Change and Integration Programme
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Cheshire and Merseyside

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Cheshire East

A complementary local report to the Cheshire & Merseyside (C&M) Early Mental Health System Review - "Seen, Heard, Supported? Young Voices, Local Services"

On behalf of:

NHS · Knowsley Council · St Helens · Liverpool City Council · Warrington Borough Council · Halton Borough Council · Wirral · Cheshire West and Chester · Cheshire East Council · Sefton Council

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Foreword

What an incredible year of action, commissioned by the Cheshire & Merseyside Directors of Children's Services, the nine Local Authorities, and the NHS Cheshire and Merseyside ICB. This work responds to a clear and urgent need to address rising demand in children and young people's emotional wellbeing and mental health. We must act earlier, more decisively, and together.

The Voluntary, Community, Social Enterprise and Faith sector is a vital partner in this endeavour. I am proud that we committed funding to enable the sector not only to contribute to this work, but to lead it. The scale and depth of this review are impressive, with over 480 services mapped and the voices of more than 1,000 children and young people shaping its findings. The result is a report that is rich in insight, grounded in lived experience, and firmly focused on solutions.

The report is clear about gaps in current provision and the need to strengthen and grow models that are already working well. Above all, it reinforces the importance of supporting children and young people in the here and now. It will not surprise many of us that young people want different approaches, delivered in different ways and settings. What comes through overwhelmingly is their preference for non-clinical, flexible, and relational support rooted in their communities.

This is a powerful call to ensure that our collective investment is balanced across prevention, early intervention, and statutory services. Getting this balance right will reduce escalation, avoid unnecessary statutory involvement, and, quite simply, change lives.

This report would not have been possible without the commitment and trust of our voluntary sector partners. Their deep connections within communities enabled us to hear from children and young people whose voices too often go unheard within statutory systems. They helped surface services that are rarely captured within formal databases and were honest about the challenges they face: limited capacity, short-term funding cycles, and a lack of infrastructure to consistently evidence and share their impact. These realities are not peripheral to the findings; they are central to them.

What this report asks of us is simple, but not easy. It challenges us to act as one system across Cheshire & Merseyside so that every child and young person, wherever they live and whenever they need help, can access timely, early support without barriers or delay. It reinforces the value of local, accessible spaces and the importance of maximising the community assets we already have.

This is a timely and important report. Need is rising, the evidence is clear, and national policy is increasingly aligned towards prevention and early intervention. As system leaders, we are called to do more and to do better.

Crucially, this report does not just describe the challenge; it brings insight from children and young people themselves, alongside tangible, proven models that already exist and work. It invites us to work together, at every level, to meet the needs and expectations of our young citizens.

I would like to offer my sincere thanks to the children and young people who shared their experiences, insights, and hopes through this work. Many spoke openly about difficult moments in their lives, and their honesty and generosity have shaped this report in powerful and meaningful ways. Their voices sit at the heart of these findings and must continue to inform how we design and deliver support.

I am also grateful to all partners who contributed their time, expertise, and challenge throughout the process. A big thank you to Nasima Patel and the team for making this happen with such professionalism and passion, and special thanks to the steering group:

- Kevin Bradburne – Director of Youth Federation
- Dave Packwood - VCSFE Children and Young People Network Manager (Cheshire & Merseyside)
- Monique Collier - Chief Executive Officer for YPAS
- Val O'Donnell – Director of Services for YPAS
- Anne-Marie Thornburn – NHS Transforming Care CYP Programme Lead
- Lisa Carden Doorey – Head of Sector Development for Community & Voluntary Services Cheshire East
- Rachel Smethurst, Charlotte Hall & Louise Houghton – NHS Young Adults Mental Health group

Kind regards,

Mark Palethorpe

Chief Executive, St Helens Borough Council
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Executive Summary

This report has been developed as a complementary Cheshire East place-based analysis to the wider Cheshire & Merseyside Early Mental Health System Review. It brings together system mapping, partner insight and, critically, the voices of children and young people to assess how well current early emotional wellbeing and mental health support meets local need.

Why this review matters

Children and young people in Cheshire East are experiencing rising levels of emotional distress, reflecting national trends. While a broad range of support exists across statutory, voluntary and community sectors, the system remains difficult to navigate, inconsistent in access, and often weighted toward crisis rather than early help. Young people continue to report that support is hard to find, waits make things worse, and transitions - particularly into adulthood -create a “cliff edge” in provision.

