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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:



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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.



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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
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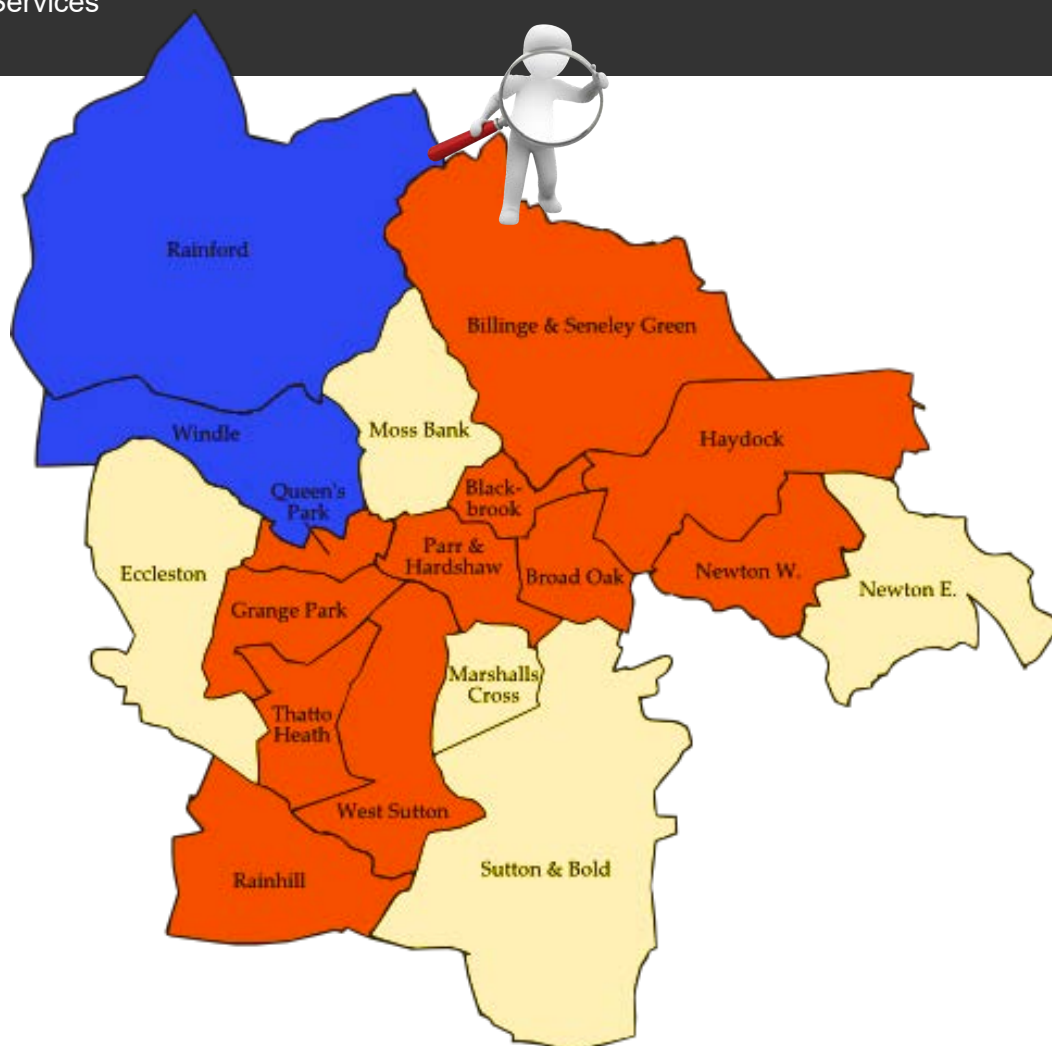


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Executive Summary

This report has been developed as a complementary St Helens 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 early emotional wellbeing and mental health support meets local need.

Why this review matters

Children and young people in St Helens are experiencing rising levels of emotional distress, shaped by high levels of deprivation and wider social inequalities. Local data highlights elevated school-based anxiety, self-harm admissions and unmet need, reflecting and often exceeding national trends.

While a broad range of provision exists across statutory, education and VCSFE sectors, the system remains complex and difficult to navigate. St Helens has invested in early help approaches and a broad range of provision; however, young people often experience support as hard to find, inconsistent and not always available at the right time. Waiting times are a particular concern for young people, especially where there is little or no contact while waiting. Local system data shows variation across services, with more timely access in some areas but longer waits for specific specialist and therapeutic support. This gap between system performance and lived experience is a key theme.

What we did

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

- Mapping of local emotional wellbeing and early mental health services across St Helens
- Engagement with more than 80 children and young people, including those less likely to access support
- Input from VCSFE organisations, schools, NHS partners and local authority services
- Analysis of local needs data, national policy and best practice

This approach ensures findings reflect both system insight and lived experience.

