

ST BASILS: MILNER COURT TRANSITION HUB

JUNE 2021-JUNE 2024 SERVICE DELIVERY AND IMPLEMENTATION EVALUATION



PREPARED AND PRESENTED BY

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ABOUT THIS REPORT

This is a report to summarise the delivery and implementation of St Basils Transition Hub from June 2021-June 2024. Specifically, we present findings on the service delivered, its outcomes and the extent to which it meets its objectives and works in line with the logic model.

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LIST OF ACRONYMS

ACE - adverse childhood experience
PIE - psychologically informed environment
MST4Life™ - My Strengths Training for Life™
REQOL - recovering quality of life
YP- young person
FTB = Forward Thinking Birmingham

EXECUTIVE SUMMARY

This report provides a summary of the evaluation of years 1 to 3 of the Transition Hub service, conducted by researchers from the University of Birmingham and key St Basils staff members representing different aspects of the service. The report highlights the services progression from year 1 to year 3 and makes recommendations for recommissioning.

How the evaluation was conducted

To achieve the aims, 1:1 interviews and focus groups were conducted to evaluate the different stages of a YP's progression through the service. These were: (1) referral and triage; (2) assessment; (3) stabilisation and intervention; and (4) preparation and transition. Finally, a discussion on the overall service design and specification is included. During year 2, a soft outcomes tool was co-produced and data was collected in year 3 using this tool.

The main findings

Themes identified through these discussions provided valuable insight into key ingredients for service delivery over years 1 to 3 of the service: multi-agency working, staff, environment, and process and action learning.

Additionally, data from the soft outcomes tool demonstrated YP's development of soft skills at the Transition Hub, with themes of: mechanisms for skills development, skill development and use, and young person connections.

Moving forward

Four main recommendations for continuation of the service are: (1) implementing complimentary frameworks and approaches; (2) ensuring a therapeutic environment; (3) enhancing system wide collaboration and multi-agency working (beyond what has already been achieved); and (4) and providing resources for staff to upskill.

TRANSITION HUB OVERVIEW: SERVICE APPROACH, SERVICE USAGE AND MOVE ON



THE TRANSITION HUB SERVICE

The Transition Hub service aims to support young people experiencing homelessness through producing an assessment formulation and report on behalf of the young person. This provides other professionals and services with a therapeutic report that enables them to holistically support serially excluded young people. The model underpinning the Transition Hub aims to support the young people and the development of this assessment formulation through understanding their needs and providing a period of stabilisation before transitioning to the next stage of support. At the time of programme commissioning, it was expected each young person would be in the Transition Hub for around 6 months. This is underpinned by the logic model as shown in **Figure 1**.

Logic Model for the Transition Hub Service

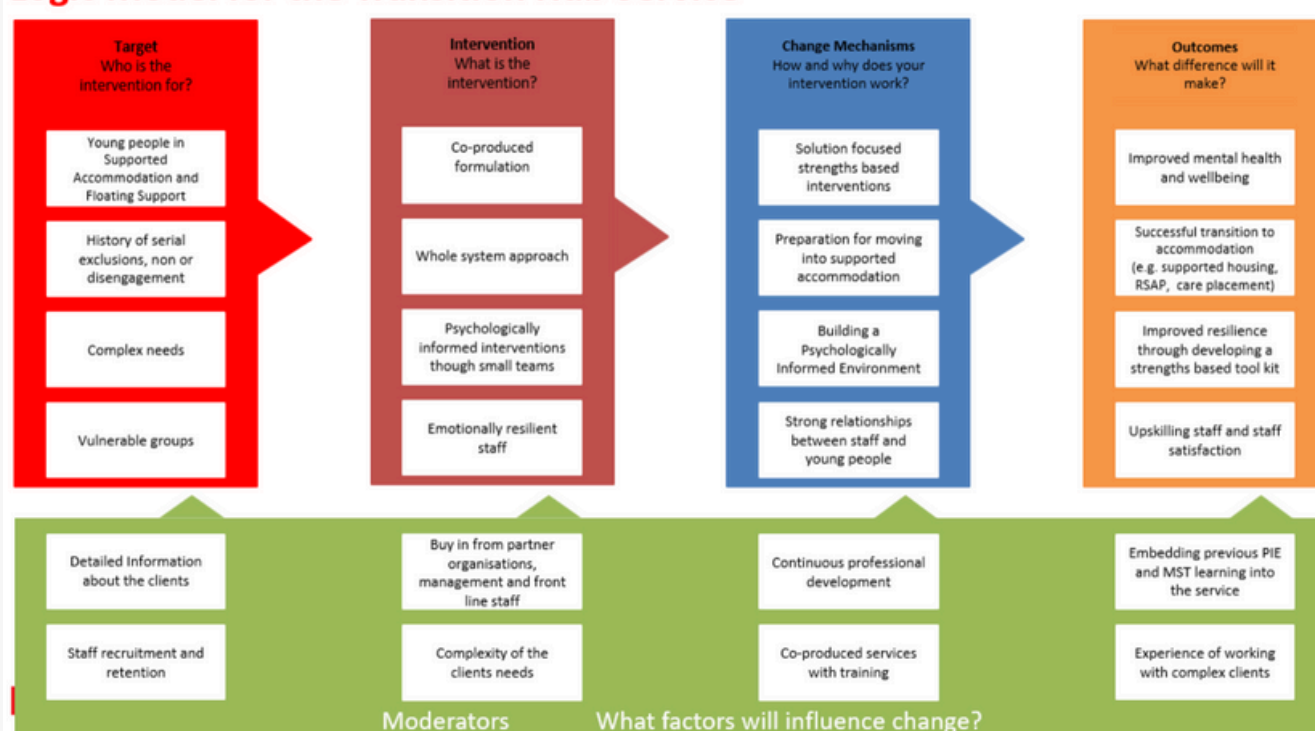


Figure 1: The Transition Hub Logic Model

This report builds on the Year 1 and Year 2 service reports (Tidmarsh et al., 2022; Tidmarsh et al., 2023) to summarise our evaluation of the Transition Hub across all 3 years of service provision (June 2021-June 2024). We used the logic model to frame the evaluation and our recommendations. This report outlines barriers and challenges in service provision as well as best practice and enabling factors that have supported the progression of service delivery through action learning.

WHO HAS ACCESSED THE TRANSITION HUB IN THE LAST 3 YEARS?

The chart below highlights the number of the YP accessing the Transition Hub. A total of **69** young people accessed the service across the 3 years.

