The HYNDBURN WAY

ROSE HARVEY & CO LTD

WE'RE STILL WAITING

What It's Really Like to Navigate Mental Health Support for Under 18s in Hyndburn

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EXECUTIVE SUMMARY

AN OVERVIEW OF WHAT THIS REPORT FOUND AND WHAT IT RECOMMENDS

This report was commissioned by the Hyndburn Way Steering Group to better understand how children and young people under 18 are currently supported with their mental health in Hyndburn — and how this support might be strengthened.

The work involved mapping existing services, exploring local pathways and referral patterns, gathering lived experience from professionals and families, and reviewing relevant national guidance. Over 80 interviews were conducted across schools, NHS teams, the voluntary sector, local authority services, and primary care.

KEY FINDINGS

- **Families fall between services.** Long waits, unclear thresholds, and repeated re-referrals are common — particularly for children with neurodiverse traits or emotionally based school avoidance.
- **Early help is limited.** Most services start from age 10+, with very few options for children aged 4–9 outside of school-led provision.
- **Provision is uneven.** Access to support often depends on the school a child attends or the professional knowledge of those around them.
- **The system is fragmented.** There is no shared access point, consistent referral process, or agreed navigation tool across sectors.
- **Services work in isolation.** While some forums exist, there is limited joint planning or communication between schools, GPs, mental health providers and VCFSE organisations.
- **No one owns the system.** Without a clear person or body responsible for coherence, services default to working alone — and families pay the price. Even at senior levels, understanding is inconsistent: commissioners sometimes gave inaccurate information, and clinical leads were unaware of commissioned roles designed to support their own patients.

Despite these challenges, **Hyndburn has significant local strengths** to build on:

- Schools are commissioning their own support and embedding wellbeing into daily life.
- Voluntary and community services offer flexible, relationship-based help.
- Cross-sector forums, like the Wellbeing Panel, have strong potential as coordination points.

As part of this project, a comprehensive list of services has been developed and is included at the end of this report. It can be shared immediately to support clearer signposting and raise awareness of local offers.

KEY RECOMMENDATIONS

Five practical priorities underpin the recommendations:

- **Improve navigation** — Make access routes clearer and more transparent.
- **Invest in early help** — Especially for primary-aged children, where provision is weakest.
- **Strengthen collaboration** — Support better coordination across sectors.
- **Commission smarter** — Ensure funding is responsive, transparent and accountable.
- **Embed participation** — Treat young people's involvement as core to service quality.

If further funding is secured for The Hyndburn Way, a time-limited working group could take forward these recommendations and support coordinated delivery.

This report offers a clear starting point for change — building on existing strengths, shaped by local insight, and grounded in lived experience. With the right coordination, Hyndburn can take practical next steps toward more joined-up, preventative mental health support — rooted in place and powered by community.

INTRODUCTION

PURPOSE AND SCOPE OF THE REPORT

Mental health need among young people is rising — and support systems are under growing pressure.

- Mental ill health is now the **most common health condition** among children and young people in the UK (Children's Commissioner, 2021)
- In 2023, **1 in 5 children aged 8–16** in England had a probable **mental health disorder** — up from 1 in 9 in 2017 (NHS Digital, 2023)
- **Nearly 1 in 4 17–19** year olds had a probable disorder — and **over a third** of 17–24 year olds with a mental health condition reported **self-harming** (NHS Digital, 2023)
- Referrals to children's mental health services have **risen by over 50% since the pandemic** (YoungMinds, 2023)
- **70% of LGBTQ+** young people aged 13–18 reported **anxiety** symptoms, **62% reported depression**, and **58% had self-harmed** in the past year (McDermott et al., 2024)

This report was commissioned by The Hyndburn Way Steering Group to help build a clearer picture: What support currently exists for under-18s in the borough? Where are the gaps? And how could the system work better for the children and young people who rely on it?

It brings together insight from over 80 professionals across education, health, local government and the VCFSE sector, alongside the voices of families with lived experience. It also draws on national best practice, helping to show where local strengths align with wider ambitions — and where change is needed.

What follows is a practical, locally grounded resource to support stronger coordination, shared understanding and better mental health support for Hyndburn's children and young people.

