however, this is inevitably an ongoing process. The hub is experienced as safe and welcoming by many, although factors such as numbers of people, sensory needs, and cultural or faith considerations affect who feels able to engage fully with the service and whether different groups experience equivalent depth of impact.

It is therefore recommended that the service:

- Develops an inclusion action plan in co-production with all young people and ensure that this is kept under regular review and adapted according to demographic data and feedback.
- Develops specific co-designed groups for LGBTQ+ communities and young women to review barriers, develop engagement strategies and shape delivery plans. Similar co-design work should be undertaken with those with multiple risk factors, however, consideration is needed as to how to avoid stigmatisation.
- Explores how to best implement quieter zones or scheduled "quiet hours" for those with neurodivergence who find busy environments challenging.
- Continues to identify and work with specialist partners to enhance support to LGBTQ+ communities and young women so that they can address more prevalent risk factors and achieve parity of impact with other demographic groups.
- Reviews recruitment process and update as necessary to ensure that staff are representative of the communities in the borough as well as the target groups for the Hive.

8.1.5. Reduce practical barriers and improve visibility

Relatively modest changes to the model could widen access and engagement for young people in Camden. It is recommended that the Hive considers:

- Piloting for a time-limited period an extension or adjustment to opening hours and measure attendance profile, safeguarding, and inclusion to identify whether extending these has a positive impact on footfall for under-represented groups.
- ncreasing targeted promotion and outreach in schools, colleges, GP practices and community settings, particularly in areas of Camden that are under-represented in order to address issues around inconsistent geographic targeting.
- Furthering the use of social prescribing and small grants to address travel, digital access and participation costs, and track how this affects engagement.
- Periodically reviewing the hub environment with young people to identify adjustments that would improve accessibility and comfort. For example, some young women reported in the interviews feeling less comfortable in the social hub. There will be many reasons for this and it would be useful to run dedicated consultation with young women about how this can best be addressed in ways which ensure inclusivity for everyone.
- Ensuring that there are robust safer space protocols which everyone (staff, young people, partners) is aware of. These should cover anti-harassment expectations, reporting routes, staff response steps, and structured sessions with partners.

8.1.6. Work with Minding the Gap and other partners to address gaps and challenges

Interviews with staff and the Minding the Gap partners have identified gaps and system issues in the borough around things like reaching under-represented communities, housing and ensuring smooth transitions for young people from CAMHS into adult mental health services. Many young people highlighted in interviews their concerns too about the 'new' cliff edge of The Hive support ending when they reached the age of 25 and feeling that there would not be a similarly appropriate service for them within adult services. Funding uncertainty presents a major challenge for all stakeholders and limits the development of further interventions aimed at tackling these issues.

It is therefore recommended that the Minding the Gap partners:

- Consider the current transition approach for service users reaching 25, including those that won't meet the threshold for adult services support.
    - Review voluntary sector and other partners and current capacity level and referral options. Strengthen partnerships and commence advance referrals and support young people to directly engage with partners
    - Consider staff training to enhance the transition support offer and formalise an approach commencing from age 24 or earlier
    - Review and update transition resource pack and ensure support options are current, viable and accessible
- Expand practical housing guidance by working with specialist partners to host advice sessions, strengthening housing sector partnerships, and / or enhancing staff skills and knowledge in this area.

8.2. Recommendations Summary

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
- Co-produce an inclusion action plan with young people
- 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
- Continue to roll out social prescribing and small grants to address barriers and improve access and inclusion
- 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 - Carmel

Background

Carmel (name changed), was referred to The Hive by social services.

As a child they had been taken into care following years of severe neglect and having to care for younger siblings. They left school and briefly attended a pupil referral unit. Carmel's teenage years involved numerous foster placements, disrupted education, and exposure to abuse.

Carmel accessed CAMHS support but found it hard to engage with them. At the point of referral to the Hive, Carmel was experiencing extreme mood fluctuations, self-harming, and regularly using drugs. They had been in contact with the police for petty offences and assault, and had difficulty maintaining relationships or trusting professionals.

Carmel found it incredibly hard to regulate their emotions, describing "going from nought to one hundred in a matter of seconds".

Support from The Hive

Early sessions at the Hive focused on developing reliability and safety by encouraging regular attendance, supporting them through crisis situations, and establishing structure.. The Hive clinician worked closely with the Crisis Team and accompanied Carmel to A&E when necessary.