What young people told us

Young people's feedback was clear and consistent:

- Support is difficult to find and navigate, with low awareness outside school settings waiting times are experienced as long and often involve little or no contact while waiting
- Early help is inconsistent and dependent on school, referral route or individual staff
- Relationships, trust and continuity matter more than short-term interventions
- Transitions, especially at 18, lead to loss of support and repeated assessments

They also highlighted what works: informal, safe environments; trusted adults; activity-based support; and flexible provision available in the community and outside school hours.



The current system

St Helens has strong foundations, including a diverse provider landscape, strong VCSFE sector, effective partnership working and innovative models such as youth hubs, outreach and social prescribing. Many young people report positive experiences when they are able to access support. However, the system is not consistently experienced as accessible or easy to navigate. There are:

- Gaps between what services exist and what young people can find or access
- Uneven provision across neighbourhoods, with transport as a key barrier
- Limited visibility and no single, youth-friendly entry point
- Capacity pressures and reliance on short-term funding
- Fragmented provision for 18–25 year olds and significant transition challenges

What must change

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

- Strengthen early help and prevention, particularly through earlier and more consistent access to support
- Improve visibility and navigation through a clear, youth-friendly “front door”
- Expand community-based, outreach and out-of-hours provision
- Address inequalities in access across geography and age groups
- Improve transition pathways, especially for 16–25 year olds
- Ensure no young person waits for support without ongoing contact

A call to action

St Helens has strong partnerships, committed services and a clear understanding of what young people need. The challenge now is to connect, coordinate and sustain these strengths to create a system that is consistently visible, accessible and reliable.

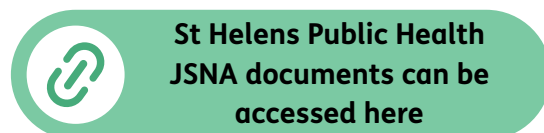
By building on existing assets and placing young people’s voices at the centre, there is a clear opportunity to develop a more joined-up, preventative system - where every child and young person can access the right support, at the right time, in the right place.



Introduction

Children and Young people's (CYP) mental health remains one of the most urgent and widely recognised challenges across the country, and St Helens intensely reflects this picture. CYP emotional wellbeing locally is shaped by a complex mix of social, economic and environmental factors, including high levels of deprivation and inequality. Many communities face additional pressures linked to income, education, housing and wider determinants of health, which directly influence both the level of need and the ability to access support.

Local evidence (such as Joint Strategic Needs Assessment) highlights rising levels of emotional distress, anxiety and unmet need, alongside inequalities in how and when young people can access help. This mirrors the national picture, where approximately one in five young people experience a mental health difficulty at any given time, and demand for support continues to grow. In St Helens, these challenges are often more pronounced, with the CYP Needs Assessment identifying high levels of school-based anxiety, elevated rates of self-harm admissions, and a significant proportion of young people living in the most deprived neighbourhoods in England.



St Helens has a broad and diverse early help offer, including statutory and NHS services, school-based provision, Family Hubs, digital platforms and a strong voluntary, community, faith and social enterprise (VCSFE) sector. The VCSFE sector plays a particularly significant role in delivering flexible, community-based and relational support. The borough also demonstrates strong partnership working and system development, including multi-agency coordination, social prescribing approaches and an increasing focus on early intervention and prevention.

Despite these strengths, young people often experience the system as reactive rather than preventative. This reflects a gap between the intended design of services, many of which focus on early intervention, and how support is accessed and experienced in practice.

Variation in waiting times, threshold-based access, and differences in service models, including the use of short-term interventions, continue to create challenges in continuity of care. Young people consistently describe a "cliff edge" at 18, where support reduces or changes significantly despite ongoing need, reflecting wider system fragmentation between children's and adult services. This is particularly acute for neurodivergent young people and those with longer-term or complex needs, many of whom report feeling misunderstood, poorly accommodated, or unable to access appropriate support at the right time.



This report builds on local and regional work by mapping provision across St Helens and examining how well current services reflect the needs and preferences of children and young people. By combining system mapping, local intelligence and the lived experiences of young people, it provides an evidence-based foundation to support the development of a more visible, connected and equitable early help system. This approach aligns with national policy direction and the ambitions of the Cheshire & Merseyside Mental Health Plan, alongside local priorities such as It's Our Borough Too. Ultimately, the aim is to ensure that children and young people can access support that is timely, appropriate and rooted in the places they already feel safe.

Our ambition is to move beyond a system where young people feel support is hard to find, towards one where it is visible, trusted and available at the right time, in the right place, so that the phrase “there is nothing out there” becomes a thing of the past.