HOW WE CARRIED OUT THIS WORK

A SNAPSHOT OF THE APPROACH

50+

DAYS OF FIELDWORK

over six months, combining in-person visits, desk research, and stakeholder engagement

204

EMAIL RESPONSES

analysed to capture a broad cross-section of views and service information

83

1:1 INTERVIEWS

with professionals across health, education, local authority, and the VCFSE sector

4

SCHOOL SITE VISITS

to observe how mental health and pastoral support are delivered in context

6

WELLBEING PANELS

attended to explore cross-sector coordination and shared challenges

100+

NATIONAL SOURCES

reviewed, including policy guidance, academic research, and toolkits

1

DIRECTORY

developed to support navigation and improve awareness of local provision

WHAT GOOD LOOKS LIKE

A REVIEW OF NATIONAL MODELS AND BEST PRACTICE

While national frameworks, programmes and guidance vary in emphasis, they increasingly point in the same direction: toward more integrated, preventative, and relational systems of support for children and young people's mental health. Rather than focusing solely on clinical intervention, these approaches seek to embed mental health support across the environments where young people live, learn, and grow.

The five insights that follow distil recurring themes across national best practice — not as a definitive checklist, but as a reflection of the underlying system conditions that make joined-up, needs-led support possible. Each one highlights an area where local systems can move from aspiration to practice.

01 NEEDS, NOT THRESHOLDS, SHOULD DRIVE ACCESS

The **THRIVE Framework** is a widely adopted model across NHS and local authority systems in England. It replaces the traditional tiered approach with a needs-based model that supports flexible, proportionate responses and shared understanding across sectors (Wolpert et al., 2019). Systems implementing THRIVE aim to:

- Minimise rigid eligibility criteria that delay early help, enabling quicker responses based on need rather than diagnosis (Department of Health, 2015).
- Provide flexible support options, such as advice, brief interventions, or 'holding' support while a young person is in transition between services (i-THRIVE, 2021).
- Use a common language of need, not clinical labels, across health, education, and community settings — reducing fragmentation and improving coordination (Wolpert et al., 2019).

02 INTEGRATION MUST BE DESIGNED, NOT ASSUMED

Multi-agency working only functions with deliberate structures and shared accountability (NHS England, 2022). Best practice includes:

- Formal governance across NHS, education and local authority partners (DfE & PHE, 2021).
- Joint triage models and single points of access (Children and Young People's Mental Health Coalition, 2020).
- Continuous feedback loops between services — and with young people — to improve coordination (NHS England, 2023).

03 PREVENTION IS INFRASTRUCTURE, NOT AN ADD-ON

Whole-school approaches, youth-centred VCFSE provision, and social prescribing are recognised as essential parts of a functioning system — not optional extras (DfE & PHE, 2021; Anna Freud Centre, 2023). This requires:

- Resourcing universal provision to build resilience upstream (Department of Health, 2015).
- Ensuring early help is embedded in daily life — in schools, youth settings, and GP practices.
- Coordinating community-based and clinical interventions through shared care models (Wolpert et al., 2019).

04 PARTICIPATION AND LIVED EXPERIENCE ARE NON-NEGOTIABLE

Participation is widely recognised as a core standard — not an optional extra. Strong systems embed young people's voices across care and service design, treating this as essential to quality, equity, and engagement. Effective approaches:

- Involve young people meaningfully in governance, service design, and workforce training — as seen in national programmes like Children and Young People's Improving Access to Psychological Therapies **(CYP IAPT)** and the THRIVE Framework, which treat participation as a core quality standard, not just a consultation exercise (NHS England, 2023; Anna Freud Centre, 2022).
- Use routine feedback tools (e.g. goal-based outcomes, session ratings) to shape care in real time (Wolpert et al., 2014).
- Understand participation as central to cultural safety, engagement and equity (YoungMinds, 2021).

05 SUSTAINABILITY DEPENDS ON WORKFORCE AND CULTURE

System change is only possible with attention to the people delivering support. National guidance calls for:

- Investment in joint training, supervision, and psychologically safe teams (i-THRIVE, 2021).
- Multi-disciplinary reflection and shared learning environments (CYPMH Coalition, 2020).
- A cultural shift towards relationship-centred support, not transactional care (Department of Health, 2015)

Together, these insights reflect a national direction of travel: away from fragmented, crisis-driven provision, and towards coordinated, relational, and prevention-focused systems designed around the real lives of children and young people.