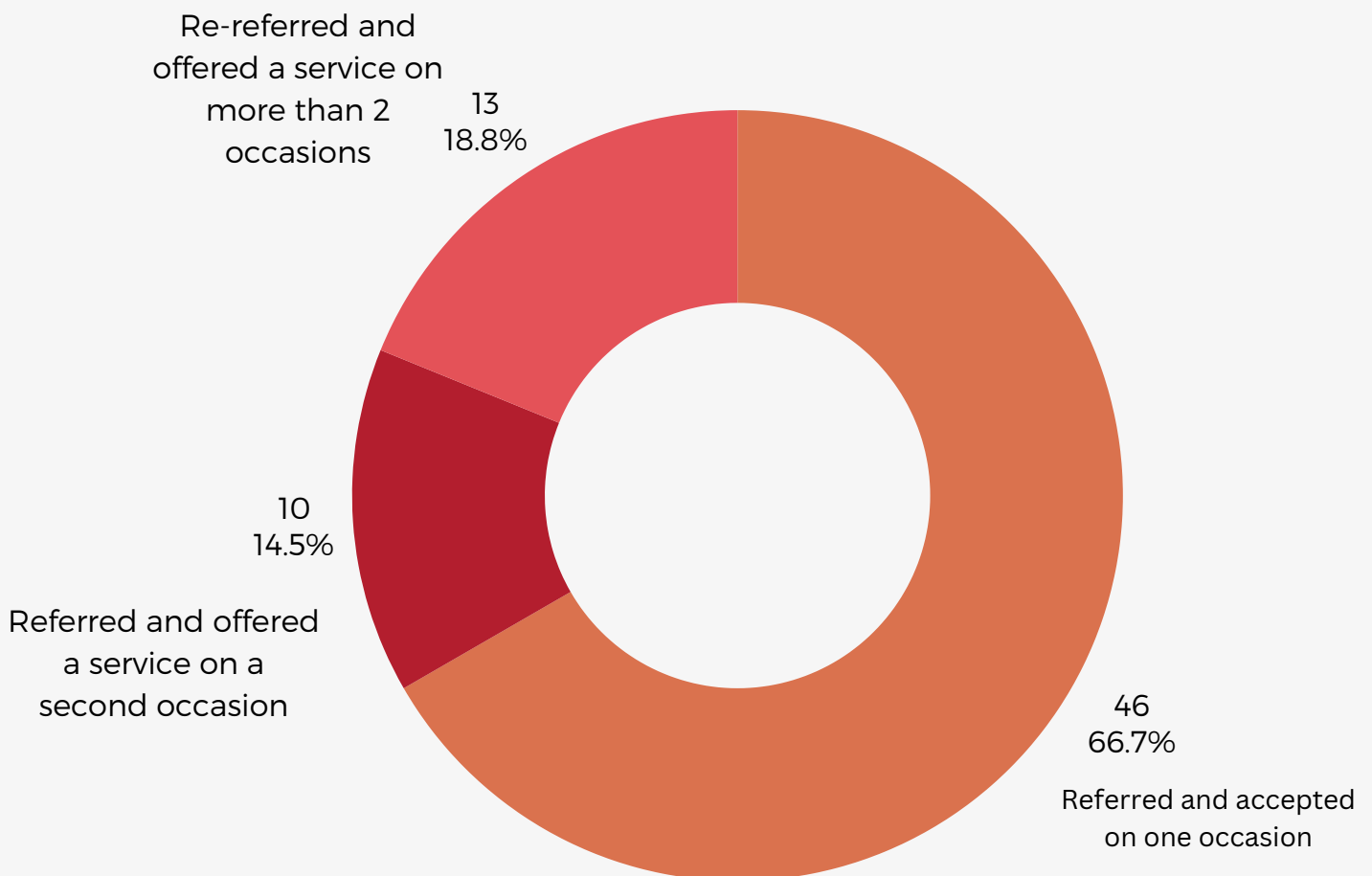


Figure 2: Referrals to the Transition Hub service

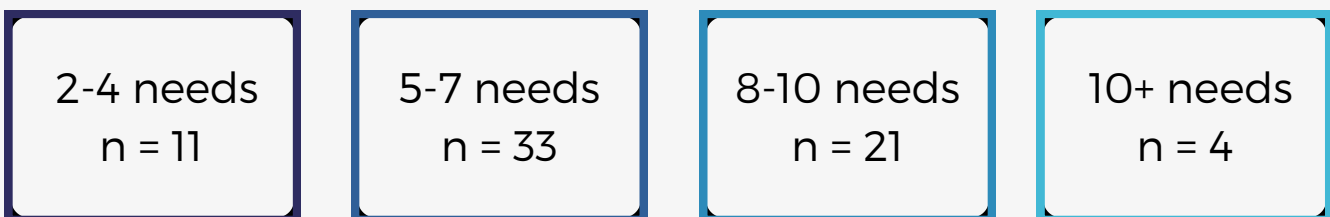
The table below highlights the demographic information of the YP accessing the Transition Hub.

Table 1 , Demographic information of young people accessing the Transition Hub

INFORMATION	FREQUENCY
Age	16-17yrs = 1; 18-21yrs = 32; 22-25yrs = 35; not reported = 1
Gender	Female = 25; Transgender/Non-Binary = 3; Male = 41
Ethnicity	Asian British = 9; Asian other = 3; Black African = 1; Black Carribean = 11; Mixed white/Carribean = 8; White Carribean = 1; White/Irish = 3; White other = 2; White British = 31
Time in service	<3 months = 2; 3-6 months = 1; 6-12 months = 13; >12 months = 33; Remains open = 20
Identified support need(s)	ASD neurodivergence = 28; Asylum seeker/refugee = 7; Gender different to assigned at birth = 3; Learning difficulty (development delay) = 10; Learning difficulty (educational) = 40; Mental health = 64; NEET = 53; Offending behaviours = 31; Risk to others = 39; Risk to self = 54; Rough sleeper history = 34; Substance misuse = 55; Serially excluded from housing provision = 47; Serially excluded from statutory services = 37; Parents = 12

NEET = Not in employment, education, or training

- 66 of 69 YP required more than 6 months of support
- All 69 YP had multiple and complex identified support needs



The chart below highlights the number of Adverse Childhood Experiences (ACE's) of the YP accessing the Transition Hub.

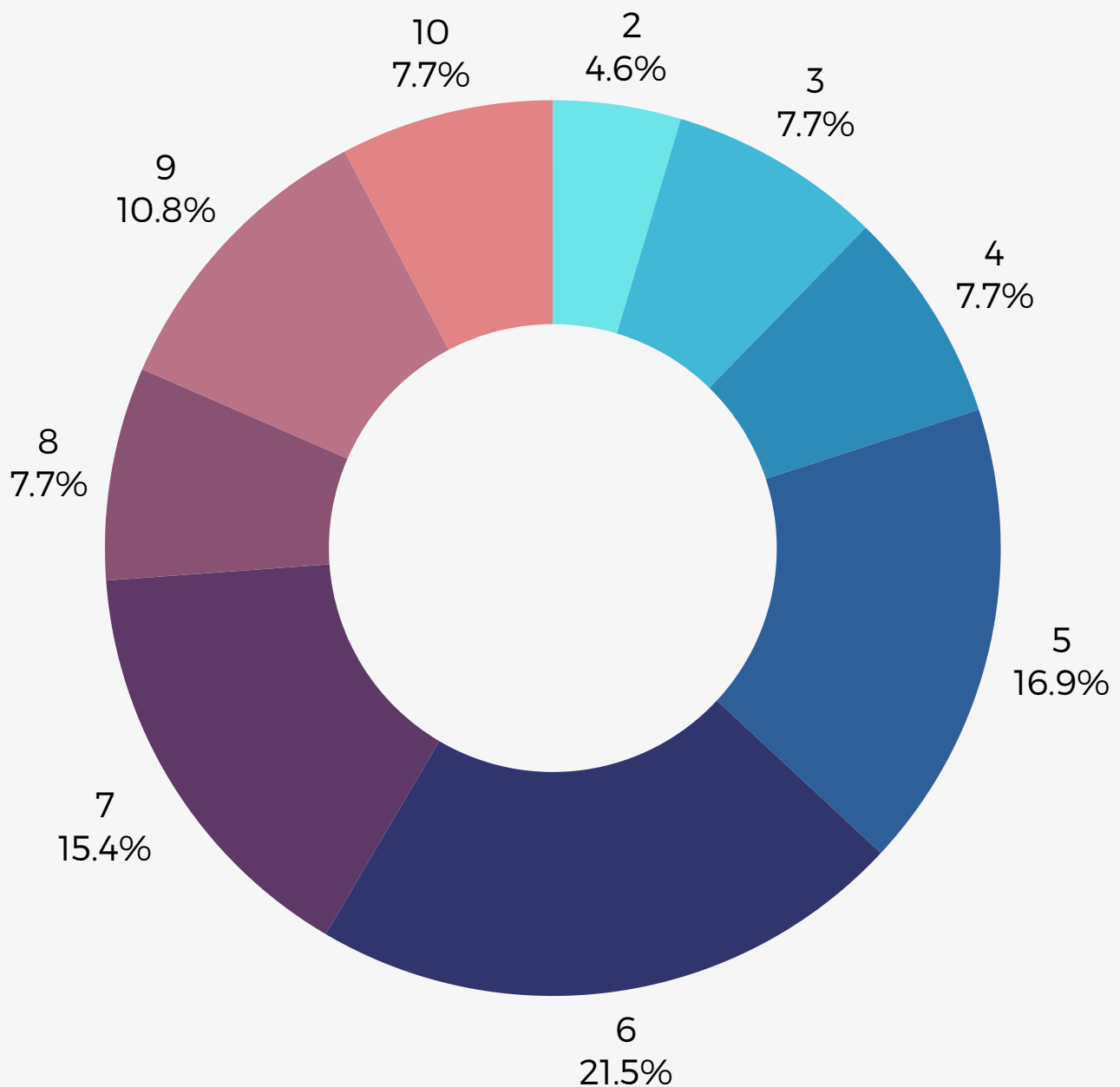


Figure 3: Number of ACE's of YP accessing the Transition Hub

- 65 YP had multiple ACE's, where the remaining 4 had missing information on ACE's.
- 51 (78.46%) YP had 5 or more ACE's.
- ACE's included: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, parent separation/divorce/death, witnessing domestic violence, caregiver(s) with mental health condition, family members with substance misuse problems, and household member being in prison.

HELPING YOUNG PEOPLE

Outcomes for young people who have received support from the Transition Hub between June 2021 and June 2024.

- The majority of YP moved on from the service into their own properties via support from St. Basils or other supported accommodation.
- Although some YP did not move into their own housing (e.g., had a long term hospital stay) this is an important and positive outcome that means that those YP finally have their needs recognised.
- Every YP has moved on with a completed Formulation Report with recommendations for their support network. This sometimes included additional information such as a communication passport and safety plan.

Table 2, Outcomes for young people accessing the Transition Hub between 2021 and 2024

CASE STATUS		NO.
Ai	Currently open to Transition Hub	13
Aii	Currently open to Transition Hub, moved from residential service to floating support due to risk behaviours.	2
B	Accepted referral, but YP had limited stay (e.g. often due to change in circumstances, custodial sentence, moved out of area, offered care by another provider).	5
C	MH needs fully assessed and understood, inpatient stay required with recognition that discharge planning will be necessary.	5
D	Complex MH and other needs fully assessed and understood, and pre-existing entitlement to funded care placement established. Care package brokered by Transition Hub.	3
E	Step down within St Basils or another accommodation provider.	21
F	RSAP property (Rough Sleeping Accommodation Programme)	5
G	Moved into own tenancy/ own property.	0
H	Outcome Unknown - YP rejected TH - would be considered again, if re-referred.	1
I	Moved from residential service due to risk behaviours and offered Transition Hub floating support. YP refused offer of Floating Support but would be considered again, if re-referred.	0
J	Successful move on to family/friends	6
K	Supported accommodation (non 117, social care etc)	8

OVERVIEW OF EVALUATION METHODS

The evaluation of Years 1-3 (June 2021-June 2024) of the Transition Hub took place via a mixture of 1:1 online interviews and online focus groups. The mode was adapted across the 3 years to best suit the needs of the interviewees:

- Focus groups were conducted using a Padlet board (**Figure 4**) to guide discussions based on the Transition Hub logic model (**Figure 1**). Padlet is a versatile online collaborative tool that enables real time capture of discussions and interactions (<https://padlet.com/>).
- The interviews were transcribed and analysed in conjunction with the completed Padlet boards to understand the challenges faced, factors that enabled success, and next steps to enable the Transition Hub to continue working towards and achieving its goals.