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 CYP aged 5–25. This age range was selected to address the well-recognised challenges associated with transitions between children’s and adult services, and to complement existing work undertaken in early years provision. Throughout this report, references to CYP relate specifically to this 5–25 cohort, and “young adults” refers to those aged 16–25.

The St Helens place report forms part of the wider Cheshire & Merseyside Early Mental Health System Review and follows the same mixed methods framework outlined in the main report. The aim is to develop a detailed understanding of emotional wellbeing provision in St Helens, with a particular focus on accessibility, visibility, timing and lived experience.

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

- Mapping and review of local emotional wellbeing and early mental health services, drawing on information from statutory services, VCSFE organisations, schools and community providers. This included analysis of delivery models, access routes, age ranges, outreach activity, digital provision, waiting times, operating hours and funding stability. The mapping covers the full ecosystem of support, including universal services (e.g. Family Hubs, 0–19 health), youth work, therapeutic and creative provision, neurodiversity support, LGBTQ+ groups and crisis pathways, providing insight into accessibility, visibility and sustainability.
- Direct engagement with CYP, including survey responses from more than 80 CYP in St Helens, alongside Youth Council engagement and local listening sessions. While not fully representative, this provided strong insight into experiences of accessing support, preferred approaches, barriers and priorities. Responses were analysed thematically and supported by direct quotations to ensure lived experience remains central.
- Targeted inclusion of groups facing additional barriers, including neurodivergent young people, those with disabilities, young carers, LGBTQ+ young people and those less likely to engage with formal services. This was supported through trusted VCSFE relationships to ensure inclusive and meaningful participation.
- Desk-based analysis of local needs, policy and best practice, aligned with frameworks such as the NHS 0–25 pathway, iTHRIVE, the National Youth Strategy and Young Futures guidance, alongside local intelligence from the St Helens CYP Needs Assessment and wider system data.



This approach prioritised co-production, inclusion and practical system insight, ensuring findings reflect both lived experience and service delivery. Together, these methods provide a robust, evidence-informed understanding of the local system.

Although the work initially centred on physical youth provision, the scope was broadened to include outreach, community-based, home-based and digital support, recognising that children and young people access support in different ways and often move between services. This reflects how provision operates in St Helens across schools, community settings, homes, digital platforms and open-access youth spaces.

Terminology within early mental health provision is often used inconsistently. For the purposes of this report:

- A youth hub refers to a community-based space providing open access activities, advice and early emotional wellbeing support without referral or thresholds
- Early mental health support refers to support for mild to moderate needs, aligned to “Getting Advice” and “Getting Help” within iTHRIVE
- CYP pathways are not linear; young people may access multiple services simultaneously or move between levels of need, requiring flexible and joined-up responses
- Youth hubs are distinct from Family Hubs but are considered here as part of a connected early help system alongside schools and community services

Overall, this methodology captures how early help is delivered and experienced in St Helens, providing a clear evidence base for understanding both strengths and areas for development.



i-THRIVE Framework



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Children and Young People's Voice

Young people in St Helens shared an honest, consistent and powerful account of what it feels like to seek support for their emotional wellbeing and mental health. Their experiences closely mirror those seen across Cheshire and Merseyside, reinforcing key themes around access, experience and service design. Across age, background and setting, the message is clear: support matters, trusted relationships matter, and waiting without help makes everything harder.

1. Finding help is difficult

Many young people indicated they do not know what support is available, how to access it, or what will happen when they do. For some, the first time they heard about services was when they were already in crisis. Others described confusion about different services, being passed between providers, or not being able to access help at all. Experiences of being rejected or not meeting thresholds reinforced a perception that “help isn’t there” or is too difficult to access.

2. Waiting makes things worse

Waiting times were a consistent concern for young people. While system data indicates more timely access in some parts of the pathway, particularly for initial contact and urgent support, young people often experience these delays as significant, especially where support involves multiple referrals, assessment stages, or limited session based interventions. The absence of consistent ‘holding support’ while waiting was frequently described as making situations worse.

“The wait... was almost 2 years... for therapy that only lasted 6 weeks.”

“They say no, Other’s say no... I always end up on waiting lists.”

3. Early help is experienced as inconsistent

While some young people described positive experiences, particularly within schools or VCSFE provision, access was often seen as inconsistent and dependent on circumstances such as school, referral routes or individual staff. Some reported being placed on waiting lists repeatedly or receiving only limited sessions, highlighting gaps in early help and reinforcing a sense that support is not always reliable. Young people and parents also highlighted that limited school resources can affect the availability and consistency of pastoral and emotional wellbeing support.