Over time, the one-to-one relationship became central to Carmel's progress. The clinician implemented a flexible, adapted **Dialectical Behaviour Therapy (DBT)** approach to help Carmel manage their emotions and learn de-escalation techniques. They gradually began to identify triggers and use self-soothing strategies.

The Hive also supported Carmel to access specialist services, including referral to the Camden and Islington Personality Disorder Team and creative therapeutic programmes such as The Big House drama project. The Hive's **career support team** also helped Carmel prepare for and secure their first job, building confidence and financial independence.

Outcomes

Today, Carmel is employed full-time and has gone on to work successfully in the creative industries. They report being able to manage their emotions effectively and has had no further involvement with the police or mental health crisis services.

> "I never thought I'd get to my 21st birthday — I'm just happy to be alive."

Their relationship with their mother has improved, due to their ability to empathise and reflect on her family history. Carmel now maintains healthy friendships and reports a strong sense of independence and purpose.

Longer-Term Impact

The Hive's long-term engagement over eight years provided Carmel with the continuity of care, therapeutic tools, and practical opportunities that prevented escalation into crisis or institutional care.

Through their employment and personal growth, they have begun to break intergenerational patterns of deprivation and instability. The skills she gained through working with the Hive continue to help Carmel navigate complex situations in both personal and professional life.

9. 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:

Charity Fundraising Ltd.'s mission is to support the development of charities and other voluntary sector organisations in order to maximise their positive impact on society. We do this through providing expert strategic and practical consultancy services in fundraising development and impact measurement.

Charity Fundraising Ltd
The Brew, Eagle House
163 City Road
London
EC1V 1NR

T: 020 3923 2291

E: enq@charity-fundraising.org.uk

W: https://www.charity-fundraising.org.uk

Registered Company: 05762492

10. Annex

10.1. Costed Case Study Calculations

Case Study 1: Statutory Service Cost Comparison (Pre and Post Hive)

Service Type	Cost per Incident	Pre-Hive Usage	Post-Hive Usage	Estimated Savings
Crisis housing	£404 per night[1]	14	0	**£5,656**
Psychiatric Inpatient Admission	£798 per night[2]	332	0	**£264,936**
A&E Visit for Mental Health	£332 per visit[3]	3	0	**£996**
Temporary Accommodation	£39,900 per year[11]	2	0	**£79,800**
TOTAL NET SAVING				**£351,388**

Cost period: Pre-Hive use has been calculated for the year prior to joining The Hive (from April 2022-April 2023). Post-Hive usage has been calculated as the last year of being at the Hive (April 2024 - April 2025).

Case Study 2: Statutory Service Cost Comparison (Pre and Post Hive)

Service Type	Cost per Incident	Pre-Hive Usage	Post-Hive Usage	Estimated Savings
Community Mental Health Services	£310 per contact[4]	12*	0	**£3,720**
Crisis Team	£396 per day[6]	14*	0	**£5,544**
A&E Visit for Mental Health	£332 per visit[3]	3*	0	**£996**
Police / Criminal Justice Contact	£4,010 per incident[6]	5*	0	**£20,050**
TOTAL NET SAVING				**£30,310**

* Exact frequency/duration of use is unknown, and so published estimates have been used

Cost period: Pre-Hive has been calculated for the year prior to joining The Hive (2015-2016). Post-Hive has been calculated as the year following leaving The Hive (2024-2025). The service user aged out of CAMHS during this time and so Adult Community Mental Health Services unit costs have been used.

Case Study 3: Statutory Service Cost Comparison (Pre and Post Hive)

Service Type	Cost per Incident	Pre-Hive Usage	Post-Hive Usage	Estimated Savings
TOTAL NET SAVING	—	—	—	**£0**

This case saw substantial positive impact for the young person but no statutory savings other than moving off universal credit through support into employment. Benefits are being excluded from this cost avoidance study.

Case Study 4: Statutory Service Cost Comparison (Pre and Post Hive)

Service Type	Cost per Incident	Pre-Hive Usage	Post-Hive Usage	Estimated Savings
CAMHS psychiatrist reviews	£358 per review[7]	2	2	**£0**
TOTAL NET SAVING	—	—	—	**£0**

Cost period: Pre-Hive use has been calculated for the year prior to joining The Hive (from December 2023 – December 2024). Post-Hive usage has been calculated for the period December 2024 - October 2025. Note: It was not possible to review a full year post-Hive as the young person had only been at The Hive for 9 months, however, there are currently no cost savings here that have been affected by this.