What we did

The review draws on a mixed-methods approach, including:

- Mapping 41 early emotional wellbeing and mental health services across Cheshire East
- Engagement with 51 children and young people locally, including those less likely to access support
- Input from VCSFE organisations, health partners and local authorities
- Analysis of local needs data, national policy and best practice

What young people told us

Young people’s feedback was clear and consistent:

- Support is difficult to find and navigate
- Waiting worsens mental health and reduces trust
- Access to early help is inconsistent and dependent on location
- Relationships and continuity matter more than short-term interventions
- Transitions, particularly at 18, are a significant point of failure

They also highlighted what works: informal, welcoming spaces; trusted adults; activity-based support; and flexible, community-based provision available outside traditional hours.

The current system

Cheshire East has strong foundations, including a diverse provider landscape, established outreach models, and effective partnership working. Many young people report positive experiences when they can access support.

However, access remains uneven. There are:

- Geographic gaps, particularly in rural areas
- Limited provision for key age groups (5–13 and 18–25)
- Inconsistent visibility and navigation of services
- Capacity pressures impacting outreach and early help
- Ongoing challenges with transitions and continuity of care

What must change

To deliver a more effective system, the evidence highlights the need to:

- Strengthen early help and prevention, particularly for younger children
- Improve visibility, navigation and access through a clearer “front door”
- Expand open-access, community and outreach provision
- Address inequalities in access across geography and age
- Improve transition pathways, especially for 16–25 year olds
- Ensure no young person waits for support without contact or help

A call to action

Cheshire East has strong partnerships, committed services and a clear understanding of what young people need. The challenge now is to bring greater consistency, coordination and equity to the system.

By building on existing strengths and placing young people’s voices at the centre, there is a clear opportunity to create a more visible, accessible and preventative system - where every child and young person can access the right support, at the right time, in the right place.

Introduction

Children and Young People's (CYP) emotional wellbeing in Cheshire East is shaped by a complex mix of social, economic and geographic factors. As one of the largest unitary authorities in the Northwest, the borough includes rural, semi-rural and urban communities, all of which experience differing levels of vulnerability. The Cheshire East Joint Strategic Needs Assessment (JSNA) shows that mental health is strongly influenced by wider determinants such as family circumstances, income, education and rural isolation. In addition, a local 2024 review of CYP's emotional and mental wellbeing found rising levels of anxiety, low mood and distress, alongside inequalities in access to help and challenges navigating support. These patterns reflect national trends, where approximately one in five young people are likely to experience a mental health difficulty at any given time.

Cheshire East has a broad early help offer, voluntary sector provision and NHS services, much of which is signposted through the Live Well platform. The Cheshire East Place Mental Health Plan (2024–2029) identifies children and young people as a priority and commits to strengthening prevention, early intervention and reducing inequalities across the system. However, like the rest of England, the system remains weighted toward crisis rather than prevention. National reductions in youth services, long waiting times and difficulties transitioning between children's and adult services with many young people reporting a sudden "cliff edge" at 18, despite their needs remaining the same; contribute to the perception that "there is nothing out there,". This is despite the significant work taking place locally. Rising admissions for mental health related crises among 11–25s reinforce the need for stronger early help pathways.

This project builds on local work by mapping provision in Cheshire East and gathering the voices of children and young people to understand how well current services reflect their needs and preferences. By combining system mapping, local intelligence and lived experience, this report provides evidence-based recommendations with the aim of supporting Cheshire East in designing a more visible, connected, and equitable early-help system. This aligns with positive national policy shifts where preventative mental health support is being emphasised and aligns with the ambitions of the C&M Mental Health Plan, and with young people's right to accessible support in the places they already trust. Our ambition is to ensure that the phrase "there is nothing out there" becomes a thing of the past, replaced with a system where support is visible, trusted and available at the right time and in the right place.
A young person friendly version of this report will be available, along with the sub-regional Cheshire & Merseyside report.

Approach

This report examines emotional wellbeing and early mental health support for children and young people aged 5-25. This age range was selected both to address the well-recognised challenges associated with transitions between children's and adult services, and to complement separate mapping work already undertaken for 0–5s. Throughout this report, references to "Children and Young People" (CYP) relate specifically to this 5–25 cohort and "young adults" refers to those aged 16-25.

The work was informed by a mixed methods approach, including:

- Mapping and review of 41 emotional wellbeing and early mental health services across Cheshire East, identified through provider engagement, survey responses, and publicly available information.
- Direct engagement with 51 children and young people through surveys and a listening session in Macclesfield facilitated by JustDropIn
- Input from VCSFE organisations, health partners and local authorities, capturing both provider and system level perspectives
- Targeted engagement with groups less likely to access support, including neurodivergent young people, those with disabilities, and marginalised communities
- Desk based analysis of local needs assessments, national policy, and emerging best practice

This approach prioritised co-production, inclusion and practical system insight, ensuring findings reflect lived experience as well as delivery realities. Together, these methods provide a robust evidence base that integrates young people's voices with operational understanding from across the system.