4. Relationships matter more than short interventions

Support was most valued when it was relational, consistent and based on trust. Young people emphasised the importance of being listened to, understood and not judged. Positive experiences were linked to having someone easy to talk to over time, whereas short-term or inconsistent support, particularly where staff changed frequently, was seen as unhelpful. When support works, it is personal, consistent and shaped around their everyday lives.

"I could talk to the lady and she would listen... she helped me think differently."

5. Transitions and continuity are a pressure point

Support can stop suddenly or change significantly due to age thresholds, session limits or staff turnover. Young people described having to repeat their stories multiple times or "start again" with new workers. The transition at 18 was a particular concern, with many describing a "cliff edge" where support ends despite need remaining the same.

"Staff kept leaving so I get new people and have to start again."

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

Young people highlighted the importance of flexible and accessible support. Many described needing help during the school day, immediately after school, and especially in the evenings and at weekends. However, provision is often limited to school hours or fixed appointments, meaning support is not always available when it is most needed.

Their message is clear: crises do not wait for office hours, and support should not either.



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Strengths

In St Helens, many young people who had accessed support described it as helpful or very helpful, particularly where services provided space to talk, feel listened to, and be understood. This reinforces that support works when it is accessible, relational and responsive to individual needs.

Young people highlighted positive experiences across school, community and voluntary sector provision. School-based support, particularly pastoral teams, counsellors and Mental Health Schools Teams (MHSTs), was often where the most positive experiences occurred. Many valued having someone they could trust, alongside opportunities to engage in creative or activity-based approaches such as drawing, play, sport or informal conversation. These approaches helped young people feel comfortable and more willing to open up.

There was strong appreciation for supportive adults and consistent relationships, with workers described as kind, understanding and approachable. Environments that felt familiar, such as school, home or local community spaces, were often seen as more accessible and less intimidating.

Overall, CYP in St Helens clearly value:

- Informal, safe and welcoming spaces where they feel comfortable
- Being listened to, understood and not judged
- Consistent, trusted adults and ongoing relationships
- Opportunities to talk while taking part in activities (e.g. art, games, sports)
- Practical support, including coping strategies, sensory tools and understanding mental health

This reinforces that where support is accessible and consistent, it is often viewed positively by young people



What Young People Want More Of

- More sessions and longer-term support, rather than short or time-limited interventions
- Faster access to help and reduced waiting times
- More consistent workers (less turnover and fewer repeated assessments)
- Greater understanding of specific needs (e.g. autism, ADHD, SEND)
- More flexible support outside school hours (evenings and weekends)
- Improved awareness and easier access to services
- More activity-based and creative support options
- More local, walk-to and community-based support, not just school provision

"I always get rejected for help... I always end up on waiting lists."

"There is zero help for mental health in St Helens... If it wasn't for my mum I wouldn't be here."

"They listened to me talking and gave me some coping strategies."

"My mum had to pay for a private psychologist because local services are unsuitable... a worrying lack of understanding about autism."



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How Young People Hear About Services

Most awareness of services in St Helens comes through schools, particularly via counsellors, pastoral staff and teachers. While this shows schools play a key role in connecting young people to support, awareness is heavily dependent on being in education, with limited routes outside of school settings.

Parents and carers also play an important role, particularly for those with additional needs. However, this often relies on families navigating services themselves, rather than clear, accessible information being widely available.

There was little mention of GPs or community-based referral routes, and many young people said they only became aware of services once their needs had escalated. This highlights limited and inconsistent visibility across the wider community.

Young people emphasised that promotion is too limited and suggested:

- Better visibility of services before crisis
- Clear, simple information on what exists and how to access it
- More promotion beyond schools (e.g. buses, public spaces, social media)
- Greater awareness of youth groups and informal support
- Easier access for those outside mainstream education



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

What made support good	What made support unhelpful
Being listened to and able to talk openly	Feeling dismissed or not listened to
Kind, non-judgemental staff	Lack of understanding (e.g. autism not recognised)
Relatable workers who build relationships	Having to repeat stories due to staff turnover
Consistency and familiarity	Short-term or ending too quickly
Accessible, available support (e.g. drop-ins)	Long waiting times
Practical coping strategies	Generic or untailored programmes
Creative and engaging approaches	Limited access to appropriate interventions
Confidential and safe environments	Concerns about confidentiality
Local, familiar settings	Accessibility barriers or lack of awareness
Support that adapts and continues	Sudden endings or poor transitions
Feeling supported and understood	Rejection or not meeting criteria



Service Design: What Works Best

Young people in St Helens favour informal, relationship-based support embedded within everyday activities rather than clinical or structured models. They consistently highlighted the importance of being able to talk in relaxed, familiar environments, alongside opportunities to engage in creative, social and skill-building activities.

Support is most effective when it feels natural and part of a wider experience. Many valued situations where conversation happens alongside activities, helping them feel less judged and more able to open up.