Case Study 5: Statutory Service Cost Comparison (Pre and Post Hive)

Service Type	Cost per Incident	Pre-Hive Usage	Post-Hive Usage	Estimated Savings
Crisis Team	£396 per day[5]	14*	0	**£5,544**
Community Mental Health Services	£310 per contact[4]	12*	12*	**£0**
Psychiatric Inpatient Admission	£798 per night[2]	31	0	**£24,738**
A&E Visit for Mental Health	£332 per visit[3]	2	0	**£664**
Substance Use Treatment	£174 per session[8]	0	26*	**-£4,524**
TOTAL NET SAVING				**£26,422**

** Exact frequency/duration of use is unknown, and so published estimates have been used*

Cost period: Pre-Hive use has been calculated for the year prior to joining The Hive (from April 2024 – April 2025). Post-Hive usage has been calculated as the period April 2025 – September 2025. Note: It was not possible to review a full year post-Hive as the young person was only at The Hive for 3-4 months, however, there are currently no cost savings here that have been affected by this.

Case Study 6: Statutory Service Cost Comparison (Pre and Post Hive)

Service Type	Cost per Incident	Pre-Hive Usage	Post-Hive Usage	Estimated Savings
Crisis Team	£396 per day[5]	0	14	**-£5,544**
Psychiatric Inpatient Admission	£798 per night[2]	N/A	14	**-£11,172**
A&E Visit for Mental Health	£332 per visit[3]	3*	0	**£996**
Supported Housing Placement	£1,239 per week[9]	52*	0	**£64,428**
Police / Criminal Justice Contact	£4,010 per incident[6]	5*	0	**£20,050**
TOTAL NET SAVING				**£68,758**

** Exact frequency/duration of use is unknown, and so published estimates have been used*

Cost period: Pre-Hive use has been calculated for the year prior to their last referral to The Hive (from June 2023 – June 2024). Post-Hive usage has been calculated as the period October 2024 – October 2025.

Case Study 7: Statutory Service Cost Comparison (Pre and Post Hive)

Service Type	Cost per Incident	Pre-Hive Usage	Post-Hive Usage	Estimated Savings
Psychiatric Inpatient Admission	£798 per night[2]	186	0	**£148,428**
Crisis Team	£396 per day[5]	21	0	**£8,316**
Community Mental Health Services	£310 per contact[4]	0	12*	**-£3,720**
TOTAL NET SAVING				**£153,024**

** Exact frequency/duration of use is unknown, and so published estimates have been used*

Cost period: Pre-Hive use has been calculated for the year prior to being referred to The Hive (from August 2018 – August 2019). Post-Hive usage has been calculated as the last year she was with the Hive (from August 2020 – August 2021). Note: While this young person engaged with The Hive for two years, they were discharged some time ago and there is not further data as to whether their outcomes were sustained.

Case Study 8: Statutory Service Cost Comparison (Pre and Post Hive)

Service Type	Cost per Incident	Pre-Hive Usage	Post-Hive Usage	Estimated Savings
Psychiatric Inpatient Admission	£1,239 per night[2] (CAMHS)	365	0 (£798 per night[2] – unit cost change as moved to adult services)	**£291,270**
Crisis Team Contacts	£396 per day[5]	14*	0	**£5,544**
Community Mental Health Services	£490 per day[10]** (CAMHS prior to referral)	4	4 (£310[4] – unit cost change as moved to adult services)	**N/A**
TOTAL NET SAVING				**£296,814**

** Exact frequency/duration of use is unknown, and so published estimates have been used*

Cost period: Pre-Hive use has been calculated for the year prior to being referred to The Hive (from August 2021 – August 2022). Post-Hive usage has been calculated as the last year she was with the Hive (from October 2024 – October 2025).

Cost Calculations and Sources

Note: Costs are approximations from the most up-to-date published data, however, there is variation between sources. Some are estimates where no unit cost was available. London weighting and inflation have been added where costings are not given specifically for London or have been published before 2025. These costs are intended to give an idea of savings rather than the exact costs saved.

Inflation: Unit costs have been updated to 2025 prices using cumulative UK CPI inflation.

London weighting: Unit costs have been uplifted using the 2026-27 MHCLG Adult Social Care Area Cost Adjustment for Camden (ACA = 1.11) to reflect higher local labour and premises costs associated with delivering mental health and related services in an inner London borough.