Although the work initially centred on physical youth hubs, the scope was broadened to include outreach and digital support - meaning access to services and information available online - recognising that not all young people can or will access help in a physical building. This can be due to factors such as stigma, disability, anxiety, or territorial concerns. This expanded scope allowed the project to more accurately capture how young people live, communicate, and seek help today.

Terminology within early mental health provision is often used inconsistently, with labels such as youth hubs, early support hubs, one stop shops, mental health hubs, and youth centres frequently used interchangeably. For the purposes of this report:

- A youth hub refers to a physical, community-based, often youth designed space, that provides open access activities, advice, and early mental health support without referral, assessment, eligibility criteria, or a threshold for entry
- Emotional wellbeing and early mental health support refers to support for mild to moderate needs offered before issues escalate, aligning with the “Getting Advice” and “Getting Help” elements of the i-Thrive framework (a national approach to needs-led mental health support for children and young people -About i-THRIVE | i-THRIVE). However, it’s important to note that children and young people rarely experience support in a single, linear pathway; they often move between services or receive help from multiple places at once. For example, being open to Children and Young Peoples Mental Health Services - CYPMHS (previously known as CAMHS) while also accessing support from a youth hub or a trusted adult in school. Their needs can also fluctuate, so a young person receiving “Getting Help” support may occasionally present to A&E for risk concerns without meeting the threshold to step up to CYPMHS. This reflects the complexity of real pathways and the need for flexible, joined up responses across the system.
- Youth hubs are distinct from Family Hubs, which bring together services for whole family needs; however, this work considers how youth hubs connect with Family Hubs, schools, and wider community services.

i-THRIVE Framework

Children and Young People's Voice

Young people in Cheshire East expressed very similar experiences and concerns as those reflected across the wider Cheshire and Merseyside review, strongly reinforcing the headline regional findings around:

1. **Finding help is difficult**

Many young people said they do not know where to go for emotional wellbeing or mental health support. Information was often described as confusing, outdated or inconsistent, leading to the belief that "nothing is available".

2. **Waiting makes things worse**

Long waits were described as actively worsening mental health, particularly when there is no holding support, increasing distress and risk. Young people reported losing trust in services while waiting, making it harder to seek help again.

3. **Early help feels patchy, not reliable**

Some young people described positive experiences of early or community-based support. However, access was seen as inconsistent, often depending on where someone lives, who they know, or timing.

4. **Relationships matter more than short interventions**

Support was valued when it was relational and trusted, flexible and non-clinical (including choice of support at home and longer sessions), and based in the community

5. **Transitions are a major pressure point**

The move from children to adult services (around 16–25) was repeatedly highlighted as difficult. Young people described support dropping away, having to "start again" or not knowing what they were entitled to next

6. **Support doesn't match when it's needed**

Young people highlighted the need for support outside school or college hours, in the evenings and at weekends and closer to home. Weekday, school-hours provision often did not reflect real life pressures.

Additional feedback from Cheshire East CYP highlighted some real strengths in terms of current provision and also some clear messages for local stakeholders.

Strengths

In Cheshire East, over 80% of young people who had previously accessed support said it was helpful, reinforcing that early help can be effective when it is accessible. This was further supported by feedback highlighting the positive impact of existing services. Young people described having access to spaces where they could “be ourselves,” valuing casual, informal, and activity-based approaches. A newly established adults-focused group was also highlighted as particularly beneficial, supporting young adults with their development and future goals.

Overall, CYP clearly value:

- Informal, welcoming spaces
- Activities with consistent adult presence
- Opportunities for volunteering, independence and future planning as they get older

What Young People Want More Of

- More services working directly with schools
- More youth workers
- More evening and out-of-hours groups
- More specialist groups focused on specific needs, such as neurodivergent support for younger females - but not just at crisis point
- More community-based safety planning, not only when someone is in crisis; for example Keep Safe and Cope Well Plan
- More activities such as music groups and venues, sports, life-skills support and nature-based activities

“I’ve constantly felt given up on. When certain therapies wouldn't work, I’d be discharged and they say ‘we can’t do anymore for you’ making me feel like a lost cause and hopeless…why didn’t they try something new?”

My transition to Adult Mental Health Services from CAMHS was awful. I was discharged the week of my 18th birthday with no support.

They should fight for us more

How Young People Hear About Services

Most awareness of services came through schools or GP referrals. While this shows schools are playing a positive role, the Cheshire & Merseyside report highlighted that GPs can find it difficult to support without specialist services or the knowledge of what's available locally in the community. This can compound risk and widen inequalities.

CYP in Cheshire East felt that promotion is too limited to formal settings, and that more creative and visible approaches are needed beyond schools and GPs. This is particularly important for CYP who are NEET (Not in Education, Employment or Training).