They were clear they do not want a “mental health building”, they want welcoming youth spaces where support is available if needed. Support must also be flexible and responsive, adapting to individual needs rather than being limited to fixed sessions or strict criteria. Suggested service names reflected this ethos, including:

- Safe Space
- Chill and Chat
- Here for You
- Safe and Sound
- Youth Space
- Kind Mind

What Young People Want Us to Know

Young people shared deeply personal reflections about seeking support. Many described feeling dismissed, not believed or misunderstood, particularly when they did not meet service thresholds. Some highlighted inequity, with families needing to pay privately for help when local services were not accessible or did not meet their needs.

They also described wider pressures affecting their wellbeing, including poverty, transport barriers, school stress, bullying, and major life transitions. Across all their experiences, one consistent and repeated message emerged:

Young people want somewhere safe, welcoming and close to home, with adults who listen, understand and genuinely care.

“Someone to actually help me instead of fobbing me off — no one helps.”



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It's Our Borough Too



It's Our Borough Too is St Helens' Children and Young People's Declaration for 2024–2027, a borough-wide commitment shaped by the voices of over a thousand local young people through REACH, Hope Hack, Youth Cabinet, Big Chat and the Youth Climate Commission.

The Declaration sets out six priorities identified by young people, including mental health, safety, accessible youth spaces and future opportunities.

This Early Emotional Wellbeing & Mental Health report complements the Declaration by providing deeper insight into these priorities, particularly the need for accessible, relational mental health support and safe, inclusive places to go. Together, they form a shared, youth-led roadmap for ensuring that lived experience shapes decision-making, investment and service design across St Helens.



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Current Landscape (St Helens)

St Helens demonstrates a clear and growing commitment to early emotional wellbeing and mental health, supported by a diverse network of statutory, voluntary, school-based and community provision. The borough offers a broad and evolving ecosystem of support, including universal services such as the 0–19 Healthy Child Programme and Family Hubs, a wide range of school-based support, VCSFE youth work, therapeutic and creative interventions, neurodiversity programmes, LGBTQ+ groups, digital platforms and crisis pathways.

However, a defining feature of the local landscape is the disconnect between the breadth of support available and what young people are able to access, experience or even recognise as available. Many young people report that they are not aware of what support exists, may perceive CAMHS as the only option, or experience difficulties navigating gaps created by thresholds, long waits and limited availability, particularly outside standard hours.

While strong partnership working exists, there is not yet a clearly defined, youth-facing multi-agency coordination model, which can make pathways feel disjointed and harder to navigate.

The system itself is wide-ranging but complex, with services often commissioned and delivered separately, creating a landscape that can be difficult for young people, families and professionals to understand. St Helens also operates within a context of high levels of deprivation, transport challenges and increasing demand, which place sustained pressure on early help services and contribute to ongoing difficulties in access, continuity and visibility.

These services can be broadly grouped into:

- ✓ NHS and Local Authority statutory services
- ✓ Voluntary, Community, Faith and Social Enterprise (VCSFE) organisations, which form the core delivery of relational, flexible early help
- ✓ Youth work and early help provision
- ✓ Neurodiversity and SEND support
- ✓ Crisis and urgent support
- ✓ Counselling, therapeutic and psychological support

A full service list is provided in the appendix.



Location

Provision across St Helens is strong but unevenly distributed, with access varying by neighbourhood, transport and local infrastructure. Central and school-based provision is generally more accessible, while some communities rely on outreach, detached youth work and community-based settings.

Transport cost and accessibility are key barriers, particularly for young people reliant on buses. This reinforces the importance of local, walkable and neighbourhood-based provision. Outreach delivery, such as detached youth work through Vibe and Reach, helps mitigate this, but coverage is variable and often dependent on workforce and short-term funding.

Age Ranges Covered

Provision is strongest for ages 11–17, particularly through school-based services, youth work and early intervention programmes. School-based support, including Barnardo's Resilience Teams, MHSTs and in-school counselling, is where many young people report their most positive experiences.

"My mental health needs didn't change the day after my 18th birthday... I was left with very little support."

For younger children, support is available through Family Hubs and early years services but is less visible and more reliant on parental engagement.

Provision for young people aged 18–25 is more fragmented and less clearly defined. While some services (e.g. YMCA 11–25, Kooth, Crisis Café, specialist programmes) extend support, many offers end at 18, leading to the widely reported "cliff edge," where continuity is lost despite ongoing need.

Access and holding support

Services operate through a mixed access model, including open access, self-referral, digital routes and professional referrals. Waiting times vary across the system:

- Immediate access via crisis and digital services (e.g. Kooth, ChatHealth, Shout)
- Moderate waits for early help and counselling
- Longer waits for specialist and neurodevelopmental services

While some services offer informal check-ins or interim support, holding support is not yet consistently embedded across the system or experience by all young people. Many young people report waiting without meaningful contact, contributing to escalation and reduced trust in services.