1. Crisis House Overnight Stay – Unit cost available

Crisis House Service - £367 per night adjusted to **£404 (London weighted)**

Source: NHS England (2025). *National Cost Collection Data Publication: National Schedule 2024/25*

2. Psychiatric Inpatient Mental Health Care – Unit cost available

Adult Inpatient Admissions - £719 per night adjusted to £798 (London weighted)

Source: NHS England (2025). *National Cost Collection Data Publication: National Schedule 2024/25.*

Child and adolescent mental health services (admitted patients) - £938 per night adjusted to **£1,239 (Inflation and London Weighted)**

Source: Jones, K., Burns, A. (2021). Unit costs of health and social care. PSSRU.

3. A&E Attendance for Mental Health – Unit cost available

Emergency departments that are consultant led, 24 hours – Category 1 Investigation with category 1-2 treatment (most likely scenario) - £230 per visit adjust to **£332 (Inflation and London weighted)**

Source: NHS (2019). A&E attendances and emergency admissions monthly return definitions. *NHS England and NHS Improvement.*

Average number of A&E visits per person per year – 3 (the mean number of mental-health A&E attendances per patient per year is 2.55).

Source: Gaida, F., Ferland, F., Farand, L., Fleury, M-J. (2023). Factors encouraging or limiting the use of emergency departments for mental health reasons by frequent users of these services. Sante Ment Que, 48(2): 179-208.

4. Adult CMHT contacts – Unit cost available

Community Mental Health Team (Functional) - £279 adjusted to **£310 (London weighted)**

Source: NHS England (2025). *National Cost Collection Data Publication: National Schedule 2024/25*

Average contact with a professional – Once per month

Source: Reilly, S. et al. (2021). Status of primary and secondary mental healthcare of people with severe mental illness: an epidemiological study from the UK PARTNERS2 programme. Cambridge University Press, 7(2).

5. Crisis Team (days) – Unit cost available

Crisis Resolution Team/Home Treatment Team - £357 adjusted to **£396 (London weighted)**

Source: NHS England (2025). National Cost Collection Data Publication: National Schedule 2024/25

Average length of stay under CRT/HTT assumed 14 days (rounded from the published mean of 14.28 days).

Source: Firdosi, M., Gill, N., & Hubbeling, D. (2021). Length of stay in a home treatment team. BJPsych Open, 7(5).

6. Police and Court Incident – Unit cost available

Police call out/arrest - £1,400 per incident adjusted to **£2,020 (Inflation and London weighted)**

Criminal Justice Proceeding costs for violence with injury - £1,370 per case adjusted to **£1,990 (Inflation and London weighted)**

Source: Heeks, M., Reed, S., Tafsiri, M., & Price, S. (2018). The economic and social costs of crime: Second edition. *Home Office.*

Average incidents – Re-offending average of 5 incidents a year

Source: Ministry of Justice (2025). Proven Reoffending statistics: October to December 2023. *Gov.Uk.*

7. Psychiatrist Review - Unit cost not available, estimate given

When a published unit cost is unavailable, the cost of clinician time must be estimated using salary, on-costs, overheads, and expected working time.

Source: NICE (2013). Guide to the methods of technology appraisal 2013. *NICE Process and Methods.*

Salary average for speciality consultant (2021) between £84,559 - £114,003 (Mid point = £99,281) adjusted to £136,731 (Inflation and London weighted)

Source: NHS Employers (2021). *Pay and Conditions Circular (M&D).*

£99,281 x 1.31 (Employer On-Costs) = £129,066 adjusted to £177,749 (Inflation and London weighted)

£129,066 x 1.6776 (Overheads) = £216,314 adjusted to £297,904 (Inflation and London weighted)

£297,904/ 1,514 (Annual direct clinical hours) = £196.77 per clinical hour

£196.77/0.55 (direct hours) = **£357.76**

Source: Jones, K., Burns, A. (2021). Unit costs of health and social care. *PSSRU.*

Average number of appointments per patient per year = 2 (every 6 months minimum)

Source: NICE (2022). Depression in adults: treatment and management. *NICE Guideline:NG222.*

8. Substance Misuse Structured Treatment – Unit cost available

Substance Misuse Team - £157 per unit adjusted to **£174 (London weighted)**

Source: NHS England (2025). *National Cost Collection Data Publication: National Schedule 2024/25*

Average length of time: 6 months (26 weeks)

Source: OHID (2023). Adult substance misuse treatment statistics 2021 to 2022: report. *Gov.UK.*

9. Supported housing placement - Unit cost available

Medium cost (under 18) per week - £876 adjusted to **£1,238.76 (Inflation and London weighted)**

Source: Barnet Borough Council (2020). Semi-independent living for 16+. A Service from My Society.