Table 3, Data collection outline for evaluating the Transition Hub

Year	Individual interview (service manager)	Focus group using padlet (senior leadership)	Focus group using padlet (therapeutic team)
1	n=1	n=2	n=0
2	n=1	n=3	n=3
3	n=0	n=2 n=2 (inc. service manager)	n=2

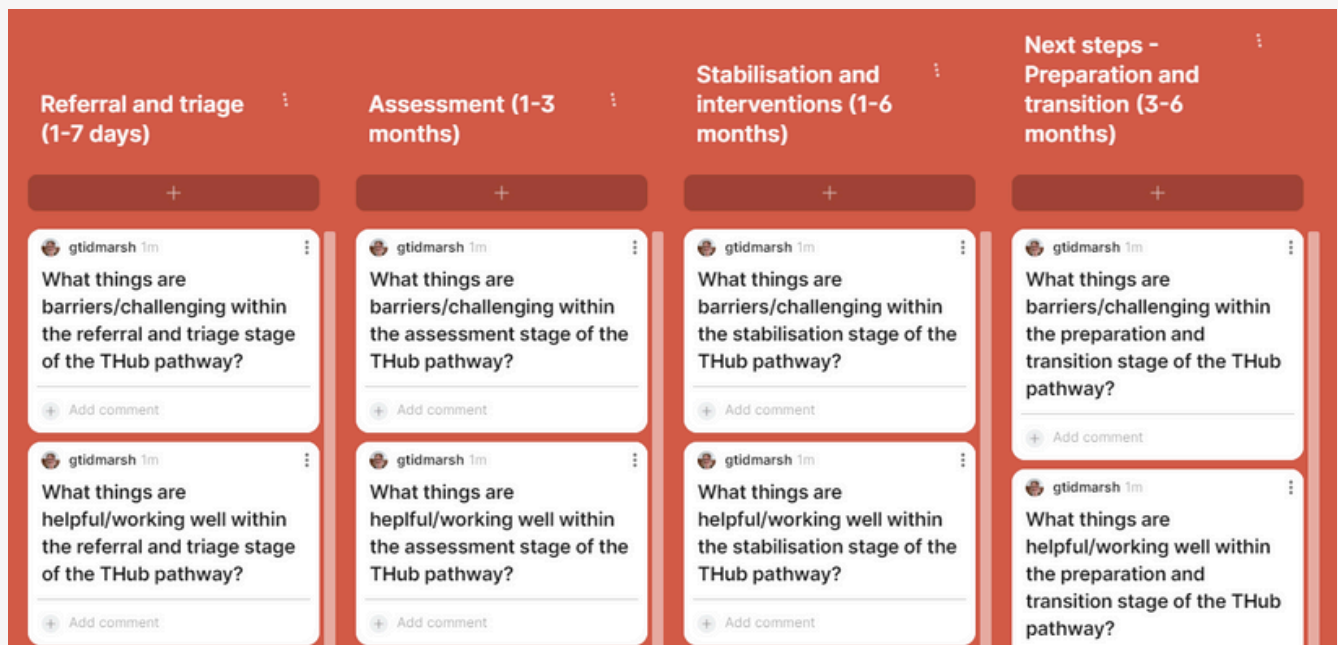
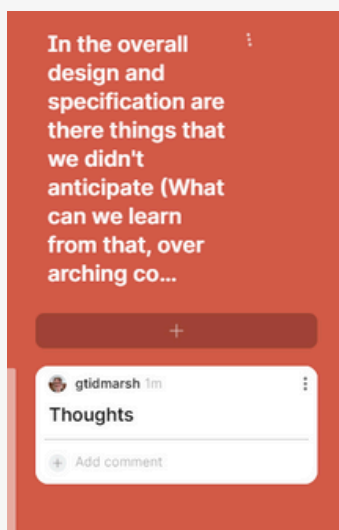


Figure 4: Example from the Padlet board used to assist data collection in the focus groups.



Other data collection included:

- ReQoL 20 (Recovering Quality of Life outcome measure)
- Soft Outcomes Tool
- St Basils data for young people (e.g., recovery star, risk tracker).
- Evaluation of Mental Skills Training for staff (observations, staff feedback and training facilitator reflection).

YOUTH OUTCOMES & DEVELOPMENT



REQOL QUESTIONNAIRE & DATA

ReQoL 20 (Recovering Quality of Life outcome measure)

- The minimum score is 0 and the maximum is 80, where 0 indicates poorest quality of life and 80 indicates highest quality of life.
- Each question is scored from 'None of the time' to 'Most or all of the time'. Scoring is included to accommodate positively and negatively worded questions.
- Scores for each item are totaled to generate an overall ReQoL score

Over the last week	None of the time	Only occasionally	Sometimes	Often	Most or all of the time
1. I found it difficult to get started with everyday tasks	☐ ₄	☐ ₃	☐ ₂	☐ ₁	☐ ₀
2. I felt able to trust others	☐ ₀	☐ ₁	☐ ₂	☐ ₃	☐ ₄
3. I felt unable to cope	☐ ₄	☐ ₃	☐ ₂	☐ ₁	☐ ₀

Figure 5: Example from the ReQoL questionnaire, the full ReQoL questionnaire can be found in Appendix 1.

- ReQoL data was obtained in year 2 but the questionnaire was not completed in year 3.
- Although such data provides meaningful insight into how YPs quality of life may improve whilst accessing the Transition Hub service, it is clear that staff struggle to collect this type of data. Reasons behind this include lack of confidence with engaging YP in completing questionnaire type measures. Additionally, staff would have benefitted from a greater understanding of the value of research and research related measures such as ReQoL.
- In year 2, 11 data collection points occurred, these were: baseline x5, 3 months x2, 6 months x3, and >6 months x1.
- Despite struggling to collect sufficient data through the use of ReQoL to demonstrate quality of life improvements including mental health and wellbeing, and resilience, this was successfully achieved through the soft outcomes tool and is exemplified in the the presented case study in the following pages.

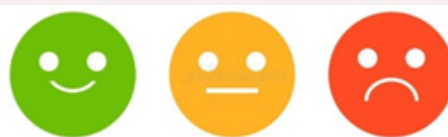
SOFT OUTCOMES TOOL

Soft Outcomes Tool (see Appendix B)

- Bespoke co-produced tool with University of Birmingham researchers and St Basils staff.
- Soft outcomes are the intangible and subjective changes we see in young people that are hard to measure. They are often an important intermediate step towards achieving the harder outcomes.
- Assess YP readiness for independence (living, education, employment, and training).
- Understand how the Transition Hub environment supports young peoples' development
- Data collection approach that encompasses wellbeing for staff and researchers.

"Can you tell me about this YP's current skillset (e.g., organised, planning, resilient, confident, emotion regulation, teamwork)"

Wellbeing check in at the start and end of the data collection.



- At the start of the data collection period (April 2023), 4 St Basils support workers took part in discussions on YP soft outcomes. Each staff member discussed, with consent, a different YP (n=4). After a staff member left their role at the service, a 5th staff member was recruited to continue discussions on their YPs' soft outcomes.
- Data collection took place monthly, with some months it not being possible or appropriate to visit the Transition Hub and collect data.
- A total of 26 data collections took place between the planned period of April 2023 to March 2024 (see Figure 6).