Visibility of services and partnership working

A key system issue is that services are not consistently visible or understood, despite the breadth of provision available. Promotion is largely delivered through schools, social media and community networks, but is limited by:

- Capacity constraints
- Short-term funding
- Lack of dedicated marketing resource

This contributes to a perception among CYP that support does not exist, even where provision is available. At the same time, St Helens demonstrates strong partnership working, including:

- TESSA multi-agency triage
- SPARC social prescribing for 11–16s
- Strong links between schools, Family Hubs, NHS and VCSFE
- Alignment with the Children and Young People's Declaration

These provide a strong foundation for further system coordination and integration.

Outreach provision

Outreach is a key strength, particularly through detached youth work and community engagement. This includes delivery in:

- Communities
- Schools
- Libraries and Family Hubs

Detached youth work services engage young people who may not access formal provision, meeting them in the places they already spend time. However, coverage is inconsistent and limited by workforce capacity and short-term funding, affecting reach and continuity.

Digital platforms

St Helens has a growing digital offer, including Kooth, ChatHealth, Shout and local wellbeing resources such as Grow Your Happy and Thrive. These provide discreet and flexible support, particularly outside of school hours.

However, digital navigation remains fragmented. Many services have limited or outdated online information, and there is no single, youth-friendly entry point. This makes it difficult for young people to identify appropriate support, with local directories not always reflecting the full offer.

Existing systems can feel complex and professionally focused, making them difficult for children, young people and families to navigate.



Parent, carer and SEND support

There is a broad range of support for parents and SEND families, including Family Hubs, school-based support and specialist provision such as ADDvanced Solutions.

Innovative approaches, such as neurodiversity profiling pilots, are helping to improve early identification and understanding. However:

- Access at earlier stages can be difficult
- Neurodivergent young people often feel misunderstood in mainstream settings
- Sensory-friendly and inclusive environments are not consistently embedded

“Restrictive criteria... and a worrying lack of understanding about autism.”

Additional Strengths

St Helens benefits from several distinctive assets:

- The YMCA Early Intervention Youth Hub, including 7-day provision, providing a strong model of flexible, relational and out-of-hours support
- Libraries as high-engagement, non-clinical, inclusive community spaces
- Strong VCSFE and community provision delivering creative, activity-based support
- Creative and wellbeing programmes (e.g. arts, sport, digital and youth work activity) that align with young people’s preferences
- Local initiatives such as the St Helens Bursary supporting access to positive activities
- Strong multi-agency collaboration and neighbourhood models (e.g. Right to Succeed in Parr)

However, many of these strengths, particularly within the VCSFE sector, are dependent on short-term funding, which impacts sustainability, workforce stability and visibility.



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What this means for Young People and those who support them

CYP Priority	Current Position (St Helens)	Match	Gaps / Actions
Relational, person centred support	Strong where delivered, but inconsistent across services	Amber	Embed relational practice, improve workforce stability
Safe, youth friendly environments	Good examples exist (YMCA, libraries, VCSFE), but uneven coverage	Amber	Expand accessible, sensory-friendly spaces locally
Activity based support	Clear strength across VCSFE and community provision	Green	Ensure consistent access across all areas
Flexible and timely access	Demand highest evenings/weekends; provision uneven	Amber	Expand out-of-hours delivery borough-wide
Clear pathways & navigation	Wide offer but difficult to navigate; low awareness	Amber	Create a single youth-friendly “front door”
Holding support while waiting	Inconsistent; many wait without contact	Amber	Introduce a borough-wide holding support model
Continuity and sustained support	Often time-limited; risk of re-starting support	Amber	Move to flexible, needs-led duration
Trusted relationships	Strong impact where present; limited by workforce pressures	Amber	Prioritise continuity and reduce duplication
Inclusive (neurodiversity) support	Specialist offer exists; mainstream gaps remain	Amber	Embed ND-informed practice across all services



Local access & transport	Uneven provision; transport is a barrier	Amber	Expand neighbourhood and outreach delivery
Transitions (16–25)	Clear “cliff edge” at 18; fragmented pathways	Red	Develop a 16–25 relational pathway
NHS experience	Mixed experiences; perceived high thresholds and variable waiting times depending on service type	Red	Improve integration with VCSFE and relational practice

Priority Improvements for St Helens

- A clear, youth-friendly digital front door to improve visibility and navigation
- Expanded evening and weekend provision across providers
- Sustainable, multi-year funding for VCSFE early-intervention services
- Stronger neurodiversity-informed practice and inclusive environments
- Better coordination and visibility of outreach and neighbourhood provision
- A coherent 16–25 early intervention pathway to address the transition “cliff edge”
- Consistent holding support during waits, including drop-ins and group-based provision



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Conclusion

This report highlights a system in St Helens that is strong in intent and assets, but not yet consistently experienced as accessible, visible or reliable by the children and young people it is designed to support. The core issue is not a lack of provision, but a lack of connection, clarity and consistency across the system.