10. CAMHS Community Team – Unit cost available

Cost per contact = £319 adjusted to **£490** (Inflation and London weighted)

Source: NHS Benchmarking Network (2015). *Benchmarking & Analytics* for CAMHS. https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/presentations/masterclasses/13-May-London/Benchmarking-Analytics-for-CAMHS.pdf?utm_source=chatgpt.com

Average number of contacts needed: Average length of time: 2 years (average contact with a professional once a month)

Source: Reilly, S. et al. (2021). Status of primary and secondary mental healthcare of people with severe mental illness: an epidemiological study from the UK PARTNERS2 programme. *Cambridge University Press, 7(2).*

11. Temporary Accommodation – Unit cost available

Cost per year = **£39,900** in Camden (highest cost Borough in London)

Source: Wilkins, Matthew, Tim Gray, and Neil Reeder. 2024. Spending on Temporary Accommodation: Is It Value for Money? London: Centre for Homelessness Impact. https://bit.ly/Spending-On-Temporary-Accommodation-VFM

10.2. Service User Survey Questions

How long ago did you first start accessing services at the Hive?

- Less than 1 month
- 2-5 months
- 6-12 months
- 1-2 years
- Over 2 years

How often do you access services at the Hive?

- Weekly
- Monthly
- Less than once per month

Which Hive services have you used?

- Social Hub
- One-to-one support
- Sexual health clinic
- Employability support

Conditional logic: if selected 'Social Hub' in previous question: Which Social Hub activities have you attended? (Please select all that apply)

- Women's group
- Men's group
- Physical activities (football, boxing, karate etc.)
- Creative activities (creative writing, music lessons, book club, film club, drama etc.)
- Wellbeing activities
- Drop-in social hub and parties
- Equine therapy
- Food drop
- Offsite trips
- Other (please state)

Thinking about **changes in your health and mental wellbeing**, to what extent do you agree that accessing the Hive has supported you to:

- Feel more confident
- Feel happier or more positive
- Feel less anxious and/or depressed
- Improve your physical health (exercise, sleep, healthy diet)

Thinking about **managing your mental health** day-to-day, to what extent do you agree that accessing the Hive has supported you to:

- Increase your understanding of mental health
- Develop coping strategies to manage stress/ anxiety/ anger
- Feel more able to cope with difficult situations
- Reduce drug and/ or alcohol use

Thinking about **your relationships with others/ support network**, to what extent do you agree that accessing the Hive has supported you to:

- Improve your relationships with family/ friends/ wider community
- Feel less lonely or isolated
- Feel more able to talk about your mental health and access support
- Improve your social skills
- Have better access to other support services (e.g. housing, specialist services)

Thinking about **your future**, to what extent do you agree that accessing the Hive has supported you to:

- Start education or training
- Stay in education or training
- Make steps towards employment
- Move towards other goals for your future
- Be more aware of the risks of certain behaviours
- Feel more optimistic about what you can achieve

What difference do you think the Hive has made to your day-to-day life? [Open text]

Which activities have had the greatest impact on you and why?
[Open text]

Have there been any activities of aspects of the service which you have not enjoyed?
[Open text]

Have you previously or are you currently accessing CAMHS services?
- Yes
- No
- Not sure

Conditional logic – if selected 'yes' to previous question: How does your experience of the Hive compare to CAMHS?
[Open text]

Do you feel as involved as you would like to be in shaping the Hive's services? Please share any additional comments.
- Yes
- No

Demographics

What is your ethnicity?
- White – British, Irish or other
- Mixed/ multiple ethnic groups
- Asian/ Asian British
- Black/ Caribbean / African/ Black British
- Prefer not to say
- Other (please state)

What is your age?
[Open text]

How do you describe your gender?
- Female
- Male
- Non-binary
- Prefer not to say
- Prefer to self-describe (please state)

Do you identify as transgender?
- Yes
- No
- Not sure
- Prefer not to say

What is your religion?
- No religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other (please state)