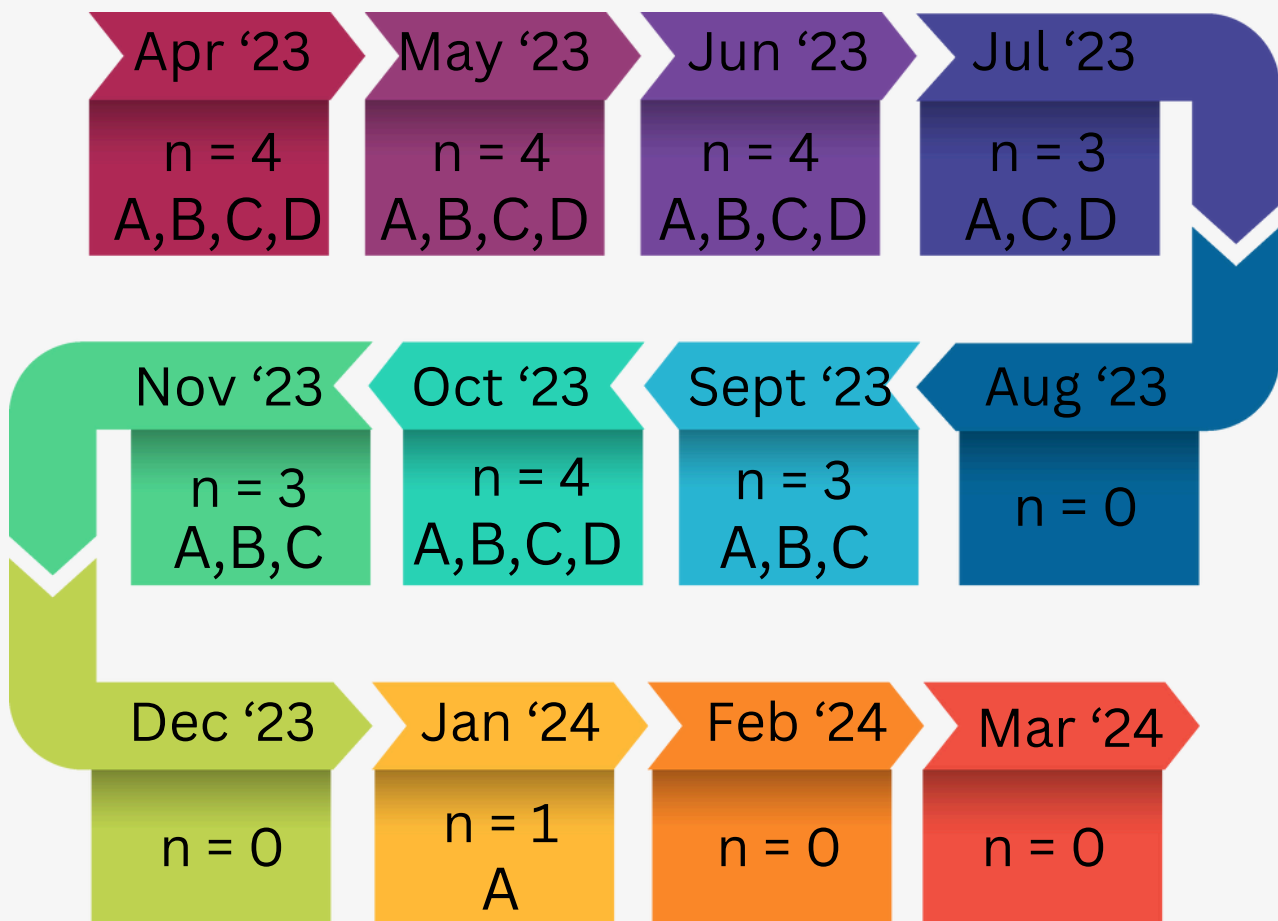


Figure 6: Number of data collections per month between April 2023 and 2024 where letters A,B,C,D refer to YP who was discussed

Due to YP declining support or being floated off, 2 new YP consented to the research. Data collection for these YP took place in December (n = 1) and January (n = 2) but as data collection did not continue for these YP, there was insufficient data to present in the report.

What did the staff think of the tool?

"Reminded you of all the positive outcomes, even if they are small in the chaos of the job."

"Could see the improvements made that we wouldn't normally think about and would class as an everyday thing."

- Staff would prefer a shorter data collection process and frequent reminders.
- The tool was completed face-to-face with a researcher, and staff prefer to have it remain face-to-face.

SOFT OUTCOMES TOOL: OVERVIEW OF RESULTS

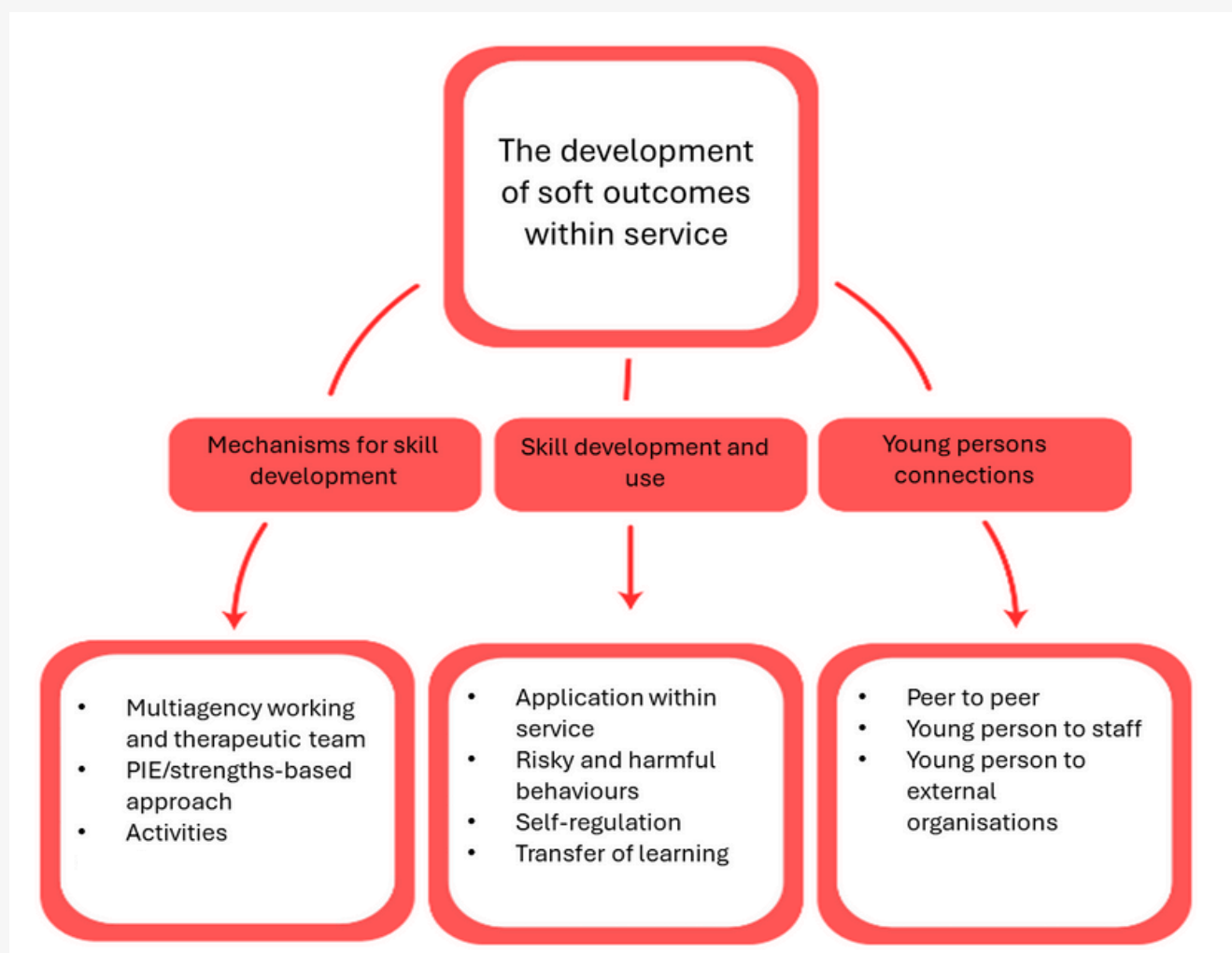


Figure 7: Overview of themes and sub-themes generated from soft outcomes tool data

THEME 1: MECHANISMS FOR SKILL DEVELOPMENT

Table 4, Soft outcomes data theme 1

Sub-theme	Quote
Multi-agency working/Therapeutic team (Work between internal and external agencies to St Basils Transition Hub that has promoted holistic support (e.g., clinical psychologist/FTB, Aquarius, occupational therapist, social workers, criminal justice, court systems)).	“[The YP] Engages with Aquarius worker for NA/AA meetings... asks to see her [Aquarius] ad-hoc, they are trying to get her to schedule appointments. Begun engaging with clinical psychologist and have planned a programme to do a lifeline. Good joint work between clinical psychologist and Aquarius.” “MAM. Waiting on information and meetings can cause a lot of issues.”
PIE/Strengths-based (Staff approach to working 1:1 with clients, accessing reflective practice, demonstrate autonomy supportive behaviours. Also in relation to staff strengths and how they would best work with different YP).	“Practice of Transition Hub and meeting her where she is at. Staff demonstrating acceptance, setting boundaries and moving boundaries with suitable and meaningful explanations. [staff member] shows flexibility in accordance with context of the YP.” “Transition Hub is a helpful environment but is a double edge sword, PIE is not just staff approach it’s the environment and sometimes interaction with other residents can be a challenge for this YP – YP associates herself with other similar YP that she can relate to but this is not a good mix.”
Activities (#Youcan, MST4Life™, Life Skills, Hyper, Emotion regulation group, additional ad-hoc activities (less boredom, learning from being in group environment, get to know each other a bit more = less incidents)).	“Engages with HYPER and having [Aquarius worker] and 3 support workers consistently on site every Thursday gives them opportunities to talk drugs and alcohol.” “She thinks if seen getting help for emotions then support will end, so doesn't engage with activities to not be seen as on the road to independence.”

- The availability of an onsite therapeutic team has allowed for enhanced collaboration and support that meets the needs for extremely complex YP. Multi-agency working has also demonstrated to be effective when done well, however, collaboration between external agencies and Transition Hub would support YP further.
- The utilisation of a PIE approach by staff has been beneficial for YP and staff, however, the physical environment needs to also be considered.

THEME 2: SKILL DEVELOPMENT AND USE

Table 5, Soft outcomes data theme 2

Sub-theme	Quote
Application within Transition Hub (Communication with peers and staff & ability to tend to basic needs (e.g., cleanliness, cooking, self-care)).	"Is planning meals and cooking more. Has told SF she needs to put on weight. Is making smoothies and protein powder and fresh meals, sandwiches with different fillings. Eating at least 1 meal a day which is more than before."
Risky and harmful behaviours (Reduction in engagement in risky and harmful behaviours such as drug and alcohol use, self-harm, property damage, emergency service call outs).	"Improved risk tracker and recovery star - not as risky by 1 star. More frequent [risky] behaviours but less risky... reduced substance misuse drastically. Less frequent and severe self-harm. Fewer hospital trips and regulates better during meltdowns. More apologetic following abusive/rude behaviour."
Self-regulation (Improved self-regulation and coping skills, the development and application are not linear but is more like a continuum. Challenging life events generally create a decrease in YP mental health, leading to a decrease in ability to self-regulate. However, even with the decrease YP are maintaining a greater level of self-regulation.	"Was able to regulate emotions during intense and difficult moment where normal response previously would be to run away and use class A drugs. But maintained composure during hearing."
Transfer of learning (Transferring skill use to new environments outside of Transition Hub e.g., attending appointments, attending court cases, improved relationships with family).	"They're able to do things independently such as booking meetings and getting to appointments. Is going with mom so not relying on Transition Hub. Transition Hub doesn't often need to support her with transport but she knows there's the option if she doesn't have funds." "Let down by external professionals [solicitor]."