Suggestions included:

- Posters with helplines
- QR codes on buses
- Better visibility of services before crisis
- More promotion of youth groups

Below is an overview of what CYP in Cheshire East have found helpful about previous support received, and what they found unhelpful:

What made support good	What made support unhelpful
Being listened to and taken seriously	Feeling talked down to or "treated like a child"
Kindness and being spoken to "like a human"	Workers who did not listen or lacked insight
Consistency of worker	Being discharged when treatment didn't work, leaving them feeling abandoned
Free support ("parents not having to pay")	Repeated experiences of services "giving up" when therapy wasn't effective
Immediate counselling provided by a charity when statutory services could not respond quickly	A deeply distressing CAMHS → Adult MH transition, described as abrupt, unsafe and leaving the young person without support for years
Safety Plans	Having to travel long distances for help (45 minutes for one)
ADHD support	Long waits or broken promises about wait times

In terms of service design, Cheshire East young people favour activity-first, relationship-based spaces. Support should be available, but not clinical or formal and social, creative and skill-building activities should form the core offer. Emotional support should be embedded naturally, strongly supporting a youth-work-led, activity-first early help model. Young people suggested service names such as:

- Solutions
- Butterfly
- BeMeZone

They also shared a clear message:
“NHS Mental Health Services need to improve ASAP so more people don’t suffer.“

Current Landscape

Cheshire East has demonstrated clear strategic commitment to prevention, including completing a dedicated Joint Strategic Needs Assessment (JSNA) on children and young people's emotional wellbeing and early mental health (2024). Analysis of the 41 early mental health services identified across Cheshire East shows a diverse range of provision, with key themes outlined in this section. While not exhaustive, this reflects the services most visible and accessible to young people and families. The findings therefore provide insight into the parts of the system that are easiest to navigate - an important indicator of what young people are most likely to encounter.

These services can be broadly grouped into:

- NHS/Local Authority statutory services
- Voluntary sector services (VCSFE)
- Youth work and early help provision
- Neurodiversity organisations
- Crisis cafés and other urgent support offers
- Counselling and psychological support services

A full list of services is provided in the appendix.

Location

Provision varies significantly across the borough, with notable gaps in rural communities, such as Bollington, Disley, Poynton, Peover, and rural Crewe villages. Some practitioners described these areas as "forgotten" due to lack of youth spaces or outreach. The limited options in some of these areas can mean families needing to travel further afield or paying privately. These gaps are exacerbated by transport barriers and growing digital poverty, reducing access further for anxious or isolated young people.

Age Ranges Covered

The strongest coverage among the services reviewed appears to be for ages 11–17, with more limited early mental health support available for ages 5–10. Although discussions with local colleagues also highlighted gaps for 10–13 year-olds and those transitioning between primary and secondary school, who are experiencing rising levels of distress, identity struggles and increased suicide risk, leaving this age group without consistent early intervention pathways.

While it is encouraging that young adults reflected positively on a new adult group offered by a local provider, there appear to be significantly fewer universal services for those aged 18–25 compared with 11–17. Provision can rely heavily on adult-facing services, which young people describe as hard to navigate, and crisis cafes, with the transition from CAMHS to adult services remaining a significant pain point. This results in a cliff-edge at 18 for many young people who still require support.

Access and Holding Support

Services are delivered through a mix of access routes, with some offering open access (including walk-in or self-referral) and others requiring a formal referral process, particularly for more specialist or therapeutic support. In a small number of cases, services operate both models depending on the type or level of support being accessed. Waiting times vary by type of service. Immediate or rapid access is typically available for crisis support and digital provision, while counselling and early intervention services generally involve short waits. Longer waiting times are more evident within neurodevelopmental and targeted support offers, where demand is higher and capacity more limited. This reflects a pattern of moderate demand across core emotional wellbeing services, with more sustained pressure in specialist areas.

A more detailed review could be undertaken locally to better understand the balance between open access provision and services requiring referral, including the extent to which referral pathways introduce waiting times or barriers to access.

It is positive that there are some services that don't require a referral and the Dome youth zone plans will achieve this open access support in Crewe. However, for those services where a referral and a waiting list is necessary, and those who won't be able to travel to Crewe, it is important that holding support is provided. This could be supported through enhanced signposting and promotion across professionals and families, or through services offering holding support, such as weekly drop-in sessions. To manage staffing, venue and resource constraints, providers could collaborate on weekly shared holding offers, rotating responsibility for drop-ins and combining online and face-to-face sessions.

