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Cheshire and Merseyside

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Sefton

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
Chair of Cheshire and Merseyside DCS Forum
Children's Lead for the CEX LCRCA (Liverpool City Region Combined Authority)

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Executive Summary

This report has been developed as a complementary Sefton 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 Sefton are experiencing rising levels of emotional distress, placing increasing pressure on local services and reflecting national trends. At the same time, reductions in youth provision and community-based support have contributed to a narrowing of early intervention options, resulting in a system that is often accessed later, when needs have already escalated. Although there is a broad range of support across statutory services, access to support remains variable, shaped by factors such as location, school engagement and local awareness, with no single, clearly understood route into Early Intervention and Prevention for Emotional Health and Wellbeing. As a result, the system is often reactive rather than preventative. Without clear entry points, sufficient early intervention capacity, and accessible community-based options, opportunities to support children and young people earlier are not always realised, contributing to increasing demand on more specialist services.

What we did

The review draws on a mixed-methods approach, reflecting lived experience and system-level insight, including:

- Mapping 47 emotional wellbeing and early mental health services across Sefton
- Engagement with 60 children and young people through surveys and direct conversations
- Input from VCSFE organisations, health partners, education and local authority colleagues, as well as analysis of local intelligence, national policy and emerging best practice

What young people told us

Young people's feedback was clear and consistent. They find support difficult to navigate, with delays and short-term interventions often leading to worsening need. Experiences vary depending on the individual practitioner, and while schools are a key access point, they cannot meet all needs. There is also a lack of safe, informal spaces outside of clinical settings. What works well is relational and accessible support - being listened to, having consistent trusted adults, and accessing help in safe, non-clinical environments. Flexible, community and activity-based provision, particularly outside school hours, is highly valued, and overall young people want earlier access to support, stronger relationships, and services that are easier to find and accessed in places where they feel safe and comfortable.

The current system

Sefton has strong foundations, with a wide range of provision and a committed partnership across health, local authority, education and the VCSFE sector. There are particular strengths in community-based provision, SEND and neurodiversity support, trauma-informed services, and school-based delivery. However, these strengths are not yet experienced as a coherent system, with provision operating more as individual services than a connected pathway. As a result, there are gaps in visibility and navigation, no single clear point of entry into early help, limited open-access youth-friendly spaces, and variation in access by age, location and school engagement.

Capacity pressures, inconsistent continuity and limited out-of-hours provision further restrict timely access. This means early help is not always available at the point of need, increasing the risk of escalation.

What must change

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

- Develop a clear, visible and youth-friendly “front door” for early emotional wellbeing support
- Establish open-access, community-based youth-friendly spaces for early intervention and prevention for Emotional Health and Wellbeing
- Strengthen early intervention and the “missing middle” offer
- Improve system visibility, navigation and consistent signposting
- Expand flexible, community-based and out-of-hours provision
- Embed relational, trauma-informed and neuro-affirming practice across services
- Strengthen continuity of support and reduce fragmentation
- Ensure no child or young person waits for support without contact or help

The focus should be on better connecting and strengthening existing provision, rather than creating new standalone services.

A call to action

Sefton has strong partnerships, committed practitioners and a clear understanding of what children and young people need. The opportunity now is to bring greater coordination, visibility and consistency to the system.

By building on existing strengths and placing young people’s voices at the centre, Sefton can create a more joined-up, accessible and preventative system - where support is available earlier, easier to navigate, and designed around young people’s lives.

The ambition is clear:

That every child and young person in Sefton 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.

Introduction

Sefton's most recent Joint Strategic Needs Assessment (JSNA) identifies children and young people's emotional wellbeing and early mental health as a top local priority. Building on this evidence base, and on Sefton's Children and Young People's Emotional Wellbeing Strategy (2021–2026), this report brings together key challenges facing the local system, including short-term funding cycles, fragmented access to support and inequalities linked to poverty. It aligns with the Sefton Emotional Health & Wellbeing Strategy 2026–2030, launched in March 2026, as the borough moves from strategic planning into delivery.

Local data highlights significant and persistent inequalities shaping emotional wellbeing across Sefton. Over 21% of children live in relative low-income households, and several key risk factors - including caring responsibilities, disengagement from education, employment or training, and exposure to adversity - are above national averages. These pressures are unevenly distributed across Sefton's coastal, urban and semi-urban communities and are associated with increasing levels of emotional distress, anxiety and low mood, particularly among vulnerable groups such as young carers, children with additional needs and those affected by domestic abuse.

Alongside this rising need, young people consistently describe difficulties accessing timely help, navigating a complex support landscape and sustaining support once it begins. These challenges become more pronounced during key transition points, including adolescence and the move into early adulthood, where support often becomes fragmented, time-limited or drops away altogether.

Sefton has a broad range of Early Intervention and Prevention for Emotional Health and Wellbeing, voluntary and community sector, education-based and NHS emotional wellbeing services, supported by established local partnerships and a shared commitment to prevention, early intervention and reducing inequalities. However, rising demand, long waiting times, short-term interventions and challenges in transitions between children's and adult services continue to place significant pressure on the system, increasing the risk of a shift towards crisis response rather than prevention. Young people often report that support feels difficult to find, inconsistent, or overly dependent on individual relationships rather than a joined-up system.

This project builds on existing local commitments by mapping emotional wellbeing and early mental health provision across the borough and placing children and young people's voices at the centre of the analysis. By combining system mapping, local data and lived experience, the report identifies strengths, gaps and opportunities for improvement across early help and the 16–25 landscape.

As Sefton focuses on implementation, this analysis provides a clear foundation for action - supporting commissioners, services and partners to strengthen a more visible, connected and equitable emotional wellbeing system. The overarching ambition is to ensure that every young person in Sefton can access the right help, at the right time, in places they already trust, and that the message “there is nothing out there” becomes a thing of the past.