Do you identify as:
- bisexual
- gay/lesbian
- heterosexual/straight
- don't know
- prefer not to say
- other

Are you currently...?
- Working full-time
- Working part-time
- At school/ college
- At university
- In training
- Not in education, employment or training
- A carer

Do you have experience of any of the following:
- Time spent in care
- Being a carer/ having caring responsibilities
- Gang affiliation
- Being a refugee or asylum seeker

10.3. Monitoring Data: The Hive Wellbeing Form Questions

1. Goal Based Outcomes

Goal 1:

On a Scale from 0 (not at all) to 10 (achieved), where would you say you are on achieving your goal

Goal 2:

On a Scale from 0 (not at all) to 10 (achieved), where would you say you are on achieving your goal

Goal 3:

On a Scale from 0 (not at all) to 10 (achieved), where would you say you are on achieving your goal

2. Warwick Edinburgh Mental Well-being Scale

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling closer to other people					
I've been able to make up my own mind about things					

3. Resilience and Social Engagement Scale (based on Mind Resilience Framework)				
Statements	**Not true**	**A bit true**	**Moderately true**	**Exactly true**
It is easy for me to stick to my aims and goals				
I can remain calm when facing difficulties because I can rely on my coping abilities				
I have the skills to manage my thoughts and feelings				
When I am confronted with a problem, I can usually think of ways forward				
I have friends or family who are available when I am in need				
I have friends with whom I can share my feelings				
I can talk about my problems with friends				
I feel supported by my family when I have an important decision to make				
I am comfortable attending local activities and community events				
I feel like a valued member of a community				

10.4. Service User Demographic Groups (2023/2024 & 2024/2025)

	One-to-One Service Users			Social Hub Service Users			Benchmark
	N	%	Benchmark %	N	%	Benchmark %	Camden N
Age							
16-18	135	31.8%		719	40.5%		
19-21	176	41.5%		614	34.6%		
22 -24	113	26.7%		443	24.9%		
N/A	-			206			
Total	424			1,982			31,935[1]
Gender							
Female	244	57.5%	53.4%	911	49.3%	53.4%[2]	17,053
Male	173	40.8%	46.6%	879	47.5%	46.6%[2]	14,881
Trans Woman		0.0%	0.9%	2	0.1%	0.9%[3]	2,874
Trans Man		0.0%		5	0.3%		
Non-Binary		0.0%		18	1.0%		
Other	7	1.7%		34	1.8%		
N/A	-			161			
Total	424			2,010			
Ethnicity							
Asian/Asian British	95	22.9%	25.0%	213	11.2%	25.0%[4]	7,984
Black Caribbean/African/British	72	17.3%	10.2%	361	19.0%	10.2%[4]	3,257
Mixed Ethnicity	36	8.7%	8.9%	545	28.6%	8.9%[4]	2,842
White British/Irish/Other	189	45.5%	50.1%	747	39.2%	50.1%[4]	15,999
Other	23	5.5%	5.8%	38	2.0%	5.8%[4]	1,852
N/A	9			292			
Total	424			2,196			
Ethnicity (White / Global Majority)							
Global Majority	226	54.5%	49.9%	1157	60.8%	49.9%[4]	15,936
White	189	45.5%	50.1%	747	39.2%	50.1%[4]	15,999
Total	415			1,904			

	One-to-One Service Users			Social Hub Service Users			Benchmark
	N	%	Benchmark %	N	%	Benchmark %	Camden N
Sexuality							
Heterosexual	216	78.8%	92.2%	48	73.8%	92.2%[5]	29,444
Bisexual	25	9.1%	2.8%	10	15.4%	2.8%[5]	894
Homosexual/Lesbian/Gay	14	5.1%	4.2%	3	4.6%	4.2%[5]	1,341
Other	19	6.9%	0.7%	4	6.2%	0.7%[5]	224
N/A	150			9			
Total	424			74			
NEET Status							
NEET	155	36.6%	15.2%	20	26.0%	15.2%[6]	4,854
EET	269	63.4%	84.8%	57	74.0%	84.8%[6]	27,081
Total	424			77			
Religion (Low Sample)	**One-to-one monitoring data**		**Benchmark %**	**All Users Survey data**		**Benchmark %**	
Christian	17	14.8%	34.5%	22	27.2%	34.5%[7]	11,018
Muslim	69	60.0%	17.7%	27	33.3%	17.7%[7]	5,652
Other	11	9.6%	9.8%	2	2.5%	9.8%[7]	3,130
No religion	18	15.7%	38.0%	30	37.0%	38.0%[7]	12,135
N/A	308			11			
Total	423			92			