A defining finding is the gap between what exists and what young people experience. Support is often effective when accessed, yet too many young people struggle to find it, reach it at the right time, or stay connected to it long enough for it to make a difference. This can result in a system that is experienced as reactive rather than preventative, and dependent on thresholds, timing or entry point rather than need.

Across all engagement, young people's expectations are both consistent and achievable. They are not asking for highly specialised or clinical solutions, but for a system that is relational, easy to navigate, flexible and available when it matters most. Their feedback reinforces a clear direction of travel:

- simplify access
- prioritise relationships over short interventions
- align support with real lives (particularly evenings and weekends)
- ensure continuity, especially during key transition points

The analysis also highlights that many of the solutions already exist within the system. St Helens benefits from strong partnership working, a valued VCSFE sector, and emerging models of flexible, community-based support. However, these strengths are not yet operating as a fully coherent system. Fragmentation, variable visibility and short-term funding continue to limit their collective impact.

The most significant system challenge is therefore one of integration and sustainability. Without clearer pathways, stronger coordination and longer-term investment, even high-quality provision may continue to feel inconsistent and difficult to access. This is particularly evident in areas such as transitions into adulthood, neurodiversity-inclusive practice and out-of-hours availability, where gaps are most strongly felt by young people. Looking ahead, the opportunity for St Helens is not to redesign the system from scratch, but to connect, stabilise and scale what already works. This means making support easier to find and understand, ensuring no young person is left without support during periods of waiting, strengthening continuity across services and life stages, and embedding relational, community-based models as the core of early help.



The risk is not a lack of provision, but that without change, it will continue to be experienced unevenly. The opportunity is to create a system that works consistently for every young person.

St Helens has the foundations of a high-quality, preventative system. The next phase is to ensure that this system feels joined-up, visible and dependable to every young person, in every community, so that all children and young people can access support that helps them feel safe, understood and supported to thrive.

“We just want someone to listen, understand, and actually help us when we need it.”



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Recommendations - St Helens

1. **Create a Clear, Youth-Friendly System “Front Door”**

Develop a single, youth-designed digital front door that brings together all local services in one place. This should include (at minimum) real-time availability, self-referral routes, drop-in options, and age/need-specific pathways

Integrate QR codes which should be promoted via social media, in schools, on buses and across the wider community, whilst ensuring all providers commit to shared, consistent signposting

2. **Expand Evening and Weekend Provision Across the Borough**

Build on the YMCA 7-day hub model and extend out-of-hours access across all partners, developing a network of evening and weekend safe spaces (youth hubs, libraries, community venues). Maintain a mix of drop-in, informal and structured support options, whilst aligning commissioning to require out-of-hours availability as standard

3. **Develop a Coherent 16–25 Pathway to Address the “Cliff Edge”**

Design and implement a borough-wide 16–25 early intervention pathway. Introducing warm handovers between CYP and adult services, whilst expanding youth-appropriate provision for 18–25s (non-clinical, relational, community-based). This should also integrate mental health support with education, employment and life skills services

4. **Introduce a Borough-Wide “Holding Support Standard”**

Ensure no young person waits without contact or support. Provide interim options such as:

- drop-ins
- check-ins (digital or in person)
- group or creative provision

and embed this as a system-wide expectation across all services, delivered collaboratively across multiple providers to share capacity and ensure no young person waits without support



5. **Stabilise and Invest in the VCSFE Sector**

Recognise VCSFE providers as core system partners, not add-ons, whilst moving towards multi-year funding (e.g. 3–5 year funding cycles) models for early intervention services. Further support this by investing in workforce stability and retention, enabling providers to plan, promote and scale delivery confidently

6. **Expand Local, Neighbourhood-Based and Outreach Provision**

Reduce reliance on centralised models and increase hyper-local provision across neighbourhoods whilst strengthening detached youth work and outreach teams.

Deliver support in:

- community venues
- libraries
- schools
- home settings where appropriate

7. **Embed Neurodiversity-Informed Practice Across All Services**

Expand sensory-friendly and inclusive environments and implement mandatory neurodiversity-informed training across all services.

Reduce reliance on formal diagnosis for access, and scale successful models such as ND profiling tools

8. **Strengthen Relational Practice and Continuity of Support**

Embed relational practice as a core standard across all services, whilst moving away from rigid session limits to needs-led support duration.