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.

Approach

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

- Mapping and review of 47 emotional wellbeing and early mental health services across Sefton, identified through provider engagement, survey responses, and publicly available information.
- Direct engagement with 60 children and young people through surveys.
- 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, the following definitions apply

Term	Definition
Youth Hub	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 / Early Mental Health Support	Support for mild to moderate needs offered before issues escalate, aligning with the "Getting Advice" and "Getting Help" elements of the i-Thrive framework. 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. Their needs can also fluctuate, reflecting the complexity of real pathways and the need for flexible, joined-up responses across the system.
Family Hubs	Services that bring together support for whole family needs. This could include LA or VCSFE community hubs. Youth hubs are distinct from Family Hubs; 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 Sefton describe a system where support exists but is hard to access early, often short-term, and too dependent on individual workers rather than a consistent approach. Delays and limited continuity can lead to worsening need. They are clear about what works: trusted relationships, being listened to without judgement, earlier help, and safe, informal spaces to access support.

1. Support Ends Too Quickly

A dominant theme is frustration that support is time-limited and often ends just as trust is beginning to develop. Short-term intervention models can feel abrupt and, in some cases, destabilising. Rather than simply being "too short", repeated endings can lead to - loss of trust, reluctance to re-engage with future support and a sense that progress is interrupted. Young people clearly expressed a desire for more ongoing and flexible support, rather than fixed-duration models.

2. Relationships Matter More Than Service Type

Young people consistently emphasised that the quality of the relationship is more important than the type of service provided. Positive experiences were linked to feeling genuinely listened to, understood and not judged. Where relational quality was strong:

- Engagement was higher
- Support was more effective
- Young people felt safer opening up

Where it was weaker, support was often described as impersonal or scripted.

3. Schools Are Important but Cannot Meet All Needs

Schools play a vital role as a first point of access, offering familiarity and ease of access. However, young people were clear that schools alone cannot provide the breadth or depth of support required.

Challenges included:

- Limited availability and capacity
- Short-term interventions
- Lack of choice or flexibility

This reinforces the need for a wider system of support beyond education settings.

It was in school which was good, but there wasn't enough of it

It wasn't the service, it was the person

You get used to talking and then it ends

4. **Desire for Safe, Informal, Youth-Friendly Spaces**

Young people consistently expressed a preference for non-clinical, relaxed environments where they feel comfortable and not judged. There is a clear desire for:

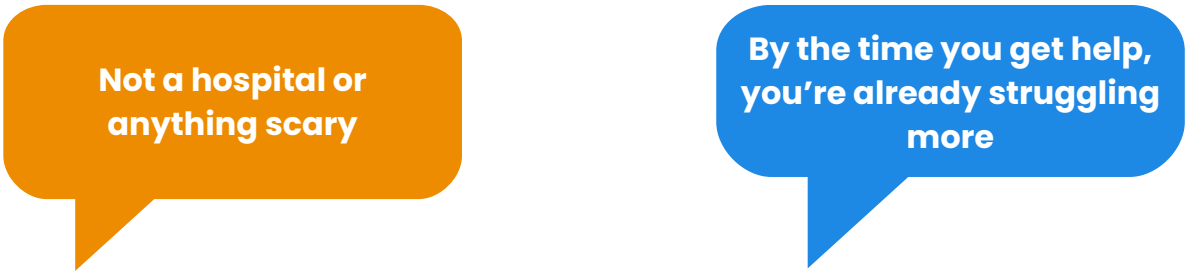
- Safe spaces to "just talk"
- Informal, welcoming environments
- Spaces that feel different from clinical or statutory settings

This strongly supports the case for open-access, community-based provision, such as youth hubs.

5. **Waiting Makes Things Worse**

Waiting lists were frequently described as harmful rather than neutral. Delays risk escalation to crisis, reinforcing the case for early help and drop-in models.
Leads to:

- escalation
- frustration
- disengagement



Young People's Experience of existing support

Young people in Sefton reported generally positive experiences of support where it had been accessed. Around 63% of respondents described the support they received as helpful or somewhat helpful, while only a small minority (around 8%) reported that it had not been helpful, indicating that existing provision is often effective at an individual level.

There is clear evidence that services and practitioners are making a meaningful difference, with young people describing experiences that feel supportive, personalised and impactful. Positive experiences were reported across a range of settings, suggesting strength within current delivery.

Schools were also identified as an important and accessible route into support, providing a familiar starting point for help-seeking for many young people.

However, these experiences are not consistent across the system. Positive outcomes are often dependent on the individual service or practitioner, rather than a reliably accessible and connected system. Furthermore, although it is positive that schools are a dominant route to support with family and friends playing an important informal role in encouraging help-seeking; there is less evidence of awareness or access beyond school-based pathways. This means that access is often dependent on school engagement, creating a risk that those not in school, or less able to seek help in that setting, may not access support at all.

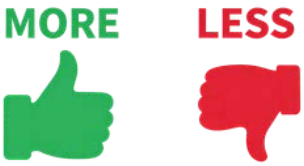
This highlights that while support is frequently effective when reached, access, continuity and consistency remain key challenges. Importantly, the findings also show that access is not solely determined by availability. Even where support exists, some young people do not engage due to factors such as fear, discomfort, concerns about judgement, or not feeling ready to talk. This highlights that access is closely linked to emotional safety, environment and perceived relevance, not just service capacity.