WHAT PROFESSIONALS ARE SEEING ON THE GROUND

INSIGHTS FROM LOCAL PRACTITIONERS ABOUT RISING NEED AND PRESSURE ON SERVICES

While this project did not set out to map prevalence or need, professionals across sectors consistently described similar concerns. Teachers, GPs, VCFSE practitioners and family support workers highlighted what they are seeing on the ground: rising levels of distress, increasingly complex presentations, and limited capacity across services to respond.

COMMON CONCERNS:

These were echoed across conversations with stakeholders from health, education, the local authority, and the VCFSE sector:

- A sharp **rise in anxiety** and school avoidance.
- A growing number of young people presenting with **undiagnosed neurodiversity.**
- **Long waits** for specialist services, with little early help available in the meantime.
- A **confusing system** that is hard to navigate for both families and professionals.

Crucially, this need is not always visible to services. Those who are most disengaged from school, who move between temporary housing, or who are experiencing multiple forms of adversity often fall outside existing referral pathways.

What professionals described was not just a lack of capacity — but a sense of exhaustion and systemic strain. Many are doing their best to hold young people in a system that feels disjointed and slow to respond.

The following section sets out the current landscape of provision — and the structures professionals are navigating — before we turn to the lived experience of those on the receiving end of that system.

THE LOCAL PICTURE

OVERVIEW OF MENTAL HEALTH SUPPORT

The mental health support landscape in Hyndburn spans NHS services, local authority early help, school-commissioned provision, voluntary and community offers, and national digital tools. While this variety creates multiple potential entry points, it also contributes to fragmentation — with notable variation in who gets what, when, and how.

This section offers a high-level snapshot of how services are configured, surfacing structural patterns that shape everyday access for children, young people and families. An extensive directory of services — including referral routes, age criteria, and contact details — is provided in the **Appendix**.

KEY PATTERNS

1. The system is weighted toward older children. Most services begin from age 10 or 11. Options are far more limited for younger children — especially those not in schools that commission additional support. For children under 9, access often depends on GP referral into NHS pathways, despite national guidance emphasising the importance of early help.

2. Schools are a major gateway — but access depends on the school. Many services (e.g. YNOT Aspire, NHS Mental Health Support Teams, and Complete Emotional Wellbeing) are delivered in schools. This embedded approach is a strength, but access often hinges on the priorities, budget, and awareness of individual school leaders. Some schools make no external referrals at all. As a result, a child's access to support can be shaped more by school roll than personal need.

3. Most services operate as standalone offers. Provision is delivered by a wide range of organisations — each with its own referral process, session limits, eligibility rules, and communication style. There is little infrastructure to link these services into coherent pathways. For families, referral rarely marks the start of a joined-up journey.

4. Thresholds for access are often unclear. Statutory services like ELCAS and CYPPS have defined criteria, but these are not always well understood. Many VCFSE providers avoid rigid thresholds, which can increase accessibility but also create ambiguity. Families and professionals report declined referrals, repeated cycles of re-referral, and frustration. The Early Help Assessment (EHA) — intended as a gateway to coordinated care — is often experienced as time-consuming or intrusive, delaying access or deterring families from lower-level support.

5. Short-term and grant-funded services affect continuity. Many voluntary sector organisations provide flexible, relationship-based support — but their funding is often short-term or insecure. This undermines service stability and makes it harder for families to rely on consistent care. GPs in particular have raised concerns that unclear or temporary offers make them hesitant to refer.

6. Navigation relies on individual knowledge, not system design. There is no single point of access or shared directory in regular use across sectors. Instead, professionals often rely on personal contacts, prior experience, or word-of-mouth to signpost families. For those without this insider knowledge, finding the right service can feel like a matter of luck.

7. Digital services are available — but disconnected. National online tools and helplines (e.g. *Kooth, Shout,* and *The Mix*) offer accessible support, particularly for older young people and those needing primary-level help before ELCAS referral. However, these services sit outside local care pathways and are rarely integrated into care planning or follow-up.

Understanding these key patterns on paper is only part of the picture. The following case studies offer a deeper insight into how families experience the system in practice — revealing where it connects, where it fragments, and what that means for those trying to find support.