Reduce the need for duplication and repeated assessments by designing pathways that prioritise continuity of workers and relationships

9. **Improve Integration Between NHS and Community Provision**

Strengthen joint pathways between NHS and VCSFE providers by developing co-located and integrated models of care, improving communication and shared care planning and ensuring support continues alongside clinical pathways, including when thresholds for specialist support are not met.



10. **Improve System Visibility, Communication and Promotion**

Invest in dedicated system-wide communications capacity, promoting services beyond schools (e.g. public spaces, transport, social media)

Ensure service information is simple, youth-friendly and consistent, and that directories and digital platforms are regularly updated.

11. **Embed Youth Voice and Co-Production in System Design**

Align delivery with It's Our Borough Too priorities.

Embed co-production in commissioning and service design, establish ongoing youth feedback loops and governance roles and develop a young person-friendly version of the system offer

12. **Prioritise Prevention and Early Intervention**

Shift investment towards early, non-clinical support by expanding activity-based, community-embedded models.

Embed emotional wellbeing into schools, youth spaces and communities, reducing reliance on clinical thresholds as the primary gateway to support

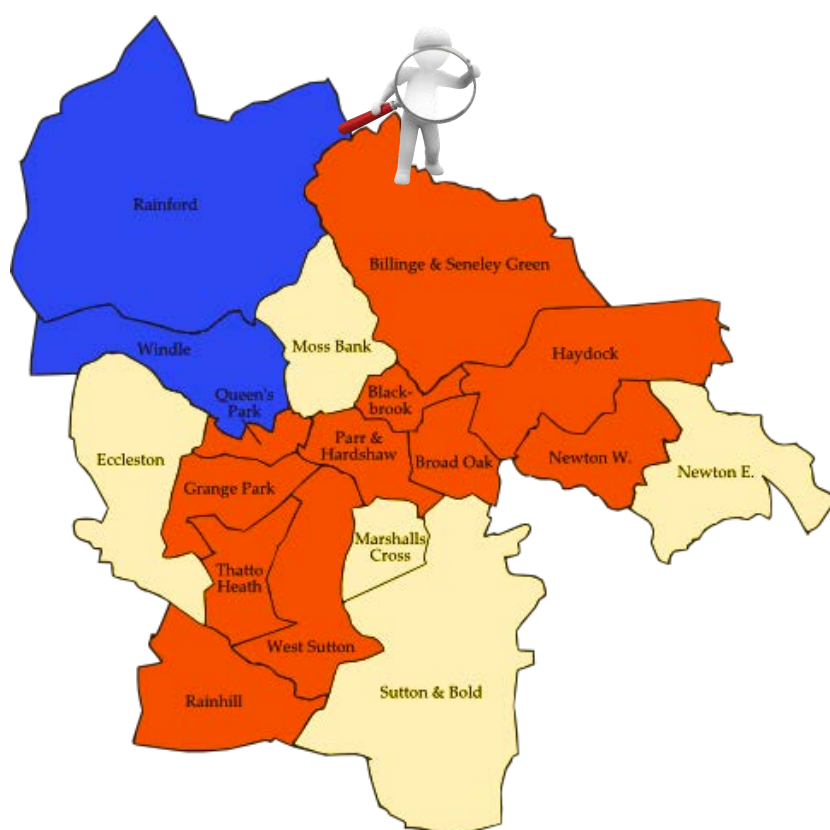


List of Services

St Helens

0-19 Healthy Child Programme
Advanced Solutions
Barnardo's Boss
Barnardo's Resilience
Bold Bhaile C. I. C.
Chat Health
Chrysalis centre for change
Community Eating Disorder
Creative Alternatives
Crisis cafe
Digital Arts Box CIC
Family Hubs
Grow Your Happy
Hope House
Kooth (online)
Listening Ear
Maximum Edge
Mersey Care NHS Foundation Trust
MHST (school)
Newton Community Centre
Over the Rainbow
Paths Programme
Positive Life Workshops CIC
Powered by Hip Hop CIC
QWell
Reach Rainhill C.I.C.
Right to Succeed (Parr)
Sherdley Primary

Shout (text service)
Social Prescribing
St Helens Council Early Years Team
St Helens Library Service
St Helens Wellbeing Service
TAZ (sexual health)
The Talk Squad (Harrys with Shout)
Thrive St Helens website
Transforming Care Programme
Vibe
Wirral Community Health & Care NHS Foundation
Trust
YMCA St Helens
Young Carers
YP DAAT (drug)
Career connect (also in LCR)
Daisy Inclusive
Collective Encounters
Perth Community Centre (Thatto Heath)
Rockets Community Club



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