What Young People Want More Of:

- Longer-term support, rather than fixed, short-term interventions
- Consistent relationships with the same professional over time
- Earlier help, before needs escalate to crisis point
- Drop-in and open access support, without the need for formal referral
- Safe, informal, non-clinical environments where they feel comfortable
- Greater availability of support within schools, alongside wider options beyond school

Young people want less of:

- Long waiting times to access support
- Being passed between multiple services
- Having to repeat their story to different professionals
- Rigid referral thresholds that prevent early access
- Standardised or “tick-box” approaches that feel impersonal



Implications for Service Design

Young people's feedback points to a clear direction for how services should be designed. Rather than formal, time-limited interventions, there is a strong preference for a relationship-based, consistent model of support delivered in safe, informal environments. This translates into a model where:

- Continuity is prioritised, enabling trusted relationships to develop over time
- Access is flexible and open, reducing reliance on referrals and thresholds
- Support is embedded within welcoming, non-clinical spaces, rather than standalone clinical settings

There is a clear shift away from short-term, transactional support towards a model that is ongoing, accessible and relational, with support available earlier and sustained for as long as needed.

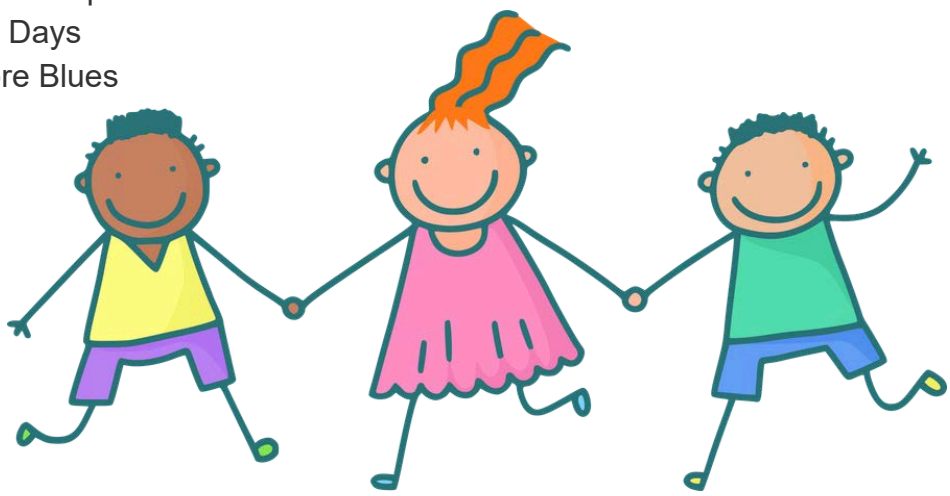
Young people also emphasised the importance of not having to repeat their experiences across services:

"Don't make me retell my story"

Young People's Ideas for Service Identity

The names suggested by young people reinforce the importance of services feeling safe, informal and approachable, rather than clinical or institutional:

- Happy Place
- Zen Den
- The Den
- The Cozy Corner
- Hang Out
- Hive
- Zone Out
- Chillax
- Feel Good Space
- Happy Days
- No More Blues



Current Landscape

The findings presented in this section are informed by the service mapping undertaken for this review and reflect the information that was readily available. It is acknowledged that there may be additional provision not captured through this process.

Support exists - but it's fragmented, hard to navigate, and inconsistent.
There are lots of services in Sefton (youth clubs, domestic abuse support, SEND groups, carers support, ND/SEND projects, family/comunity hubs, Kooth) - but they're not joined up and families don't have a single clear entry point for emotional wellbeing or early mental health help. This means:

- Young people rely heavily on word-of-mouth, school staff or chance encounters with youth workers to find help.
- Families often repeat their story multiple times because services don't link smoothly.
- Practitioners struggle to signpost confidently because the landscape is cluttered and some services are small, niche or time-limited.

A full list of services is provided in the appendix.

Strengths

Broad range of early help and specialist provision

Sefton has a broad range of early help, voluntary and community sector, education-based and NHS emotional wellbeing support. This includes early intervention through SEAS (Sefton Emotional Wellbeing and Support Service) and Family Hubs, alongside preventative youth and community-based provision. Digital support through Kooth provides immediate access without waiting lists, while specialist services such as Venus, Parenting 2000 and SWACA offer trauma-informed support. It is also positive that there are men only groups.

Well developed ND/SEND and carers support

Sefton has a well-developed ND/SEND offer, underpinned by a clear commitment to accessibility and inclusion. Services are often tailored to meet the needs of children and young people with SEND, communication needs, and those requiring language support, helping to ensure equitable access to emotional wellbeing provision.

Key services include the Inclusive Hub, which supports over 1,000 neurodivergent and disabled children and young people through mentoring, skills development and vocational pathways. This is complemented by a strong wider offer, including Addvanced Solutions and school-linked provision such as Buddy Up, alongside their young adults group, Buddy Up Plus. Support for young carers is also comparatively strong and spans a wide age range, further enhancing the inclusivity and reach of Sefton's overall emotional wellbeing system.

Strong Family Hubs model

The Family Hubs model aligns well with national Start for Life guidance and offers integrated support including SENDIASS, welfare and financial advice, mental health drop-ins and multi-site reach, supporting whole-family approaches to wellbeing. Investment in the Cradle to Career programme through Right to Succeed reflects a positive, place-based and multi-agency approach to supporting communities in more deprived areas of Sefton. This provides a strong platform to further embed early intervention and could be utilised more systematically to promote emotional wellbeing and earlier support across the system.

Effective community outreach and engagement

There is a strong emphasis on outreach and engagement across Sefton, with many services skilled at reaching children and young people who may not engage with formal provision. Support is delivered through schools, community venues, youth settings and detached youth work, with the majority of early mental health support rooted in community-based, grassroots assets.

This includes Brunswick's detached youth work, Award Solutions' outdoor and experiential mental health support for young people aged 13+, and YKids' extensive school-based reach (over 6,000 pupils annually). A small outreach team further strengthens the system's ability to engage young people who may otherwise be harder to reach.