THE LOCAL PICTURE

ONE FAMILY'S EXPERIENCE OF THE SYSTEM

This is a longer read — but a vital one. What follows is the lived experience of one family navigating mental health, neurodiversity, and education in Hyndburn. Told in their own words, it captures what no dataset or diagram can: the complexity, exhaustion, and resilience that often sit behind a young person's experience of the system.

Take a moment. Make a brew. And settle in.

My son was diagnosed with Autism at the age of four. He is a highly capable and articulate child but has always struggled with aspects of school life. He found it difficult to understand his peers, was often academically ahead of the curriculum (and therefore bored), and was overwhelmed by sensory stimuli such as noise, smells, lights, and inconsistent routines. He feared loud voices and shouting from staff and was placed on the SEND register from the start of Reception.

At age five, his community paediatrician noted he was experiencing severe anxiety. He was placed on a waiting list to see a clinical psychologist. **We are still waiting.** When he turned eight, our first referral to East Lancashire Child and Adolescent Services (ELCAS) was denied on the grounds that he did not meet the threshold for support. We then began receiving support from a charity in Burnley called Action for ASD, which provided help for the whole family—until the funding was withdrawn, and the service closed in June 2023.

At age nine, a second referral to ELCAS was again denied, despite escalating anxiety. During this time, he began counselling through another charity, Understanding Autism Northwest in Accrington. Although initially offered as a six-week block, they continued weekly sessions for two years due to the complexity of his needs. Unfortunately, this service also lost funding and ended in December 2023. **Losing that therapeutic relationship was a significant setback for him.** He had developed a strong bond with his therapist and had joined a small group of peers with similar needs, finally experiencing a sense of belonging.

Despite efforts from his school, he continued to struggle. I submitted an Education, Health and Care Plan (**EHCP**) application on the first day of Year 5. That year was extremely stressful for both of us. He was in a state of constant distress throughout the school day and has no memory of his teachers or learning. His EHCP was only finalised during the final week of the school year, meaning he entered Year 6 with the plan in place.

Year 6 was the most difficult yet. After only two weeks, his mental health deteriorated rapidly. At home, he withdrew completely. He stopped sleeping and eating, his mood dropped severely, and he became emotionally shut down. His timetable was reduced to 12 hours a week, but even this caused him immense distress. **He could no longer engage in everyday life,** showed no interest in food or activities, and stopped leaving his room when visitors came.

In October 2023, ELCAS finally accepted a referral. They sent us an information pack and a questionnaire for both him and me to complete. For the first time, he opened up about his experience. The questionnaire

asked difficult but necessary questions—about suicidal thoughts and self-harm—which provided heartbreaking insight into his internal world. At our appointment in November, the practitioner was calm and patient, and my son was able to interact with him. It was emotional, but hopeful.

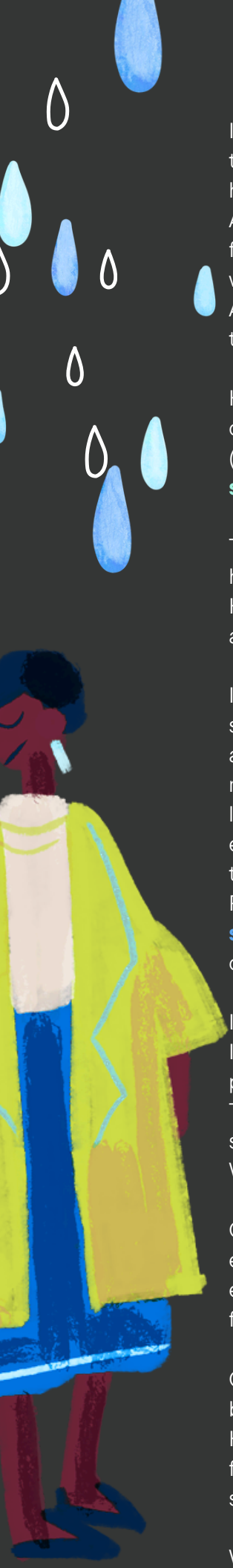
A follow-up session took place at school with a different practitioner, myself, and my son. We felt supported and heard. His case went to panel, and it was agreed that the Mental Health in Schools Team (MHST) would begin working with him. However, this meant he had to stop counselling with Understanding Autism Northwest to avoid dual therapeutic relationships. Coincidentally, their support was due to end due to funding cuts.