Visibility of services and Partnership Working

It was recognised during this review, that limited promotion and visibility of services is often intentional. Many organisations avoid actively advertising their offer because increased demand cannot be met without additional capacity, which may lead to longer waits for CYP or referral pauses. Several providers also noted that they do not have dedicated marketing resource, which naturally limits how widely their service can be promoted.

In order to mitigate some of these barriers, a more collaborative, system-wide approach to managing demand could be beneficial. For example, local services could work together so that when one provider experiences higher referral pressure, another takes additional capacity. It is understood that some local services in Cheshire East may already be operating in this way; expanding this approach to include additional services could further strengthen impact. There was an effective partnership between St Joseph's and Merseycare in Warrington which significantly reduced waiting times which could be drawn upon. Similarly, Wirral's Branch triage model illustrates how triage and matching can help manage demand by directing CYP and families to the most appropriate support quickly.

Cheshire East's Healthy Young Minds Alliance is a key strength, bringing together statutory and voluntary sector colleagues. This is evident not only through regular meetings, but also through the events that have been convened. These opportunities support networking and shared promotion, enabling improved collaboration and increased awareness across the system. The continuation of these events would be a particular strength, with further opportunity to enhance relationships and strengthen signposting by rotating hosting arrangements. For example, community-based early mental health services could host events within their own venues to broaden engagement and visibility.

Improving visibility and spreading demand more evenly across the wider system would increase access to early support and reduce pressure on statutory pathways. However, there is also a clear risk of offering too many options, which can feel overwhelming. Sefton's ReCITE project, has brought together Comics Youth and CYPMH innovation team to tackle some of these challenges by developing creative, youth-informed approaches to improve awareness, navigation and access to support. These include a co-produced Service Map for CYP in Sefton, as well as a mini zine called 'Mental Health and Me' combining peer insight with trusted information; and a Good Practice Guide to support professionals and families in completing referrals more effectively. If not already in progress, some of these approaches could be helpful to consider within Cheshire East.

Any local promotion plan should consider digital poverty and forthcoming changes to legislation on CYP phone/social media use, ensuring a blended digital and paper-based approach.

Outreach Provision

Outreach is a clear strength within Cheshire East, with a well-established model of detached, community-based, and home-delivered support for children and young people. This includes engagement through schools, community venues, outdoor approaches, and targeted work with vulnerable groups, supported by strong multi-agency links with contextual safeguarding partners and the police. This is particularly important for reaching children and young people who may face barriers to accessing services. Multi-agency working is also a key strength, for example where detached teams work alongside drug and alcohol support workers and adapting themes and topics in response to feedback from young people, schools, and emerging local needs.

However, workforce challenges have led to reduced staffing and increased capacity pressures, impacting the overall reach and consistency of support, including lack of provision in Alsager, Poynton and rural areas. Feedback from local colleagues also highlights a need to strengthen provision in currently underserved areas, including rural communities.

Developing a clear and shared timetable outlining which services are operating in specific locations, and on which days, would support greater awareness of existing provision and improve access for children and young people. It would also help minimise duplication, ensure more coordinated coverage, and make it easier to identify gaps in areas that are not currently being reached.

This is particularly important given that delivery varies by location and time, and some areas have experienced lower uptake. In addition, as some services do not operate from fixed venues, a coordinated approach would support clearer communication about where support can be accessed and could also create opportunities for shared use of community spaces.

There is also variation in school-based support, with inconsistent Mental Health in School Teams (MHST) coverage and differing capacity to deliver ELSA, trauma-informed, and neurodiversity-aware approaches. This is further influenced by variable levels of engagement across schools, alongside the challenges some rural schools face in embedding mental health approaches. As a result, young people experience uneven levels of support depending on both school and location.

A successful option in some areas nationally, is the use of a mobile provision. Examples include Sports Alive truck in Halton, Bar N Bus in Essex, and Sandwell Youth Bus.

Mobile provision offers a flexible way to deliver support directly within communities, helping to overcome barriers associated with traditional, building-based services. By meeting children and young people in familiar environments, it supports earlier engagement and helps normalise conversations around emotional wellbeing.

It is particularly effective in reaching those who may be less likely to access support, acting as an accessible and visible point of contact. This enables timely advice, informal support, and clear pathways into more targeted services where needed.

Mobile approaches can adapt to local need, targeting areas with lower provision or uptake and offering support at times that better reflect young people's lives, including after school and evenings. They also provide a practical solution where there is limited youth infrastructure, creating safe, informal spaces within the community.

In addition, mobile provision supports a more efficient and responsive system, strengthening multi-agency working while offering a cost-effective alternative to fixed-site delivery.

Other approaches have included partnerships with local supermarkets and fast-food outlets, places where young people are known to spend time, supported by agreements and training for staff, including security teams, in youth engagement approaches. This helps create more inclusive and understanding environments, ensuring young people are treated with respect, not unnecessarily moved on, and can be supported appropriately where needed.