Immediate Digital Support through Kooth

Kooth provides 24/7, open access digital emotional wellbeing support for young people aged 11–25, offering immediate support without waiting lists. This is particularly valuable in the context of CYPMH waiting times and provides an accessible first point of contact for children and young people.

The platform enables young people to access a range of support, including moderated peer forums, self-help resources and direct counselling via live chat, supporting both early intervention and self-management. Its anonymous and flexible nature is especially beneficial for those who may be reluctant to engage with face-to-face services.

Kooth also complements the wider system by offering out-of-hours support and acting as a safe alternative for young people who may not yet meet thresholds for specialist services, helping to reduce escalation of need and pressure on more intensive provision.

It is also positive that the new Sefton Family Toolkit has recently launched.

Strong Trauma and Domestic Abuse Provision

Sefton benefits from a well-developed offer of trauma-informed support, with specialist services such as Venus and SWACA providing targeted support for children, young people and families affected by domestic abuse. These services offer depth and expertise that is not consistently available across all local systems.

This provision reflects a strong understanding of the impact of trauma on emotional wellbeing, with support that is responsive, relational and tailored to individual needs. It also complements wider safeguarding and early help arrangements, ensuring that children and young people experiencing domestic abuse can access appropriate emotional and therapeutic support at an early stage.

In addition, these services contribute to a more holistic system response, working alongside schools, family hubs and other partners to support recovery, build resilience and prevent escalation of need

Strong Partnership, Collaboration and System Leadership

Sefton demonstrates a strong culture of multi-agency collaboration, supported by a shared commitment to improving emotional wellbeing outcomes. The establishment of the Emotional Health and Wellbeing Board is a key strength, providing clear strategic leadership while bringing together partners across early help, health, local authority, VCSFE and education to drive a shared focus on early intervention and prevention. Initiatives such as “Show and Tell” events have played a key role in increasing awareness of services, strengthening relationships and promoting a more joined-up system.

Sefton is also demonstrating innovation through collaborative projects aimed at improving system navigation and access to support. This includes work led by Comics Youth and the CYPMH innovation team (ReCITE project), which has responded to high levels of rejected or redirected CAMHS referrals and low awareness of available services. Outputs such as a co-produced service map, a youth-friendly ‘Mental Health and Me’ zine, and guidance to support professionals and families with referrals reflect a strong commitment to co-production and youth voice. Tools such as the Mental Health Snapshot further support visibility and understanding of the local offer.

Alongside this, Sefton has developed a strong partnership-based delivery model for emotional wellbeing support. Commissioned provision brings together a range of VCSFE partners, including MYA SPACE, SWAN, Parenting 2000, PSS and Venus, to deliver coordinated, community-based and school-linked support. This model enables a more holistic offer by bringing together organisations with different specialisms, including SEND support, and strengthens early intervention by embedding provision within accessible community and education settings.

There has also been evidence of strong partnership working between education and mental health services, with the Education and Mental Health Network meetings having been highlighted as a model of good practice across Cheshire and Merseyside.
Overall, this reflects a mature and collaborative system, with strong foundations in partnership working, co-production and system leadership, supporting a more responsive, integrated and accessible emotional wellbeing offer.

Strong workforce development pipeline

Sefton is taking a proactive approach to workforce development through the effective use of IAPT training pathways, enabling practitioners to upskill into therapeutic roles and grow internal capacity. While this approach supports long-term sustainability, it also reflects the system's commitment to addressing demand through innovative workforce solutions.

Strong school-based delivery model

Sefton demonstrates a strong school-based delivery model, with a wide range of emotional wellbeing support embedded directly within education settings. This includes Mental Health Support Teams (MHST), school nursing, and VCSFE-delivered interventions, enabling early identification, reducing stigma and improving accessibility for children and young people.
It is promising that there are some good initiatives taking place in schools in Sefton with training for staff improving outcomes.This could be further enhanced using the research of Anna Freud - Education for wellbeing | Anna Freud

Strong Youth Voice and Participation

Sefton demonstrates a strong and well-embedded approach to youth voice, with a range of established mechanisms enabling children and young people to shape services and influence decision-making. This includes structured participation models such as Have Your Say Sefton (formerly SYMBOL), delivered by Sefton Young Advisors Team, where young people are supported and resourced to explore key topics such as health and wellbeing, and education, training and employment.

There is also a clear commitment to engaging young people in a variety of settings, including youth clubs, schools and targeted engagement activity, supported by dedicated roles such as the Young Advisers Officer. This enables feedback to be gathered from a diverse range of children and young people, including on specific commissioned work (e.g. home to school transport).

Youth voice is further strengthened through established governance arrangements, including the Sefton Youth Voice Strategic Steering Group, chaired by Sefton CVS, which meets regularly and provides a structured forum for partners to engage directly with young people and incorporate their views into service design and development.

In addition, communication channels such as the Every Child Matters forum and newsletter support the sharing of opportunities and feedback, helping to ensure that young people remain informed and engaged across the system.

Overall, this reflects a strong and evolving youth participation infrastructure, with clear evidence of co-production, influence on service delivery, and a commitment to embedding the voice of children and young people across the emotional wellbeing system.
There is also strong engagement with parent and carer groups, with evidence of co-production through surveys, workshops and involvement in service design activity.

Social Prescribing as a developing pathway

Sefton is beginning to develop a broader social prescribing approach for children and young people, recognising that not all young people are ready for or require clinical intervention. This includes access to community-based wellbeing activities such as creative arts, physical activity and peer support, supporting earlier intervention and holistic wellbeing.