Support from MHST was scheduled to begin in the new year. But over the Christmas break, it became clear that attending school was causing him harm. A joint decision was made for him to stop attending entirely. I gave up my job to care for him full-time. As someone who works with vulnerable children and holds an enhanced DBS, I feared potential legal repercussions for non-attendance, including prosecution and job loss—but **I was prepared to risk my career to protect my son.**

Thankfully, the school supported our decision. However, MHST does not provide home visits, and sessions had to be held at school. He only managed to attend for those appointments and would be emotionally shut down for days afterward. Still, he spoke openly to the practitioner about the harmful impact of school. They began working through a workbook called My Anxious Child, but by the third session, it was clear that the goal was to reintegrate him into school full-time—something both school and home agreed was not possible. Support from ELCAS was withdrawn.

Though the school environment was no longer causing direct harm, he continued to suffer. We spent the next several months gently encouraging him to re-engage with life. He lost his sense of independence and motivation. The school offered some support via phone calls and one home visit, but he found it uncomfortable, and no follow-up was scheduled.

During this time, I focused on rebuilding our connection. He found brief enjoyment in teaching me to play video games—and consistently beating me! But these moments were fleeting. **He was exhausted by any interaction, plagued by insomnia, and consumed by distressing thoughts.** I requested an increased dosage of his sleep aid, which helped temporarily.



I began researching ways to help, attending seminars, webinars, and completing counselling training. It was emotionally draining, and even speaking to professionals was difficult so finding him support was hard. Eventually, I started accessing the Family Autism Service through Child Action North West (CANW). I completed training via Zoom, which helped immensely. For the first time, I met others going through similar experiences. I made sure to let my son know he wasn't alone. We attended one of their family sessions together at a sensory gym in Accrington. Although overwhelming for him, he tried. We continued visiting during quieter times, and for the first time in a long while—he was out of the house, dressed, and clean.

His EHCP indicated that a specialist setting was required, but due to the absence of learning difficulties, many schools were unsuitable. I focused on Social Emotional Mental Health (SEMH) schools, but they felt unable to meet his needs. This was crushing—**if even SEMH schools couldn't support him, where could he go?**

Thankfully, one SEMH school referred us to another provision further afield. They visited us at home and, although my son was too anxious to interact, he listened to what they had to say. He later agreed the setting sounded right. They offered him a place, subject to funding approval.

In February 2024, however, the Local Authority (LA) named a local mainstream secondary school with over 1,000 pupils. He couldn't even tolerate being around extended family—let alone hundreds of children. The school confirmed they had informed the LA they couldn't meet his needs and offered to support our appeal. For the next five months, we were left in limbo, unsure of his educational future. I submitted a tribunal application and began gathering evidence, which was extensive—educational psychologist reports, mental health assessments, teacher statements, GP letters, and more. I also made a Subject Access Request to his school. Reading the records was painful—**they were aware of his distress, suicidal thoughts, and self-harm, yet never once discussed it with me**. I don't know if they didn't understand him or didn't know how to help, but ultimately, they failed him.

In June 2024, we won the tribunal. He was granted a place at the highly specialised provision. It felt like a light at the end of a long, dark tunnel. Ironically, the Local Authority's evidence package included Lancashire County Council's Emotionally Based School Avoidance (EBSA) Toolkit. I had come across the term before, but this was the first time it had been applied to my son's case. No one had ever spoken to me about it or explained how the toolkit could help. Why have a toolkit if no one uses it?

Over the summer, things improved. We went on a short holiday—he barely left the lodge but enjoyed the hot tub daily. His transition into high school was calm, thoughtful, and tailored. It exceeded all expectations. Last Christmas, he ate his dinner alone. This year, he engaged with family, joined games at the table, and laughed.

On the surface, things were better. But anxiety remained. His mood often dipped, and sleep became difficult again. His school raised concerns, and another referral to ELCAS was made. He disclosed that he was thinking about suicide daily and found it difficult to cope. ELCAS finally recognised signs of depression and agreed that he needed therapy. But again—we are still waiting.