- YP experience fluctuations in mental health and can be triggered by events. The Transition Hub has demonstrated a capacity to support YP to positive development (e.g., improved self regulation, mental health and wellbeing, and resilience) by not falling back to square one when stressful events occur.

THEME 3: YOUNG PERSON CONNECTIONS

Table 6, Soft outcomes data theme 3

Sub-theme	Quote
Peer to peer (Community vs antagonistic: building some positive relationships, but some relationships encourage engagement in risky behaviours/anti-social behaviour. Impact of each others trauma/stressful environment with so many YP with high need support in one location).	“Friendly relationship with female resident” “Almost evicted 2 weeks ago due to fighting. General antisocial behaviour, 3 weeks ago had a fight with another resident, teamed up with others, abusive to staff when challenged on this, doesn't want to take responsibility for actions, this is her final chance. Doesn't manage bad moods well, is rude to staff eg swearing. Private on personal things from other residents.”
YP to staff (Variation across staff, takes time to build relationships, YP often testing boundaries of relationships. More challenging behaviour towards night staff).	“The YP has said this, her behaviours, gender identity with us is with her born gender but when uncomfortable she will identify as non-binary and a different name. If comfortable she'll want you to use born name.” “big emotions, changing attitudes & behaviours fluctuate towards staff and YP e.g., night staff = more aggressive and ruder compared to day staff”

- Staff have demonstrated a capacity to build positive relations with YP, often the first positive adult relationship these YP have been exposed to.
- Although building peer relationships can be beneficial for YP, sometimes this can have an unideal affect.
- An ongoing challenge has been the co-location of two services within one building: Transition Hub & direct access. The physical environment itself would also benefit from being more therapeutic, especially in communal areas. Despite this staff at the Transition Hub work effectively to create a warm and welcoming environment for YP.

READINESS FOR INDEPENDENCE

As part of the soft outcomes tool, markers for readiness for independence were explored on a scale of 1-10. These were readiness for:

- 1) independent accommodation; 2) engagement in employment;
- 3) engagement in education; 4) engagement in training



The following figures highlight YP's progress through the service in regard to readiness for independence. Data for all 4 cases are displayed with YP A as a focused case study (see page 18). Taken together the figures highlight the individual experiences and differences between YP, highlighting the need for the holistic and YP-centered approach used at the Thub.

YP A

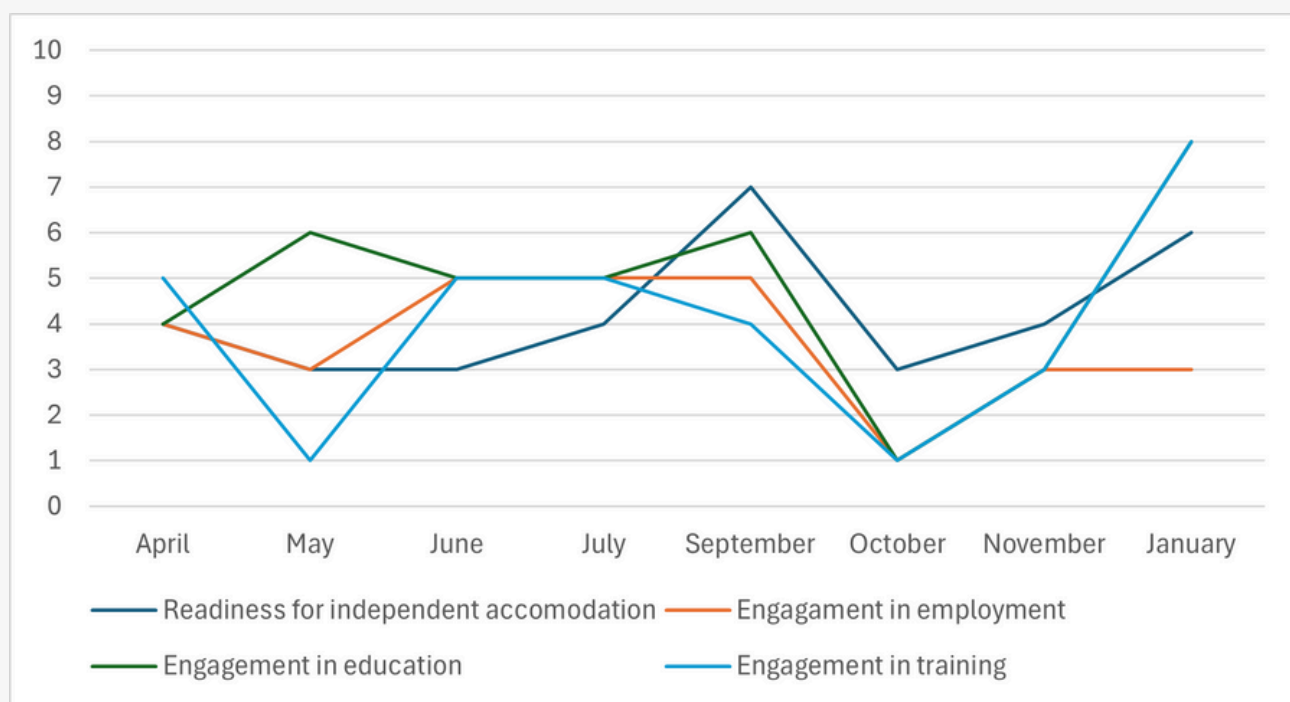


Figure 8: readiness for independence scales YP A

YP A experienced a reduction in their markers for readiness for independence in October. A major life event occurred for the YP that month and they experienced a subsequent mental health decline. However, they began to improve again the next month, demonstrating improvements in soft outcomes.

*These scores were not consistently obtained from the same staff member per YP so may be some variation in staff perceptions of readiness for independence.

YP B

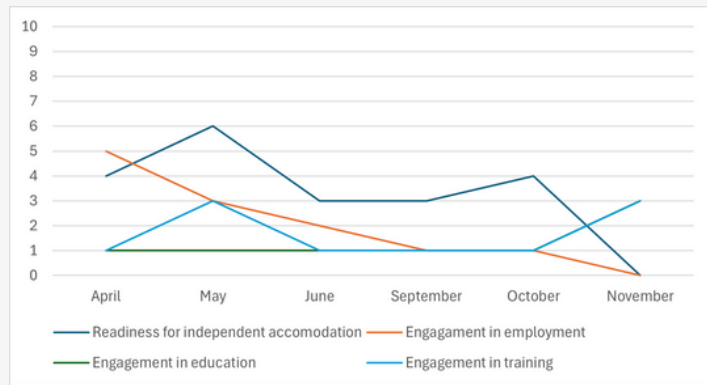


Figure 9: readiness for independence scales YP B

YP B was legally obliged to stay at the Transition Hub service. By September, YP B had their tag removed. The readiness for independent accommodation score in October is reflective of the YP having limited engagement with staying on site and supporting their son. In November, the YP had been transferred to a different support worker.

In May, YP C experienced a difficult time with their mental health. Staff supported the YP with opportunities for small group or 1:1 engagement and by June, moved into independent accommodation.

YP C

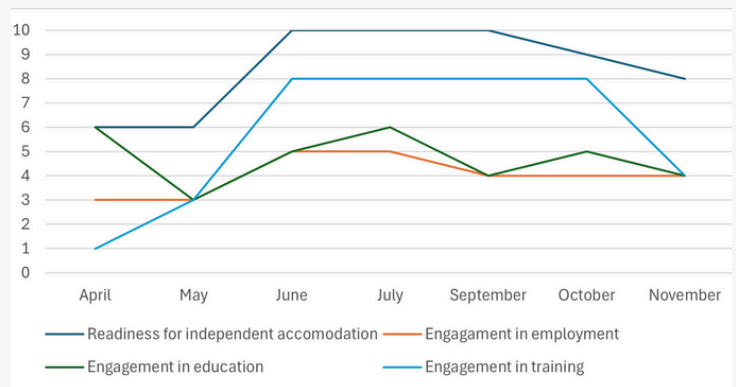


Figure 10: readiness for independence scales YP C

YP D

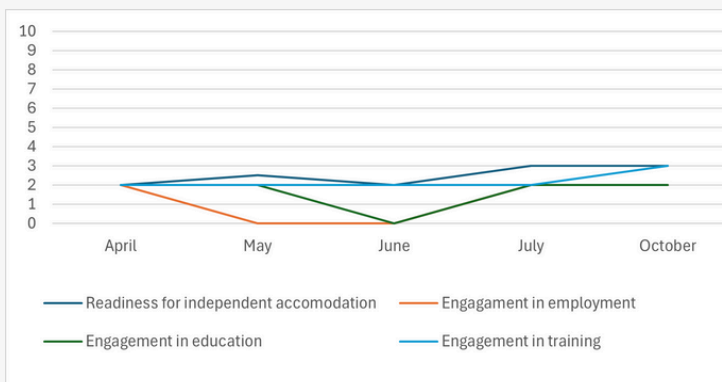


Figure 11: readiness for independence scales YP D

In May, YP D began living with a family member and was on floating support. Despite this, the YP scored consistently low on readiness for independence. Her attachment to staff members was reported as a barrier for independence.