Innovative and Creative Approaches to Emotional Wellbeing Support

Sefton demonstrates a commitment to innovative and creative approaches to supporting emotional wellbeing, with a range of non-clinical interventions designed to engage children and young people in meaningful and accessible ways. This includes opportunities such as equine therapy, arts-based interventions, and one-to-one creative sessions focused on music, art and self-expression.

Partnerships with organisations such as the Liverpool Philharmonic further enhance this offer, providing access to high-quality creative experiences and pathways into volunteering and wider community engagement. These approaches are particularly valuable for children and young people who may be less likely to engage with traditional or clinical models of support, helping to build confidence, resilience and social connection.

While current provision is relatively small-scale, feedback indicates strong impact and demand, highlighting the potential for further development and expansion of these approaches across the system.

Key Challenges

Lack of Open Access Youth Mental Health Hub and Co-Located Provision

There is a cohort of children and young people who are not yet ready for therapy but require support to build resilience, confidence and functioning. Current provision for this group is developing but remains inconsistent. Unlike neighbouring areas such as Liverpool (YPAS), Wirral (Open Door/Hive) and Manchester (42nd Street), Sefton does not currently have a dedicated open-access youth mental health hub or consistent after-school drop-in space where young people can access informal emotional support.

As a result, early signs of anxiety, self-harm, stress, neurodivergent overwhelm or bullying often have limited routes for support outside of CYPMHS, increasing pressure on specialist services and the risk that young people fall through gaps in provision. This is particularly significant given national direction, including the Fund the Hubs campaign, which advocates for accessible, community-based early mental health support for young people.

This gap is further compounded by estate and infrastructure limitations, which restrict opportunities for co-location of services within shared, accessible spaces. The lack of co-located provision impacts the visibility and accessibility of support, and limits the ability to deliver fully integrated, multi-agency care.

Evidence suggests that community-based interventions can be significantly more cost-effective than inpatient or crisis care, highlighting the potential value of developing a local, open-access hub model to strengthen early intervention and overall system efficiency. There is also a growing national emphasis on multi-agency, co-located models, as set out in the Neighbourhood Health Framework. Emerging examples locally and regionally demonstrate how this approach can be successfully implemented. For example, the forthcoming Joy Building in Wirral, led by Open Door Charity, will co-locate CYPMHS with VCSFE partners within a welcoming, co-designed space, incorporating elements such as creative activities, social spaces and a café environment. Similar approaches are also being explored through collaborations such as Storyhouse/Open Door in Cheshire West and Chester.

These models bring services together in accessible, non-clinical environments that are more acceptable to children and young people. They can help reduce stigma, improve engagement, minimise the need for young people to repeatedly share their story, and address practical barriers such as transport.

Where full co-location is not feasible, there are opportunities to strengthen collaboration through more flexible approaches, such as regular service presence within community and youth settings (e.g. drop-ins for sexual health, careers and wellbeing support). Social prescribing also plays an important role in connecting families to a wider network of community-based provision, strengthening links between health, VCSFE and local services. The Thrive network Sefton, which is a sub group of the Every Child Matters forum, is chaired by Sefton CVS and brings together VCSFE partners working with young people's emotional health and wellbeing.

Variation in Provision Across Age Groups

While some age groups are well supported, provision across the system doesn't appear to be consistently developed. For young people aged 16–25, there are a number of positive offers, including Comics Youth's Turn the Page, alongside provision such as The Nest for young men and support from the Carers Centre. However, the current offer may feel relatively limited at times and not always well connected, with a pathway for this age group that is not yet clearly defined or consistently understood.

For younger children aged 5–11, there are also areas where provision could be strengthened, particularly in relation to neurodiversity-specific and mild-to-moderate emotional wellbeing support outside of school settings. While school-based provision is a key strength, there are fewer accessible community-based options available for this cohort. Although there is strong coverage of support within schools, including programmes such as My Happy Mind, ELSA and Mental Health Support Teams (MHSTs), with full coverage expected by 2029, school-based services alone are not sufficient. These offers can be time-limited, may end abruptly, and can increase anxiety for some children and young people due to the visibility of accessing support during the school day. In addition, children who are not in school (e.g. electively home educated, excluded, NEET or with attendance difficulties) may not benefit from these services.

Furthermore, while mental health support in schools is effective for many children and young people, it does not ensure access for all. Thresholds and capacity constraints mean that some children still require signposting to alternative services. There is also evidence that some school and MHST practitioners are not fully aware of the wider local offer, which can make effective navigation and signposting more challenging.
As MHSTs continue to expand towards national coverage, there remains some uncertainty among staff about how their work connects with the wider system. Strengthening communication, shared pathways and awareness of services will be essential to ensure children and young people receive timely and appropriate support, regardless of their point of entry.

Learning from local and regional initiatives, such as social prescribing approaches to support school attendance, will also be important in addressing these gaps.

These models bring services together in accessible, non-clinical environments that are more acceptable to children and young people. They can help reduce stigma, improve engagement, minimise the need for young people to repeatedly share their story, and address practical barriers such as transport.

Waiting Times, Bottlenecks and Limited Holding Support

Demand for emotional wellbeing support in Sefton continues to place pressure on available capacity, with waiting times for non-crisis support contributing to increased reliance on higher-threshold and crisis pathways. In some cases, services have had to restrict or pause referrals due to demand, creating bottlenecks in existing, more well known services and limiting timely access to support.

Without sufficient early help and holding support, children and young people may deteriorate while waiting, placing additional pressure on schools, families and safeguarding systems, and increasing the likelihood that needs escalate to clinical thresholds. This is compounded by inconsistent awareness of the broader local offer, which can result in demand being concentrated on a small number of well-known services, reinforcing the perception that there is limited support available.

While there are some examples of interim support, such as check-ins and limited drop-in provision, this is not yet consistently available across the system. In particular, the absence of accessible, open-access spaces means there are few options for young people to access informal support while waiting for more structured interventions.
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. 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.