We could seek private or charity-led support, but as before, two services cannot provide therapy concurrently. So, **once again, we wait—unsupported.**

THE LOCAL PICTURE

MENTAL HEALTH SUPPORT IN SCHOOLS

Schools are doing more than ever to support young people's mental health — but they're not all starting from the same place. The examples below draw on four local schools — two primary and two secondary — each working hard to support their pupils' wellbeing. Every one of them shows commitment, care and creativity. But they're operating in very different contexts, with very different resources.

To reflect this, we've chosen to spotlight two schools with well-developed internal provision, and two where persistent systemic challenges are more visible. This isn't a judgement on the schools — in every case, staff are going above and beyond. Instead, these examples shed light on what's helping, what's holding things back, and the everyday realities schools are working within.

A SMALL PRIMARY SCHOOL WITH EMBEDDED COMMUNITY RELATIONSHIPS

This small school (56% pupil premium) has taken a proactive, relationship-led approach. Staff are empowered to design tailored interventions, and the school is embedded in local networks such as the monthly Wellbeing Panels. Therapeutic input includes in-house play therapy, trauma-informed practice, and mental health first aid. Over half of pupils attend a free daily breakfast club, and regular parent workshops help strengthen early intervention. The school has also been recognised for its compassionate approach to behaviour and participates in the regional Compassionate Schools Champions initiative. While levels of complexity are increasing — including early signs of self-harm and emotional neglect — the school has built a cohesive and well-supported response model.

A SECONDARY SCHOOL WITH A STRUCTURED INTERNAL HUB

This secondary school (42% pupil premium) has developed a dedicated internal wellbeing hub, staffed by four trained SEMH and SEND specialists. Support includes one-to-one provision, drawing and talking therapy, and twice-weekly reflective staff huddles. External input from a therapist and educational psychologist supplements in-house provision. The school is also developing a dedicated Year 7 transition space that will benefit neurodivergent pupils. While the internal model enables early and sustained support, the school notes that capacity remains limited by current funding, and additional external input would be beneficial.

A LARGE PRIMARY SCHOOL WITH LIMITED EXTERNAL SUPPORT

Despite delivering a wide range of interventions internally — including Thrive assessments, Forest School, and commissioned resilience programmes — this school (30%+ pupil premium) reports difficulty accessing adequate external support. They do not routinely refer to external mental health services, in part seemingly due to lack of awareness. Staff were previously also unaware of regional training offers and found the county's Emotionally Based School Avoidance (EBSA) toolkit difficult to use without additional guidance or training. Accessing EHCPs remains a challenge, with thresholds perceived as too high. To compensate, the school funds its own youth worker and relies heavily on internal capacity to meet increasing levels of need. Strengthening home–school relationships has also been identified as a development area, reflected in parental feedback collected during the school's most recent inspection.

A SECONDARY SCHOOL BALANCING INSIGHT WITH CAPACITY

This school (31% pupil premium) uses a digital platform to collect weekly wellbeing check-ins from students. The system generates helpful insight but follow-up depends primarily on internal teams and their capacity for this. The school works with a number of external agencies, but improving parental engagement has been identified as a key development area. Staff believe that stronger collaboration between home, school and external partners would lead to more effective, joined-up support. Staff report growing pressure linked to self-harm, exam-related stress, and intergenerational substance use.

INSIGHTS FROM ACROSS THESE SCHOOLS

- **Schools are stepping in where services fall short.**

Staff in all four schools are going beyond their core role, often acting as the de facto frontline for mental health support in the perceived absence of sufficient external provision.

- **Strong internal models share common features.**

Where internal provision is most effective, it's characterised by clear leadership, embedded relationships with external partners, and regular opportunities for reflection.

- **Systemic barriers are limiting what schools can do.**

Patchy awareness of regional training and support, coupled with reticence to refer, continues to constrain schools' ability to deliver joined-up, timely support.

- **The same challenges are showing up everywhere — and they're growing.**

Emerging risks such as emotionally based school avoidance, self-harm, and challenges linked to transition and neurodivergence are common across settings — and conversations suggest they are becoming more prevalent.

WHAT HELPS, WHAT HINDERS: KEY SYSTEM CHALLENGES

REFLECTIONS ON WHAT'S WORKING — AND WHAT'S NOT

This section brings together insights from earlier parts of the report, highlighting local strengths (bridges) and challenges (barriers) in how support aligns with national best practice — and where gaps remain.