Digital Platforms

Although there is a relatively strong digital offer across the system, a number of limitations remain. The LiveWell site, while comprehensive, appears to be more geared towards a professional audience and is framed around health and i-THRIVE terminology, which may be less accessible for children, young people, and families.

The supporting document linked to i-THRIVE is, however, particularly helpful, as it brings together a wide range of mental health services and resources in one place. Its organisation by topic (for example, sleep, substance use, and emotional wellbeing) makes it easier to navigate and identify relevant support.

As a next step, there is an opportunity to develop a more accessible ‘digital front door’ for Cheshire East, which could support triage and better match children and young people to appropriate services based on their individual needs.

Parent and Carer and SEND Support

With many CYP stating they would prefer support to be at home, there is a need to equip parents and carers to recognise early mental health needs which could reduce escalation and unnecessary referrals. There appears to be a wide range of high-quality parent and carer offers, including universal webinars delivered via Family Hubs/Solihull Approach, specialist sleep workshops, domestic abuse support, autism support, as well as targeted support for young parents and care leavers. The 0–19 Service also provides parent support and SEND drop-ins, offering valuable early help touchpoints.

From the analysis of readily available information, Cheshire East appears stronger than other areas of Cheshire & Merseyside in relation to SEND support groups, particularly as some services do not require a diagnosis for access, which is a notable strength.

However there appears to be a lack of inclusive venues and sensory-friendly spaces for SEND/ND young people outside of structured groups, and it is important to note that recent funding cuts to community-based SEND and neurodiversity services may not yet be reflected in publicly available information.

What this means for Young People and those who support them

CYP Priority	Current Position	Match?	Gaps / Actions
Youth-friendly hubs / safe spaces	Limited open-access youth space currently. Existing provision is valued but not consistently accessible. The Dome presents a significant opportunity but does not address borough-wide need alone.	Amber	Develop a borough-wide network of open-access, youth-friendly spaces, including rural communities; maximise The Dome as part of a wider system approach.
Flexible and timely support	Evening and weekend provision exists but is inconsistent and not aligned with how young people live.	Amber	Expand evening and weekend availability across services; ensure flexible access options including community, home-based and digital support.
Home-based and outreach support	Outreach and home-based support are established strengths but are impacted by workforce and capacity pressures, with gaps in rural areas.	Amber	Strengthen outreach workforce; expand mobile and community-based delivery; provide a clear locality timetable to improve coordination and reach.
Clear pathways and navigation	Navigation is complex for CYP, families and professionals. No single front door; existing platforms can feel inaccessible or outdated.	Amber	Develop a youth-friendly digital front door with triage; improve system-wide navigation, promotion and shared understanding of services.

CYP Priority	Current Position	Match?	Gaps / Actions
Visibility of services	Awareness is largely driven through schools and GPs, with limited wider promotion due to capacity constraints. This reduces access for some groups (e.g. NEET CYP).	Amber	Implement a coordinated, multi-channel promotion strategy using youth-informed approaches (QR codes, social media, community visibility).
Holding support whilst waiting	Interim support exists but is inconsistent and not embedded across the system. Waiting can worsen outcomes and trust in services.	Amber	Introduce consistent, shared holding support models so no CYP waits without contact, updates, or interim support.
Early help and prevention (5–13)	Early help is available but inconsistent, with gaps for younger children and those transitioning to secondary school.	Amber	Strengthen early emotional wellbeing provision for ages 5–13; expand non-diagnostic early help pathways and transition support.
Creative and activity-based support	Strong and valued offers exist across the system, particularly within VCSE and youth provision.	Green	Ensure equitable access across all areas; embed activity-based approaches within wider early help system.
Transitions (16–25)	Significant gap. CYP report poor transitions, loss of support at 18, and limited age-appropriate provision for young adults.	Red	Develop a seamless 16–25 pathway with continuity, named workers, and expanded youth-appropriate provision.

CYP Priority	Current Position	Match?	Gaps / Actions
Local and equitable access	Access varies significantly by geography, with rural areas particularly underserved and affected by transport barriers.	Amber	Strengthen micro-local provision, outreach, and transport solutions to ensure equitable access across all communities.
Experience of NHS services	CYP report long waits, inconsistent experiences, and feeling unsupported when treatment is not effective.	Red	Improve relational practice, continuity of care, and integration with VCSE support to avoid gaps in provision.

Conclusion

This report highlights a clear opportunity for Cheshire East to shift more decisively from a system that can still feel fragmented and reactive, towards one that is consistently preventative, visible, and centred on the needs and experiences of children and young people. Across the findings, young people describe a system where support can be effective when accessed, but too often difficult to find, delayed, or inconsistent depending on where they live, their age, or how they enter the system.