To manage staffing, venue and resource constraints, providers could collaborate on weekly shared bridging offers, rotating responsibility for drop ins and combining online and face to face sessions. Regular networking events and shared promotion enable better collaboration and awareness.

Local provider forums, similar to the CYP emotional wellbeing board thrive model 'show and tell' events already taking place, but hosted on a rotating basis by local providers - could strengthen relationships and support confident signposting. 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

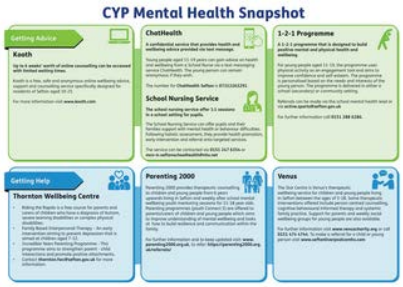
Service Visibility

Information about emotional wellbeing support in Sefton is currently spread across multiple platforms, which can be difficult to navigate and are not always consistently updated or youth-friendly. As a result, visibility of the full local offer can be limited for both families and professionals. This can make system navigation more challenging, with families often presenting to primary care with lower-level emotional wellbeing concerns where alternative support pathways may be available. In this context, GPs can become a default access point, sometimes at a later stage when needs have escalated. While additional roles within Primary Care Networks are helping to address this, it highlights a broader need to strengthen awareness, accessibility and confidence in early help pathways.

There are also indications that services are not always fully aware of each other's provision, which can impact collaboration, effective signposting and overall system efficiency. This may contribute to lower awareness among children and young people and create challenges for professionals in identifying appropriate support, meaning opportunities for early intervention are not always maximised.

Tools such as the ReCITE service map and Mental Health Snapshot represent positive steps towards improving visibility. However, they currently capture only a selection of services and would benefit from ongoing development to ensure they are comprehensive, up to date and accessible. In particular, there is an opportunity to more consistently include and promote early help and community provision.

Estate and co-location limitations may further influence visibility and integration, reducing opportunities for joined-up delivery and making services less visible within local communities.



Digital Pathways and the "Front Door" to Support

While the CYPMH digital front door platform provides a single digital referral route into CYPMH and represents an important step towards improved coordination within clinical services, it does not currently function as a fully visible, youth-friendly "front door" to the wider emotional wellbeing system. At present, the platform routes through a CYPMH-branded site, which may influence how it is perceived by children, young people and families. As CYPMH is often associated with higher-level or crisis support, this may create a barrier to earlier engagement, with some less likely to recognise it as a route into preventative or early help services.

More broadly, digital provision is valued by young people for its flexibility, privacy and accessibility. However, the overall digital landscape remains fragmented, with variation in quality, visibility and ease of navigation. Many young people are still unaware of available platforms or do not experience them as a clear route into support.

There is therefore an opportunity to strengthen digital pathways as a genuine entry point into the system. This could include clearer positioning of early help offers, more consistent and youth-friendly branding, and further co-production with children, young people and families to ensure digital platforms are accessible, trusted and well understood.

There may also be an opportunity to develop a similar triage model to Branch in Wirral but tailored to your area, through the purchase of a licence and associated coaching and implementation support. This could provide a more cost effective route to adopting a proven model.

Strengthening Targeted and Outreach Provision

While Sefton has a strong foundation of community-based and outreach delivery, including school-based provision and detached youth work, there is less clearly defined evidence of specifically targeted mental health outreach for children and young people in more geographically dispersed or less well-connected communities.
Current outreach activity is largely delivered through community and education settings. While this is effective for many, it may not consistently reach those who are less likely to engage with established provision or who experience barriers related to location or access.

There is also limited visible evidence of a coordinated, mental health-specific mobile outreach model, particularly when compared to approaches adopted in some neighbouring areas.

This highlights an opportunity to further strengthen outreach by developing more targeted, flexible and responsive models of delivery, helping to ensure that all children and young people can access support regardless of location or level of engagement. Expanding more flexible approaches, including mobile or outreach-based provision, could further enhance reach and accessibility across the system. Examples include the Sports Alive mobile provision in Halton, the Bar N Bus in Essex, and the Sandwell Youth Bus. These approaches enable services to be delivered directly within communities, providing a visible and accessible point of contact, particularly for those less likely to access building-based provision.

Mobile models can help overcome geographic and infrastructural barriers by bringing support into familiar environments, supporting earlier engagement and normalising conversations around emotional wellbeing. They also offer flexibility to target areas of lower provision or uptake, and can operate at times that better reflect young people's lives, such as after school and evenings.

In addition to mobile approaches, some areas have developed partnerships with community settings such as supermarkets and fast-food outlets, where young people already spend time. With appropriate agreements and staff training, these spaces can become more inclusive and supportive environments, helping to reduce stigma, improve engagement, and provide informal opportunities for advice and signposting.

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Reinstating Effective Partnership Networks in Sefton

It is positive that Sefton was previously highlighted as an example of strong practice through the Sefton CVS education and mental health network meetings, demonstrating effective partnership infrastructure, cross-sector collaboration and established network approaches. However, due to capacity pressures, these meetings are no longer active. Reinstating this network would strengthen partnerships between education and mental health services, enabling shared learning, supporting a more coordinated multi-disciplinary (MDT) approach, and improving information sharing across the system. It would also increase schools' awareness of available support, strengthening their ability to confidently signpost children and young people to appropriate services and ultimately improving access to early help.

Strengthening Parent Support in SEND and Neurodiversity Inclusion

Feedback from children and young people suggests that many would prefer to receive support within or closer to the home. This highlights the importance of equipping parents and carers with the knowledge and confidence to recognise early emotional wellbeing needs, supporting earlier intervention and helping to reduce escalation and unnecessary referrals.