CASE STUDY: YOUNG PERSON A

Brief overview of soft outcomes tool data informing the case study. Following YP over 12 month period from beginning of time at Transition Hub through to successful move on to further support.

Overview of history and complex problems:

Young person A has multiple ACEs and experiences of trauma. Upon arrival at the Transition Hub they had a history of rough sleeping, an ongoing court case related to the custody of their child, and complex relationships with their biological family. They had extensive drug (including class A's) and alcohol consumption particularly as a coping mechanism. Extensive failures from systems designed to support the YP and adults in positions of trust meant they found engaging with support and accepting it challenging as they were very untrusting of adults. They found managing and processing emotions difficult and other key skills such as setting boundaries, budgeting, communication and cooking. They also presented with post traumatic stress disorder and suspected bipolar, alongside low levels of mental health literacy skills.

Specific mechanisms and approaches that supported the positive development of YP:

Patience, ability to adapt, and the implementation of PIE and strengths-based approaches demonstrated by the transition coordinators who worked closely with this YP alongside the broader interdisciplinary support from the co-located therapeutic team was key to the YPs progress and development. Over time they were independently able to ask for the clinical psychologists help when needing support. Therapeutic activities, support groups, and 1:1 support offered by Aquarius were also key in reducing the YPs engagement in risky and harmful behaviours related to their drug and alcohol consumption. The range of activities on offer which the YP engaged with such as life skills, boxing, MST4Life™, managing emotions, and creative activities, has also helped support their development. It is clear that the trust and rapport developed between the YP and their transition coordinator es has resulted in positive relationships, but took time to develop. For example, it took almost 2 and a half months for the YP to trust their transition coordinator to help with phone calls to DWP. Additionally, one of the transition coordinator es assisted the YP with doing food shops by going to the shop with them but again this took time. By September the YP started meal planning and cooking more, recognising a need to gain some weight and started eating at least 1 meal a day.

Outcomes for the client and staff. Include any other wide-ranging impacts of the team and/or other clients:

Overall the YP ceased alcohol consumption and reduced the drug consumption during their time at the Transition Hub, and developed alternative adaptive coping mechanisms. For example, the YP lost the court case but demonstrated emotional regulation skills, did not turn to class A drugs (cannabis instead), and made use of their wider family support network. Despite fluctuations in their mental health throughout their time at the Transition Hub which resulted in the deterioration of self-regulation and care skills, these did not reduce so extensively each time, demonstrating overall progress.

SERVICE DELIVERY OVER TIME: BARRIERS, ENABLERS & KEY LEARNINGS



KEY INGREDIENTS FOR SERVICE DELIVERY: ORGANISATION PERSPECTIVES

Data from interviews and Padlet boards completed with organisation leaders and members of the therapeutic team were analysed thematically each year. An overview of change over the 3 years of service provision was also completed. The four themes key to service delivery are shown below. They will be presented in greater detail and showing changes over time on the following 4 pages.

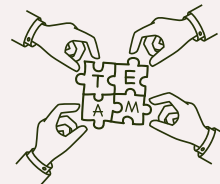
1

MULTI AGENCY WORKING



2

STAFF



3

ENVIRONMENT



4

PROCESS AND ACTION LEARNING



THEME 1: MULTI AGENCY WORKING

Multi-agency working refers to the work the Transition Hub does with external agencies and organisations (e.g. Forward Thinking Birmingham, Social Workers, the Youth Justice System, Birmingham Racial Action Project) to meet the complex support needs of young people.



YEAR 1

- Multiple services external to St Basils were involved in supporting young people. However they needed to work more effectively together.
- They would often receive incomplete information for referrals. For example not all agencies would turn up for multi-agency meetings with St Basils staff.
- Successful move-on could be challenging due to other system wide challenges. For example, The Transition Hub often housed young people who should have been sectioned under the mental health act but there were no beds available.

YEAR 2

- Despite still receiving some incomplete information at the point of referral, improvements to information sharing between agencies & St Basils occurred overall.
- Relationships and communication between St Basils, FTB, social workers and the Youth Hub improved (e.g., attending multi-agency meetings).
- Improvements were successful but challenging due to the amount of resource required. Having the full therapeutic team in place supported relationship building.
- Improved multi-agency working also enhanced floating support provision. However, greater consideration of pathways out of the Transition Hub were needed.

YEAR 3

- Information sharing has improved at the referral (e.g., Youth Hub) and assessment stages and now includes more cross checking.
- Co-located clinical and therapeutic team has been key to improved multi-agency due to their access across systems (e.g., FTB).
- Attendance at MAM's has improved and is more consistent.
- There are still challenges around managing external service expectations and understanding of what the Transition Hub does.

THEME 2: TRANSITION HUB STAFF

This theme encompasses staff's implementation of psychologically informed and strengths-based practice, staffing levels and the development of the therapeutic team. Supporting staff to enhance their wellbeing and service provision is essential.

YEAR 1

- Experiences of high staff turnover and low feelings of morale. For example, staff took up opportunities elsewhere for higher paid work with less responsibility. There were also incidents of racial abuse towards staff which left them feeling isolated.
- Staff displayed important skills such as patience, resilience and support towards one another and YP. However, staff initially struggled with applying PIE approaches, tools, and skills consistently in extremely challenging situations.
- Staff displayed strong relationship building skills with YP.

YEAR 2

- Therapeutic team now in place (clinical psychologist, occupational therapist and Aquarius worker). This has increased access to direct clinical assessment and interventions with YP, as well as enhancing support for YP through delivery of indirect interventions such as case formulations and reflective practice with Transition Coordinators and other support staff.
- Staff at the Transition Hub are warm, welcoming and kind and demonstrated increased understanding of the importance of PIE and stabilisation work and their levels of resilience have improved.
- Staff burnout was generally perceived to be well managed within wider system constraints, however it must be acknowledged that working with YP with these extremely complex needs puts extreme relentless pressure on frontline staff and the leadership team who support staff.

YEAR 3

- Co-located therapeutic team now fully embedded within the service.
- Appointment of an activity co-ordinator to manage the internal and community based-activities available to YP.
- Staff are working together more effectively and now have regular case management reviews.
- Staff are better able to consistently implement PIE and strengths-based approaches when working with YP, even in extremely challenging situations.
- Having a full staff team has been essential to working effectively.

THEME 3: TRANSITION HUB ENVIRONMENT

Overall, the Transition Hub environment is psychologically informed and offers a variety of positive development and therapeutic activities. However, the physical environment could be more fit for purpose.



YEAR 1

- The location of the Transition Hub presented some challenges. For example, with it being so close to central Birmingham and rough sleeping communities as well as where some young people were purchasing drugs, this created challenges for some YP in moving away from those behaviours and networks.
- Having the Transition Hub in a shared location with YP under Direct Access (i.e. emergency access) support sometimes caused conflict and additional support needs, where the behaviours of those in the Transition Hub were worrying and upsetting those under Direct Access support.

YEAR 2

- Staff still described challenges with regards to building location and use of the space within the building. For example, the Transition Hub sharing the space with direct access was still described as challenging. Additionally, although the Transition Hub is a PIE, the physical environment itself was perceived by staff to have a lack of therapeutic space.
- The Transition Hub is now delivering a comprehensive offer of clinical and therapeutic interventions within a multi-disciplinary team. This includes, MST4Life™, Life Skills, managing emotions workshops, and art activities.

YEAR 3

- Challenges remain with regards to the co-location of Transition Hub YP and Direct Access YP. This includes relational difficulties and triggering behaviours, as well as challenges for staff who were often supporting YP in both services.
- The lack of therapeutic space within the building itself and within communal areas impacts YP wellbeing, mood and engagement. Physical space within the environment is therefore a key consideration for the future.
- The activity offer now includes comprehensive and consistent delivery of activities which provides further opportunities to learn about and assess YP and reduced disruptive behaviour.

THEME 4: PROCESS & ACTION LEARNING

Year 1 included a phase of rapid mobilisation to get the service up and running, and was predominantly a year of learning. Year 2 saw further learning as well as implementation of key changes. Year 3 primarily focussed on embedding new processes and moving to a period of consistency in delivery.

YEAR 1

- The evaluation plan predominately focussed on a large questionnaire pack, which was not feasible due to young people's limited capacity and staff time focussing on high levels of crisis response and de-escalation.
- Learnt that further staff training in applying PIE and strengths-based approaches was needed to help staff feel better equipped to manage the extremely challenging behaviours and need support requirements of YP.
- It became clear that despite the importance of effective multi-agency working to achieve successful support and production of case formulations, barriers such as internal high staff turnover and external agencies not attending MAM's inhibited collaborative and consistent multi-agency working.

YEAR 2

- Adaptation of evaluation plan to co-produce and pilot test more feasible and effective data collection methods for the context (ReQoL and Soft Outcomes Tool).
- Staff training on strengths-based approaches & MST4Life™ delivered and co-located therapeutic staff now at full capacity.
- Numerous processes under review and re-development with the purpose of:
 - Enhancing the referral process and making this clearer to external agencies who might refer YP.
 - To better incorporate support for staff who may experience threats and/or discrimination.
 - Work towards a more collaborative process of case formulation development.