Young people are clear about what works: non-clinical, welcoming environments; trusted and consistent relationships; flexible, community-based support; and opportunities to engage through activities rather than formal interventions. They want support that is available early, easy to access, and reflective of their lives-particularly outside traditional hours and in the communities where they feel most comfortable. These priorities strongly align with wider evidence on prevention and early intervention.

Cheshire East already has many of the foundations required to deliver this ambition. There is clear strategic intent, a broad range of provision across statutory and voluntary sectors, strong examples of outreach and multi-agency working, and a committed partnership landscape through forums such as the Healthy Young Minds Alliance. However, the impact of this system is currently uneven. Variability in access, gaps in provision for key age groups (particularly 5–13 and 18–25), ongoing challenges in transitions, and limited visibility of services mean that too many children and young people experience delays, confusion, or support that does not feel right for them.

The findings point to a system that is strong in parts but requires greater coherence, coordination, and equity. This includes improving how services are communicated and accessed, strengthening early help and holding support, addressing geographic and age-related gaps, and ensuring that outreach and community-based models are sustainable and consistently available. It also highlights the need for a more accessible digital front door and clearer pathways that reduce reliance on schools and GPs alone, particularly for those who may already be less connected to these routes.

There is also a clear case for strengthening transitions into adulthood, where young people continue to describe a “cliff edge” in support, and for ensuring that workforce and capacity challenges do not undermine otherwise effective models of outreach and early intervention.

This report provides a strong mandate for action. By building on existing strengths, improving system coordination, expanding equitable access, and placing young people's voices at the centre of service design, Cheshire East can move towards a more connected, responsive and preventative system.

The ambition is clear:

That every child and young person in Cheshire East can access the right support, in the right place, at the right time - through services that are visible, relational, and designed around what they say helps them to feel safe, supported, and able to thrive.

Recommendations - Cheshire East

1. **Strengthen Early Emotional Wellbeing (Ages 5–13)**

- Develop a dedicated primary-age offer, including play-based interventions, school-based groups, and parent/carer support.
- Introduce targeted programmes for 10–13 year olds, focused on transitions, identity, emotional regulation, and belonging.
- Expand early help pathways that do not require a diagnosis, ensuring timely access before needs escalate.
- Provide consistent transition support between primary and secondary school (Year 6–7).

2. **Expand Open Access, Youth-Led and Activity-Based Support**

- Use The Dome / Youth Zone as a foundation for a borough-wide open access youth strategy.
- Increase drop-in, youth-friendly provision across underserved and rural areas.
- Embed creative, social, and skills-based activities as core engagement, with emotional support offered relationally within them.
- Explore innovative models (e.g. music-led engagement, community venues).
- Strengthen community-based safety planning as part of early intervention.

3. **Strengthen Outreach, Detached and Community-Based Models**

- Restore and sustain detached youth work capacity, particularly in rural and underserved areas.
- Embed outreach within early help pathways, not solely risk-based responses.
- Develop a shared locality timetable of outreach activity to improve coordination, reduce duplication, and identify gaps.
- Expand mobile provision (“wellbeing on wheels”) and community-based pop-up offers.
- Build partnerships with local venues (e.g. retail, food outlets), supported by staff training to create more inclusive environments.
- Introduce community connectors and volunteers to extend reach.
- Improve transport access, including subsidised options.

4. **Improve Access, Navigation and Digital Offer**

- Develop a single, youth-friendly digital front door, with triage, self-referral, and filtering by need, age, and location.
- Ensure existing directories are up-to-date, accessible, and written in clear, non-clinical language.
- Explore AI-enabled or automated signposting tools to support navigation.
- Implement a multi-channel promotion strategy (schools, community spaces, transport, QR codes, printed materials), recognising digital poverty.
- Use youth-informed approaches (e.g. co-produced content, zines, service maps).
- Co-locate statutory, VCSFE and community services within youth spaces where possible, creating accessible 'one-stop' environments that reduce the need for multiple referrals and improve continuity of support.

5. **Strengthen Early Help, Holding Support and System Flow**

- Expand open access and community-based early support, particularly in areas of low provision.
- Develop shared "holding support" models across providers, including rotating drop-ins and blended online/in-person support.
- Introduce coordinated triage, warm handovers, and shared referral pathways to reduce duplication and delays.
- Explore collaborative demand management approaches, enabling providers to share capacity and reduce waiting times.
- Provide clear, accessible pathways for professionals (e.g. GPs, schools) to support early identification.