There is a wide range of support available to parents and carers that can be further promoted and utilised. This includes local offers alongside national resources such as My Happy Mind, Youth Connect 5, ADDvanced Solutions, and guidance on supporting specific issues such as self-harm. Increasing awareness of these resources could strengthen early help and reduce reliance on more specialist services.

There is also an opportunity to continue strengthening SEND and neurodiversity awareness across the wider system, building on progress already being made within schools. Extending this approach into broader youth and community-based provision would support greater consistency and inclusion for children and young people across all settings.

This could include practical adaptations such as staff training, sensory-aware environments, and more flexible delivery models (e.g. peer groups, quiet or adapted sessions, and one-to-one support). Additional approaches, such as the use of tools like the Knowing Me profiling approach (Knowing ME profiling tool - NHS Cheshire and Merseyside), as well as practices including 360° building tours, can further support services to better understand and respond to individual needs.

Embedding these approaches consistently across services would help ensure that children and young people with additional needs are able to access support in ways that feel safe, personalised and accessible.

Engagement Challenges with Group-Based Provision

While group-based interventions are in place as part of the early help offer, there are challenges in engaging children and young people, particularly at the initial stages of support. Feedback suggests that some young people are reluctant to engage in group settings when first accessing services.
Although mitigations such as crisis drop-ins and interim check-in calls are in place, this highlights the need for flexible and personalised engagement approaches that better meet individual preferences and needs

Impact of Funding on Early Intervention

Many services delivering early emotional wellbeing support, particularly within the VCSFE sector, are reliant on short-term or grant funding and time-limited commissioned contracts. While this can support innovation, it can also impact the continuity and stability of early help provision, making it more difficult to sustain consistent support and plan for long-term workforce capacity.

Across the system, funding and capacity constraints are affecting the availability and responsiveness of early intervention offers. Although there is a strong range of early help provision, demand often exceeds capacity, meaning children and young people are not always able to access support at the point of emerging need.
Measures introduced to manage demand, such as capping the number of referrals accepted into services, are having unintended consequences. Early help services that are intended to be open-access and preventative are increasingly operating with restricted access or waiting lists. This limits timely support and reduces the effectiveness of early intervention, increasing the risk that needs escalate to a level requiring more intensive or specialist services.

In addition, gaps in provision for higher-level early intervention (such as counselling, structured therapeutic support and neurodiversity-specific mental health support) mean that some children and young people fall between early help and specialist thresholds. This can result in delayed access to appropriate support and increased pressure across the wider system.

Overall, these factors reduce the system's ability to intervene early and consistently, highlighting the importance of sustainable funding and more coordinated approaches to managing demand within early help services.

What this means for Young People and those who support them

CYP Priority	Current Position	Match?	Gaps / Actions
Youth-friendly hubs / safe spaces	No dedicated open-access youth mental health hub; provision fragmented; limited informal spaces.	Red	Develop open-access hub and locality-based spaces; co-design with CYP; create visible access points.
Flexible and timely support	Limited out-of-hours support; most services operate in standard hours.	Amber	Expand evenings/weekends; strengthen digital and community-based flexible access.
Home-based and outreach support	Strong outreach foundations but inconsistent coverage and capacity pressures; gaps in rural access.	Amber	Expand mobile and targeted outreach; strengthen workforce; develop shared delivery model.
Clear pathways and navigation	Fragmented system; no clear front door; difficult to navigate but work underway through ReCite	Amber	Develop single front door; improve system visibility, including youth services and shared understanding.
Visibility of services	Awareness largely driven by schools; limited outreach; low awareness beyond formal settings	Amber	Implement a coordinated, multi-channel promotion strategy using youth-informed approaches (QR codes, social media, community visibility).

CYP Priority	Current Position	Match?	Gaps / Actions
Parent support and SEND / ND inclusion	Strong SEND offer in parts; parent support available but not consistently embedded or visible.	Amber	Develop coordinated communication strategy; improve community visibility and promotion.
Holding Supoort whilst waiting	Limited and inconsistent “while you wait” support; waiting leads to escalation.	Red	Introduce consistent holding/bridging support; no CYP waits without contact.
Consistency and continuity (relationships)	CYP often repeat their story; short-term interventions limit relationship building.	Amber	Commission longer-term support; reduce handoffs; prioritise continuity.
Transitions (16–25)	Significant gaps and fragmentation; limited coherent pathway for young adults.	Red	Develop clear 16–25 pathway; improve continuity and age-appropriate provision.

Conclusion

The findings show that children and young people in Sefton are clear, consistent and aligned in what they need: emotional wellbeing support that is visible, accessible and joined up, delivered in flexible, welcoming ways before problems escalate.
Sefton has many committed providers and strong pockets of practice across the VCSFE sector, youth work, trauma services and SEND support. However, these currently operate as a collection of individual offers rather than a single, coherent system. As a result, children and young people experience the landscape as confusing, difficult to navigate, inconsistent, and overly dependent on individual adults or schools to access and sustain support.

Two critical system-wide issues stand out clearly:

1. The absence of a unified early help “front door”
2. The lack of open-access, youth-friendly wellbeing spaces

Together, these gaps limit early intervention, place pressure on schools and families, and increase the likelihood that emerging needs escalate into more complex concerns. Children and young people also report long waits, difficulties accessing support, inconsistent continuity between workers, and support that often ends too quickly - all of which reduce the likelihood of accessing help at the point it is needed.

Despite these challenges, there is a strong foundation to build on. Sefton benefits from a diverse and committed VCSFE sector, established youth provision, growing SEND and neurodiversity-informed support, and a clear willingness across partners to work collaboratively. Children and young people themselves articulate a clear vision for improvement: safe, informal spaces where they feel heard, consistent relationships with trusted adults, opportunities to engage in activities alongside support, flexible access to help, and services that understand individual needs, including neurodiversity.