1. Camden 16-24 population. ONS Census 2021
2. Sex registered at birth. Camden all age groups. ONS Census 2021
3. Gender Identity. Camden all over 16's (exc did not answer). ONS Census 2021
4. Ethnicity. Camden 16-24 Population. ONS, Camden Health Equity Data Pack
5. Sexual Identity. Camden all over 16's (exc did not answer). ONS, Census 2021.
6. London 16-24 NEET, 2024; Education Statistics Service. https://explore-education-statistics.service.gov.uk/data-catalogue/data-set/df2fe793-786f-4ba6-b5f2-c3b613e6c390
7. Religion (exc did not answer). ONS, Census 2021

10.5. Social Hub Activity Service User Frequencies (2023/2024 & 2024/2025)

Activity Type	Provider	Attendance 2023/2024	Attendance 2024/2025
Act Up	The Hive	63	-
Arsenal Trip	The Hive	-	12
Act, Write, Create		-	31
Baking workshop	The Hive	41	-
Book Club	The Hive	-	8
Boxing taster session	The Hive	4	-
Brandon Centre Workshop	Brandon Centre	2	-
Brandon Centre workshop: Healthy relationships	Brandon Centre	3	-
Brandon Centre workshop: Maintaining Boundaries	Brandon Centre	3	-
Brandon Centre workshop: Wheel of Life	Brandon Centre	0	-
Camden Arts Centre Project	External tutor / The Hive	-	59
Career Kickstart	The Hive	-	7
Clay pottery workshop	The Hive	15	-
Cooking workshop	The Hive	-	2
Creative Writing workshop	The Hive	9	-
DJ workshop (Round House)	The Hive	-	2
Drive Forward: Care leavers only	Drive Forward	3	-
Drop in	The Hive	99	-
Drop in: FWD harm reduction workshop	Drive Forward	2	-
Drop in: International Women's Day Party	The Hive	42	-
Drop in: Karaoke Night	The Hive	15	-
Drop in: Pancake day!	The Hive	18	-
Drop in: Sexual Health Q&A with Nurse Tracy	The Hive / External Nurse	26	-
Diversity & Inclusivity / Equality Group	The Hive	30	-
Drama Workshop	The Hive	-	41
DWP Job Coach	DWP	6	-
DWP Job Coach: Universal Credit	The Hive / DWP	7	15
Eat Club: Reloaded	The Hive	-	27
Employment Drop in	The Hive	2	-
Employment Workshop	The Hive	7	-

Activity Type	Provider	Attendance 2023/2024	Attendance 2024/2025
Equine Therapy	SLTH	38	-
Focus group	The Hive	-	3
Food Collection/drop	The Hive	22	553
FWD Workshop	FWD	0	9
Get Job Ready: Dragons Den	The Hive	3	-
Get Job Ready: Interview Skills	The Hive	2	-
Get Job Ready: Managing Conflict	The Hive	2	-
GoodWork Camden	GoodWork Camden	4	16
Grab and Go	The Hive	31	-
Guitar lessons	Private Instructor / The Hive	108	-
Hive running club	The Hive / Running charity	29	-
Hive Trip: Harry Potter & The Cursed Child	The Hive	17	-
Identity group: LGBTQ+ (friendly and allies)	The Hive	14	-
Job Hub	The Hive	-	14
Learn Embroidery Workshop	The Hive	17	-
Link Up Project	The Hive	-	62
Link Up Project Trip to Bounce	The Hive	-	8
Link Up Project + Boxing	The Hive	-	32
Men's Boxing- All levels	The Hive	-	32
Men's Football	The Hive	-	95
Men's Group	The Hive	83	-
MJ the Musical Theatre Trip	The Hive	-	8
Muslim Women's Group	The Hive	-	12
Music lessons	External tutor / The Hive	-	89
Music Therapy	The Hive	-	10
NCS Project: Employability	The Hive	6	-
Self-Care 101	The Hive	-	20
Sexual health clinic	The Hive / Nurse	22	6
Sexpositivity Group w/ Brook	The Hive / External Nurse	28	-
Singing Lessons	External tutor / The Hive	-	8
Social Action Project	The Hive	-	43
Social Hub Drop in	The Hive	78	499