6. **Address Inequalities in Access (Geography and Age)**

- Target investment and outreach towards rural and underserved areas, including micro-local delivery models.
- Develop community-based early help ecosystems, using libraries, sports clubs, and local venues.
- Strengthen provision for underrepresented age groups, particularly 5–13 and 18–25 year olds.
- Ensure equitable access regardless of school, location, or connectivity.

7. **Strengthen 16–25 Pathways and Transitions**

- Co-design a seamless 16–25 pathway, reducing the “cliff edge” between CAMHS and adult services.
- Introduce joint handovers, named workers, and continuity of relationships beyond 18 in existing services.
- Expand age-appropriate provision for young adults, beyond crisis-focused models.
- Develop progression pathways, enabling young people to become mentors, volunteers, or staff.
- Pilot a multi-agency 16–25 early help model, including VCSE partners using co-located models to bridge CAMHS, adult services and VCSE provision, enabling smoother, relationship-based transitions.

8. **Enhance School and Community-Based Support**

- Improve consistency of school-based support, including ELSA, trauma-informed, and ND-aware approaches.
- Strengthen engagement with rural schools and those less able to embed mental health approaches.
- Accelerate or supplement MHST rollout through partnership models.
- Strengthen integration between schools, outreach teams, and community services.

9. **Improve Support for SEND and Neurodivergent Young People**

- Increase sensory-friendly spaces and inclusive provision across communities.
- Strengthen support for young people awaiting diagnosis, ensuring early help is not delayed.
- Provide core neurodiversity training for youth workers and staff.
- Introduce a self-assessment framework for services, co-produced with young people, to improve inclusivity.
- Expand local (micro) provision to reduce travel.

10. **Strengthen Workforce, Capacity and Sustainability**

- Develop a borough-wide workforce and volunteer strategy, including peer mentors and community roles.
- Provide joint training in mental health, SEND, trauma-informed practice, and safety planning.

- Move towards longer-term, sustainable commissioning models (minimum 3-year cycles).
- Protect and grow youth work capacity, recognising its central role in prevention.

11. **Increase Flexibility in How Support is Delivered**
- Ensure access across the three preferred routes identified by young people:
    a. Youth spaces
    b. Home-based support
    c. Online provision
- Expand evening and weekend availability.
- Provide hybrid models to meet needs related to anxiety, transport, and sensory preferences.

12. **Embed Youth Voice, Participation and Co-Production**
- Establish a Youth Mental Health Advisory Panel, linked to system governance.
- Co-design services, spaces, pathways, and digital tools with children and young people.
- Ensure feedback is routinely captured, published, and used to inform commissioning and service improvement.
- Build on existing strengths (e.g. youth boards, peer mentoring).

13. **Strengthen System Coordination and Partnership Working**
- Build on the Healthy Young Minds Alliance to further improve collaboration, shared promotion, and system ownership.
- Continue multi-agency events, with rotating hosting across community venues.
- Expand partnership models that reduce waiting times and improve flow.

List of Services

Cheshire East

Autism Inclusive (Crewe)
Cheshire Autism Practical Support (now APS)
ChatHealth (11–19 Text Service)
Cheshire East 0–19+ Service (Health Visiting, FNP School Nursing) and Contact Hub
Cheshire East Council & Youth Support Service (YSS)
Cheshire East Information, Advice & Support Service – CEIAS (SEND)
Cheshire Young Carers
Crewecial Café (Crisis Café, Crewe)
DSN Youth Vibe (Deaf & Sensory Network)
Family Hubs
Friends for Leisure
Great Minds Together – Autism Central Hub
Inspire Her (Her-Place Charitable Trust)
Involvement, Recovery & Wellness Centre (CWP)
Just Drop-In
Koala NW (Sleep Service)
Kooth (Digital Mental Health)
MHSTs – Mental Health Support Teams (Schools)
Pure Insight (Care Leavers)
Ruby's Fund (SEND Centre
YMCA Cheshire
Your Mind Matters (Youth Fed)
Inspire (Youth Service)
Utopia (Youth Service)
Jigsaw SEND group
Reach Programmes (NEET, PEX, Prevent + Stanier pilot)
Youth Base in the North
Detached Youth Work Offer
Create Arts (Cheshire)
South Cheshire CLASP
Space4Autism
SWaNS CIC
The Dome (Youth) – late this year
Visyon
Weston Hub Crisis Café (Macclesfield)
Wilderness Tribe CIC
Wilmslow Youth Café
Youth Federation
Smile Group
Active Cheshire
Cre8 Macclesfield Limited
Dove Service
MyCWA
We Are Allstars
Cheshire East Parent Carer Forum
Return To Roots
Hope 4 More
Wishing Well Project
Change Grow Live (CGL)
Stable Minds CIC
Little Hope Project CIC
Innovating Minds CIC
Know Your Worth
Creative Action Therapy
Remidi