Overall, Sefton is well placed to move forward if the next phase focuses on integration rather than expansion - connecting existing strengths into a more coherent, visible and accessible system. By establishing a clear early help pathway, developing open-access youth-friendly spaces, strengthening inclusive practice, and embedding relational approaches across the workforce, Sefton can create a system that is easier to navigate, more responsive to need, and more aligned with what children and young people consistently say works.

This presents a significant opportunity to move from a fragmented landscape to a connected system - one that feels accessible, welcoming and responsive, and where children and young people feel heard, supported and able to thrive.

Recommendations - Sefton

1. **Develop an Open Access Youth Emotional Wellbeing Model (Hub and Network Approach)**

- Continue the work of the emotional wellbeing thrive board to promote a borough-wide open-access model centred around a youth-friendly hub and community network
- Create safe, informal, drop-in spaces for early emotional wellbeing support
- Embed relational and activity-based support without referral
- Use existing community assets (e.g. youth centres, Family Hubs) before new infrastructure
- Co-design spaces and delivery with children and young people
- Explore co-location with health and VCSFE partners
- Position this as the primary access point, supported by digital navigation

2. **Strengthen Early Help Support**

- Expand support for children and young people with emerging needs before escalation
- Increase low-threshold, flexible and relational support
- Introduce consistent “while you wait” support (check-ins, drop-ins, digital support)
- Embed activity-based, creative and social prescribing approaches
- Develop shared approaches to demand management across services
- Introduce a system-wide principle: “No child waits without support”

3. **Improve Visibility, Navigation and Access Pathways**

- Create a clear, coherent and youth-friendly system that is easy to understand and access
- Develop a single, visible digital and system “front door”
- Improve promotion across schools, GPs, Family Hubs and communities
- Co-produce navigation tools and language with CYP
- Build a dynamic, whole-system service map
- Use multi-channel approaches (QR codes, social media, campaigns) to increase awareness

4. **Expand Flexible, Community-Based and Out-of-Hours Provision**

- Increase access to support beyond school hours and traditional settings
- Expand after-school, evening and weekend provision
- Improve access for CYP not in education (EHE, NEET, excluded)
- Deliver support through community venues and non-clinical spaces
- Align youth work and emotional wellbeing delivery more closely

5. **Embed Relational and Trauma-Informed Practice**

- Strengthen consistency, trust and quality of support across the system.
- Prioritise continuity of relationships and trusted adults
- Reduce the need for CYP to repeat their story
- Move beyond rigid, short-term interventions
- Strengthen workforce training, supervision and reflective practice
- Embed evidence-based approaches (e.g. Anna Freud, RAISE)

6. **Strengthen Neuro-Affirming and Inclusive Practice**

- Embed SEND and neurodiversity inclusion across all services.
- Develop a whole-system approach to neuro-affirming practice
- Introduce shared self-assessment frameworks
- Improve sensory-aware and flexible delivery models
- Involve CYP (including those with SEND) in service design and review

7. **Strengthen System Coordination and Governance**

Improve alignment, ownership and system-wide delivery.

- Align recommendations to Emotional Health and Wellbeing Board priorities
- Strengthen multi-agency governance and shared accountability
- Use Thrive and partnership forums to support system planning
- Improve coordination across services and sectors

8. **Expand Outreach and Community Delivery Models**

Improve reach for CYP less likely to access formal services.

- Expand mobile, pop-up and satellite provision
- Deliver support in community and informal settings
- Develop shared locality timetables of provision
- Strengthen partnerships with community venues and networks
- Improve visibility, reduce duplication and reach underserved groups

9. **Strengthen Parent and Carer Support**

Improve early identification and support within families.

- Better coordinate and promote existing parent support offers
- Embed parent support within early help pathways
- Strengthen links between Family Hubs, schools and community services via existing community connector roles
- Equip parents to recognise early emotional wellbeing needs

10. **Strengthen Workforce and 16–25 Pathways**
    - Develop a sustainable workforce and clearer pathways for older young people.
    - Support longer-term funding for VCSFE provision
    - Invest in workforce development and cross-sector learning
    - Recognise youth work as a core part of the system
    - Develop a coherent 16–25 pathway across mental health, employability and life skills
    - Address transition gaps at age 18 and improve continuity

The ambition is clear:
That every child and young person in Sefton 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.

Local Services Involved in This Work

Sefton

0-19 Healthy Child Programme
ACES PCN (Primary Care Network)
Active Lifestyles - 121 programme
Advanced Solutions
Alder Hey Foundation Trust - SEFTON PLACE
AWARD SOLUTIONS
Brunswick Youth and Community Centre
Chat health
Education and MH network
Family Hubs
Family Wellbeing Centres
Kindfulness Coffe Club
Kooth online
Liverpool Light Crisis Cafe
Melling Youth Club
MHST
MYA Space
Parenting 2000
PSS
School nurse service
Sefton Carers Centre
Sefton Emotional Achievement Service (group of charities)
Southport Sefton CVS crisis cafe
SWACA
Swan women's centre
Thornton Wellbeing Centre
Venus Charity
Ykids
Buddy Up (SEND)
Comics Youth - Turn the Page
The Nest (Seans Place) for males
Southport crisis cafe
Crosby crisis cafe
Life Rooms
Life is for living
Everton in the community
Daisy Inclusive
Bebe's Hive
Rise Up
Windmills
Career connect (also in LCR)
Create Arts
Bully busters
The Inclusive Hub CIC
Phoenix Community and Youth project
Collective Encounters
Netherton Feel Good Factory

Services can also be located via the Sefton CVS services directory (https://www.directory.seftoncvs.org.uk/)