Activity Type	Provider	Attendance 2023/2024	Attendance 2024/2025
Social Hub Drop in: Chess Club	The Hive	89	-
Social Hub Drop in: Creative Confidence	The Hive	-	35
Social Hub Drop in: Discussion on Body Image	The Hive	73	-
Social Hub Drop in: Discussion on Social Media	The Hive	21	-
Social Hub Drop in: Games night	The Hive	60	-
Social Hub Drop in: Knitting Club	The Hive	69	-
Social Hub Drop in: Planting seeds	The Hive	24	-
Social Hub Drop in: Poker night	The Hive	63	-
Social Hub Drop in: Real Talk – Childcare & parenting	The Hive / Real Talk	11	-
Social Hub Drop in: Real Talk – Dating & Relationships	The Hive / Real Talk	11	-
Social Hub Drop in: Real Talk – Finances & Savings	The Hive / Real Talk	16	-
Social Hub Drop in: Real Talk – Mortgages & Houses	The Hive / Real Talk	10	-
Social Hub Drop in: Movie night	The Hive	31	-
Street First Aid Session	St John's Ambulance	5	-
Swiss Cottage School	SCS	11	-
Tavistock focus group	Tavistock	14	-
The Hive Valentine's Party	The Hive	31	22
NCS celebration	The Hive	-	21
Trip: Camden Arts Centre	The Hive	2	-
Trip: The Cult of Beauty	The Hive	4	-
Upcycling: Embroidery	The Hive	4	-
Upcycling: Tie dye	The Hive	6	-
Wellbeing Workshop	The Hive	-	5
Women's Group	The Hive	38	42
Write2Speak: Spoken	The Hive	-	31
Yoga	External Yoga Teacher	29	-
Youth board	The Hive	22	37

10.6. Partners

10.6.1. Strategic Partners

- **Camden Council** – the commissioner and provider of the Camden Property building where The Hive is based.
- **North London NHS Foundation Trust** – provides a Clinical Team Lead ensuring safety, supervision, and links to Adult Mental Health Services (AMHS).
- **Tavistock & Portman NHS Foundation Trust** – provides a Clinical Team Lead overseeing links to CAMHS and specialist services for young people under 18.
- **Anna Freud Centre** – provides specialist psychological input, reflective practice sessions and delivers Adaptive Mentalisation-Based Integrative Treatment (AMBIT) training to The Hive team.
- **The Brandon Centre** – provides Wellbeing Practitioners and therapy services for young people ready for more formal interventions.
- **Central and North West London (CNWL) NHS Foundation Trust** – embeds sexual health staff onsite at the Hive, offering a weekly clinic.
- **The Winch** – refers young people into the Hive following outreach and engagement in schools, estates and youth spaces across Camden.
- **Fitzrovia Youth in Action (FYIA)** – supports volunteering and peer education opportunities for young people from The Hive.

10.6.2. Delivery and Community Partners

- **Strength & Learning Through Horses** – equine therapy and outdoor wellbeing activities.
- **Nordoff & Robbins** – music therapy sessions and creative mental health support.
- **Write2Speak** – spoken word and creative expression workshops.
- **Go Live Theatre Projects, The Big House, Camden Art Centre, The Poetry Society, The Roundhouse,** and **WAC Arts** – arts and drama-based wellbeing programmes.
- **Good Work Camden, Department for Work and Pensions (DWP), Drive Forward, SPEAR,** and **Action Boxing Intervention** – employability and skills development support.
- **Camden Drugs & Alcohol Commissioning Team and CGL** – strategic partnership to improve referral pathways for young adults with complex substance use.
- **Camden Detached Team** – identifying young people in local estates not accessing mental health services.
- **Camden Safety Net –** domestic and sexual violence support.
- **Brook** – sexual health and healthy relationships education.
- **FWD (Forward Drugs and Alcohol Team)** – substance misuse interventions and workshops.
- **Hopscotch Women's Centre** – providing training on gender-sensitive approaches including understanding the influence of online misogyny.
- **Metropolitan Police Youth Engagement Team, British Exploring Society, New Horizons Youth Centre, Hampstead Theatre,** and **Trussell Trust Food Banks** – outreach, engagement, and wellbeing support.
- **Corporate and business partners** such as **PureGym, Marks & Spencer, Pret a Manger, Aldi,** and **ZSL London Zoo** – provide gym access, weekly food drop, donations, and volunteering opportunities.