YEAR 3

- Progression from ideas to practice has taken time but having a re-developed and clearer standard operating procedure has enhanced applied practice and administrative processes.
- Improved staffing and fully embedded co-located therapeutic team has been essential to supporting YP as well as supporting transition coordinators to more consistently apply PIE and strengths-based approaches.
- Progress towards more collaborative case formulation development, but this can still vary and could be enhanced further.
- Being able to implement action learning cycles and processes requires well resourced teams to effectively adapt and update.

APPLIED IMPLICATIONS AND CONCLUSIONS



LINKING FINDINGS TO THE LOGIC MODEL

Evidence from the data collected as part of this three year evaluation has demonstrated success in relation to the logic model (Figure 1, Page 2). Furthermore, the data has also enabled a refinement of the logic model to better understand who the Transition Hub is for, what the intervention is comprised of, the mechanisms that enable success and finally the positive outcomes it supports YP to achieve. The Transition Hub is a service that provides an opportunity for detailed assessment, and stabilisation that means YP have essential opportunities for their needs to be met and for them to successfully transition into the most appropriate accommodation for them with the skills needed to live independently.

TARGET:

WHO IS THE INTERVENTION FOR?

Young people who have been perpetually excluded from support systems and have multiple and complex unmet needs. This includes:

- Substance abuse
- Mental illness
- Neurodiversity
- Multiple adverse childhood experiences
- Trauma

INTERVENTION:

WHAT IS THE INTERVENTION?

- Co-located clinical and housing professionals integrated into cohesive therapeutic team.
- Psychologically Informed Environment & strengths-based approaches.
- Comprehensive activity offer that is consistently delivered e.g., Life Skills, MST4Life™, managing emotions workshops.
- Multi-agency working to meet complex needs.

CHANGE MECHANISMS: HOW AND WHY DOES THE INTERVENTION WORK?

- Multi-agency working enhances knowledge during assessment and case formulation development.
- PIE is a key mechanism to allowing the intervention to work and could be improved further with the physical environment,
- Appropriate data collection methods for evaluation that align with PIE.

OUTCOMES:

WHAT DIFFERENCE WILL IT MAKE?

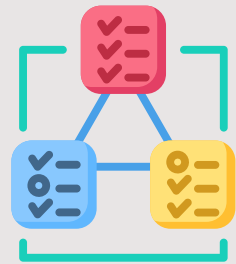
- Holistic case formulation that supports YP to move onto appropriate next steps in-line with support needs (e.g., EET, housing).
- Period of stabilisation and safety (e.g., reduction in harmful and risky behaviour).
- Staff able to support each other and YP during emotionally intense situations.

APPLIED IMPLICATIONS:

Evidence has shown that the Transition Hub is successful in providing essential support for YP experiencing homelessness who have been systematically failed and whose needs are extremely complex. We have outlined below key considerations for continuing and enhancing this successful service. The applied implications will also be important for any future Hubs that might be commissioned.



Frameworks and approaches



Implementing complementary frameworks and approaches that enabled agile working to meet the changing demands of a complex and fast paced service were essential to service success and will be necessary for the success of any (re)commissioned services.

Action learning

Action learning was a vital approach that enabled the service to learn from challenges and best practice at an organisational level in terms of processes and at an applied level in terms of direct support of YP.

PIE and strengths-based approaches

The underpinning approach of PIE (Cumming, et al., 2018) for the Transition Hub was essential in:

- Enabling consistency across staff in positively supporting YP.
- Considered and meaningful evaluation (e.g., soft outcomes tool) that supported action learning, and psychologically informed delivery.
- Reflective practice.
- Bringing strengths-based approaches to the forefront of YP support and service delivery approaches, including the use of the CARES model of delivery (see page 30) .

2

Therapeutic environment



The Transition Hub environment was an important factor for both staff and YP. We therefore recommend that future services of this nature include a co-located therapeutic team, have a variety of internal and external activities for YP. The built environment is also an important component and would benefit from some improvements to enable the Transition Hub to continue excelling in its service delivery.

Co-located therapeutic team

Having a fully embedded, co-located therapeutic team consisting of a Clinical Psychologist, Occupational Therapist and Aquarius (drug and alcohol support) worker, was essential to providing the multi-faceted support needed by young people accessing the service and helping improve their mental health.

Therapeutic and skill development activities

Having a comprehensive offer of therapeutic and skill development activities (within and external to the Transition Hub) that were consistently rolled out, was key to creating a more therapeutic environment for the YP to engage with. This was also impactful in reducing boredom and conflict within the service which had previously been disruptive to creating a therapeutic environment. Additionally, it provided tangible evidence that YP (often perceived as non-engaging) could and would join in with pro-social/beneficial activities when offered/structured in the right way.

Built environment

The built environment (e.g., the physical space) is a vital component for creating an environment that is conducive to promoting the elements of a therapeutic space. Greater consideration of this is something that would further enhance the success of the service. A lack of functional yet quiet, and restorative communal spaces were a key challenge alongside a lack of space for staff within the building. Furthermore co-location with the Direct Access service is also something which impacted on the environment.

3

System wide collaboration

Evidence from the report demonstrates the importance of multi-agency working across different systems to ensure work is not duplicated and that all of a YPs support team is working effectively and coherently. Despite the evidence showcasing the benefits of this approach when used effectively, the amount of resource required to achieve this (e.g., time consuming) needs careful consideration and sufficient investment.

Additionally, a lack of clarity from external organisations on the remit of the Transition Hub was often challenging with referrals of YP who did not meet criteria, or a lack of understanding of what was within the Transition Hubs' capacity and what external organisations needed to do. Investing in clearly promoting the role and remit of the Transition Hub in the future will be key to supporting system wide collaboration and ensuring more effective multi-agency working.

YP in the Transition Hub are often supported by multiple agencies, sometimes spanning across five or more organisations or agencies needing to be in attendance at multi-agency meetings. Based on the evidence of positive youth development and more efficient working we therefore recommend that multi-agency working is an essential component for this service. With greater investment (as outlined above), this will support the Transition Hub and external agencies to strengthen these existing collaborations enhancing efficiency as well as the capacity to achieve positive outcomes for YP.



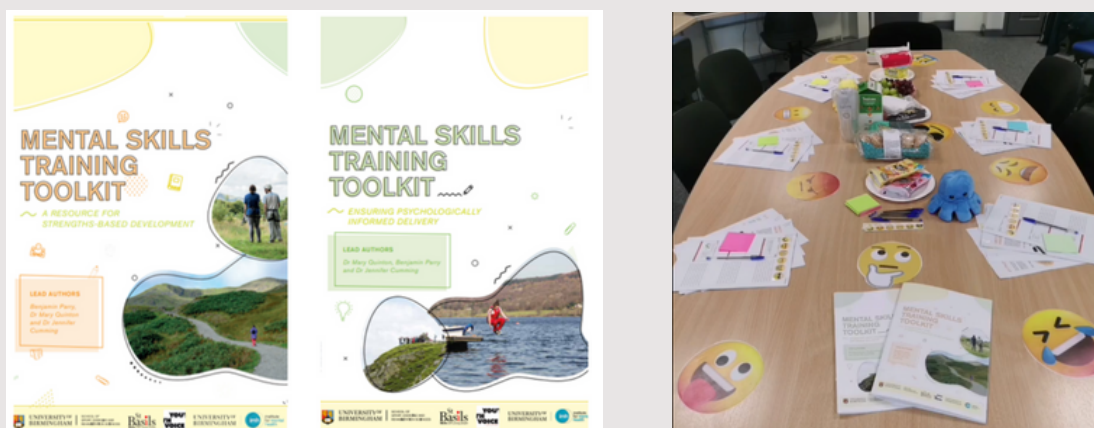
4

Resourcing the Transition Hub Service:

Working in the Transition Hub and supporting YP with multiple and extremely complex support needs is emotionally demanding, placing extreme and ongoing pressure on staff (e.g., transition coordinators). Furthermore, this in turn has an impact on the Transition Hub leadership who spent significant time on supporting and coaching the frontline staff to a) be able to emotionally regulate themselves after being in such an emotionally intense environment and b) to develop their own coping resources to continue to do this work and high-level problem-solving skills as each YP comes with a highly individual presentation.

Ensuring staff are well supported through a well managed workload, reflective practice and appropriate, meaningful and regular training is essential and enhancing the CPD offer available to staff would be highly beneficial in further upskilling them.

Once initial challenges of high staff turnover were overcome and the full staff team of transition coordinators and co-located therapeutic team were in place the benefits of this were evident. This does however highlight the importance of recruitment and staff support (from senior leadership and through training) to reduce high staff turnover that impacts successful service delivery and demonstrates the need for suitable levels of resourcing to enable staff and senior leadership to work effectively in such a highly complex environment.



Transition Hub staff received an additional 2 half-day training sessions on strengths-based activities and delivery style based on the MST Toolkits and CARES model (Cumming et al., 2023, Tidmarsh et al., 2023). You <https://www.sprintproject.org/toolkit>

CONCLUSION

As youth homelessness continues to increase (12% rise from 2021-22 to 2022-23; Centrepont 2023) youth homelessness services face additional pressure to meet demand as well as increasing severity and complexity in support needs.

The Transition Hub provides a more specialised and holistic essential service to young people whose support and stabilisation needs exceed traditional service provision capabilities. Without the Transition Hub many young people would have remained stuck in a vicious cycle of homelessness and engagement in risky and harmful behaviours that are both detrimental to the individual and costly to public health services. Through access to support from transition coordinators and specialised support from the in house Clinical Psychologist, Occupational Therapist and Aquarius worker young people demonstrated reductions in risky behaviours and increases in self-regulation capacity. Finally, many young people maintained accommodation at the Transition Hub service longer than in previous services and staff were able to work more effectively internally and with external agencies to meet their support needs. Additionally all young people moved on with a completed Formulation Report with recommendations for their support network and sometimes additional information such as a communication passport and safety plan to inform and support their next steps following move on from the Transition Hub.

REFERENCES

Cumming, J., Skeate, A., & Anderson, G. (2017). St Basils Psychologically Informed Environments–Meeting the emotional and psychological needs of young homeless people. London: Housing Learning & Improvement Network.

Cumming, J., Whiting, R., Parry, B. J., Clarke, F. J., Holland, M. J., Cooley, S. J., & Quinton, M. L. (2022). The My Strengths Training for Life™ program: Rationale, logic model, and description of a strengths-based intervention for young people experiencing homelessness. *Evaluation and Program Planning*, 91, 102045. <https://doi.org/10.1016/j.evalprogplan.2021.102045>

Tidmarsh, G., Quinton, M., & Cumming, J. (2022). St Basils Milner Court Transition Hub: Year 1 Evaluation. Birmingham, UK

Tidmarsh, G., Whiting, R., Thompson, J. L., & Cumming, J. (2022). Assessing the fidelity of delivery style of a mental skills training programme for young people experiencing homelessness. *Evaluation and Program Planning*, 94, 102150. <https://doi.org/10.1016/j.evalprogplan.2022.102150>

Tidmarsh, G., Bird, G. A., Quinton, M., & Cumming, J. (2023). St Basils Milner Court Transition Hub: Year 2 Evaluation. Birmingham, UK

APPENDICES

Appendix A: ReQoL Questionnaire
Appendix B: Soft Outcomes Tool

APPENDIX A: REQOL QUESTIONNAIRE



For each of the following statements, please tick one box that best describes your thoughts, feelings and activities **over the last week**.

Over the last week	None of the time	Only occasionally	Sometimes	Often	Most or all of the time
1. I found it difficult to get started with everyday tasks	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
2. I felt able to trust others	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3. I felt unable to cope	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
4. I could do the things I wanted to do	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5. I felt happy	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6. I thought my life was not worth living	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
7. I enjoyed what I did	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8. I felt hopeful about my future	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9. I felt lonely	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
10. I felt confident in myself	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

For official use

Score for items 1- 10 (equivalent to ReQoL-10) =

Over the last week	None of the time	Only occasionally	Sometimes	Often	Most or all of the time
11. I did things I found rewarding	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
12. I avoided things I needed to do	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
13. I felt irritated	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
14. I felt like a failure	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
15. I felt in control of my life	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
16. I felt terrified	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
17. I felt anxious	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
18. I had problems with my sleep	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
19. I felt calm	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
20. I found it hard to concentrate	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

	No problems	Slight problems	Moderate problems	Severe problems	Very severe problems
Please describe your physical health (problems with pain, mobility, difficulties caring for yourself or feeling physically unwell) over the last week	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

For official use

Score (for items 11-20) =

Score (for items 1 – 20) equivalent to ReQoL-20 score =

ReQoL™ Version 1.1 © Copyright, The University of Sheffield 2016, 2018. All Rights Reserved. The authors have asserted their moral rights.
Oxford University Innovation Limited is exclusively licensed to grant permissions to use the ReQoL™.
ReQoL-20 English for United Kingdom.

APPENDIX B: FINALISED VERSION OF THE SOFT OUTCOMES TOOL



Soft Outcomes Tool – Transition Hub

Background

This tool is a bespoke tool co-designed by University of Birmingham researchers and staff at St Basils to capture soft outcomes over the time young people access the Transition Hub service (see appendix A for list of potential soft outcomes).

The tool will be completed using a conversation style approach whereby the researcher inputs staff's answers into the tool. The tool will be completed once per month for each young person from arrival at the service through to when they leave with the aim of capturing this information over time.

The ideal scenario for completing the tool will be a more relaxed/informal approach (over a cup of tea or coffee for example) and will coincide with when staff are already at work, and the researcher is visiting the Transition Hub site.

What do we mean by soft outcomes?

Soft outcomes are those intangible and subjective changes we see in young people that are hard to measure. They are often an important intermediate step towards achieving the harder outcomes. It is often difficult to measure soft outcomes directly. Instead, appropriate indicators or success measures may be used to provide evidence that a soft outcome has been achieved. For example, a soft outcome might be: 'A young person greeting members of staff, such as saying hello, good

Section 1: Key information and informal check in

Date:	Any interruptions: Y/N
Researcher:	
Staff member:	
YP Participant Number:	
Duration of data collection session:	

Once the above data has been completed, please check in with the member of staff to see how they are feeling today before engaging in tool completion.



Section 2: Readiness for independence scale

Q1. [In comparison to last time] On a scale of 1-10* how ready is this young person in terms of moving towards independence for the following items:

- Independent accommodation

1 2 3 4 5 6 7 8 9 10

Q2. For first interview – Is the young person already engaged in education, employment or training (EET)?

- Engagement in employment

1 2 3 4 5 6 7 8 9 10



- Engagement in education

1 2 3 4 5 6 7 8 9 10

- Engagement in training

1 2 3 4 5 6 7 8 9 10

*1 being not at all ready and 10 being completely ready

Section 3: Questions for catch up with staff member

Q1: Can you tell me about this YP's current skillset (e.g., organised, planning, resilient, confident, emotion regulation, teamwork)

- If this is after the first data collection, recap what was said in the previous session and ask the member of staff if the YP has started to demonstrate any new skills, anything to change.

A:

Q2: Can you describe the young person's current attitudes and behaviours?

- Includes general observations of young person
- Also make a note/ask if these are towards something or someone (e.g., towards staff, other young people).

A:

Q3: Can you describe the young person's current engagement in activities/support available within the Transition Hub?

- Can you tell me about, if anything, that helps or hinders this engagement for the YP?

A:



Q4: Based on the above descriptions how will we know that the Transition Hub has been successful for this young person?

- What would success look like for them based on their unique support needs, attitudes, behaviours, engagement etc.
- If this is the first data collection point for this YP please consider short, medium, and long term.
- If this is after the first data collection, please consider if what success looks like has changed for this YP.

A:

Q5: Can you tell me about something (if anything) that has contributed to [YP name's] progress towards or made progress towards successful outcomes challenging for this young person?

- Is this a particular system, something environmental, relationships with others etc.

A:

Q6: Can you tell me about how the YP feels about being in the service?

- How do you know this?
- Has this changed over time?

A:

Q7: Is there anything else you want to add about the soft outcomes for this young person?

- Refer to appendix to make sure that nothing has been missed. Use this opportunity to highlight the relevant soft outcomes for that YP.

A:



Q8: Is there anything you feel you want to discuss/work towards with the young person following the chat today? - How might you go about that?
A:

Section 4: Closing

An opportunity to check in following completing the tool and transition back into workday. This could include, checking in with how the staff member is feeling using the emoji scale again, asking them what they are doing next etc and signposting to support services if needed (e.g., mental health).



Section 5: Mental Health Support Services

- Samaritans helpline: Call 116 123 or email: joe@samaritans.org (available 24 hours a day to provide confidential emotional support for people experiencing feelings of distress, despair, or suicidal thoughts).
- For a local NHS urgent mental health helpline (England only): <https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>
- Contact your GP and ask for an emergency appointment.
- Use the SHOUT crisis text line: text SHOUT to 85258.



Appendix A

List of potential soft outcomes

Please add to this list if there is something missing that is relevant. Please highlight any you feel are relevant to this young person.

- Improved communication between young person and staff
 - Saying good morning/evening/hello
 - Showing up to meetings/consistency (e.g., residence meetings, meetings with progression coaches)
 - Working with staff towards their goals
 - Building positive relationship with staff (what does this look like for this YP)
 - Replying to text messages
- Improved communication between young person and other residents
- Improved engagement/use of development resources
 - Life skills
 - Recovery star
 - Engagement with risk tracker
 - MST4Life™/#Youcan
- Fulfilment of basic needs (e.g., cleaning room, personal hygiene, food, finances)
- Communication skills
 - Contribution to residents' meetings (articulating what they need/want/like/dislike)
 - Stop/reduced swearing (what is the context? E.g., is it reduced when directed at somebody compared to in general conversation)
 - More confident in speaking/holding a conversation.
 - More eye contact.
- Reduced (not eradicated) harmful behaviours
 - substance/alcohol misuse
 - More mindful of when taking substance etc (harm minimisation)
 - Why or why not is this needed
 - What does this YP need to support them to reduce substance/alcohol misuse
 - Self-harm
- Talking about the future/feeling more hopeful
 - How does the YP feel about the future?
 - Is there something holding them back in terms of thinking and talking about their future?
 - More future orientated compared to need immediate gratification



- Increased use of support/how open is the YP to support?
 - Asking for help from staff or other YP
 - Interactions with specialist support (Aquarius, Clinical Psychologist, Occupation Therapist)
 - Is there anything that enables/hinders engagement with specialised support
- Improved self-regulation (and related behaviours)
 - Calmer, less erratic
 - Less abuse of property
 - Reduced visits to project from emergency services
 - Less frequent confrontation with others
 - Regulation of emotions
 - Recognition of triggers
- Changes in attitudes/beliefs/values and related behaviours (this could include racism, gender, domestic violence).
- Taking responsibility/ownership

Higher Level soft outcomes:

- Self-confidence
- Feeling like they are a worthy person (self-esteem)
- Able to make good decisions for themselves
- Able to be resilient after facing difficulties/problems