BRIDGES

1. Strong multi-agency forums create space for coordination. A monthly Wellbeing Panel provides a consistent space for professionals to share insight, escalate concerns, and collaborate on support — building trust and enabling reflective, cross-sector working.

2. Schools are proactively commissioning support. Several primary schools are using their own resources to commission counselling or wellbeing input, reflecting an understanding of the importance of early, embedded mental health provision within the school environment.

3. The voluntary and community sector plays an active role. VCFSE organisations across Hyndburn provide vital early help — and in many cases, are a necessary first step, as NHS mental health services typically require evidence of prior support or 'primary-level intervention' before accepting a referral.

4. Local strategic partnerships support system alignment. Initiatives such as *Hyndburn CAN* and *The Hyndburn Way* reflect a shared ambition to align services and build a more coherent, place-based approach to mental health.

5. Some services are open to data sharing and reflection. During the mapping process, several services were willing to share internal data and reflect on user experience. This openness to feedback is a foundation for improvement, transparency, and co-production.

BARRIERS

1. Referral pathways are unclear. Confusion about eligibility and referral expectations — particularly for ELCAS and CYPPS — leads to inappropriate referrals and delays. Even commissioners and practice managers sometimes lacked accurate knowledge of the services available, meaning potential help was simply missed.

2. There is no clear front door to the local system. There is no clear front door to the local system — and no single person or body responsible for holding it open. Families and professionals must rely on personal knowledge or contacts to navigate services, making access a matter of luck.

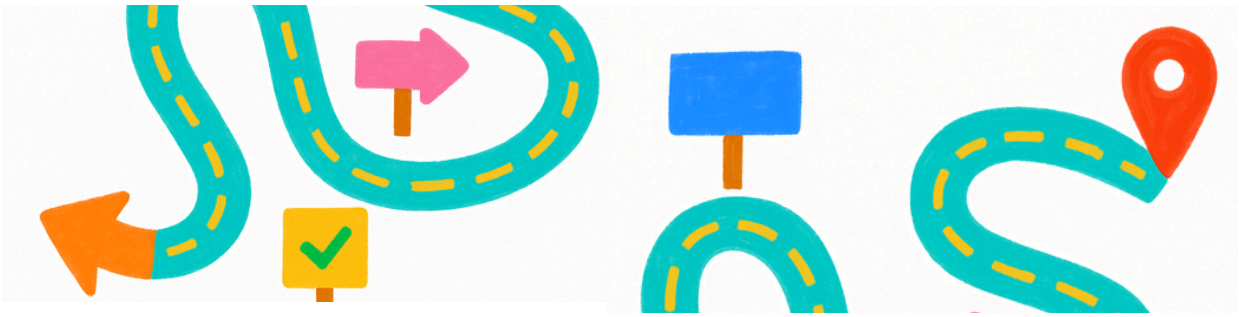
3. Early intervention is being missed for children under 11. Most services only start from age 11, despite half of all mental health problems beginning by 14. This directly contradicts national guidance and effectively bakes in late intervention.

4. Disconnection between key actors limits coordination. Outside the Wellbeing Panel, schools, GPs, mental health providers and community organisations often operate in parallel, with few opportunities for shared planning. Collaboration is also shaped by local politics, with some stakeholders expressing a 'we've tried that before' fatigue.

5. Fragmented service timelines create instability. Short-term funding cycles and overlapping offers mean some children fall between services, while others receive support that is not joined-up. This instability erodes trust, with GPs and schools hesitant to refer to services they fear may not last.

RECOMMENDATIONS

A ROADMAP TO STRONGER MENTAL HEALTH SUPPORT



These recommendations respond directly to the patterns, pressures and opportunities identified through this project. They are not a critique of individual services, but a practical set of actions to help strengthen the local system.

In line with the Steering Group's request, they focus on achievable steps — many of which involve using existing resources more effectively, improving communication, or building on current strengths. Where longer-term investment is needed, this is clearly noted.

01 IMPROVE NAVIGATION AND ACCESS ACROSS THE SYSTEM

Develop a shared directory of services — and ensure it's kept up to date.
A clear, regularly updated local directory would help both families and professionals understand what support is available, who it's for, and how to access it. National evidence shows directories can improve access and reduce duplication — but only when there is clear ownership. Local partners should agree who holds responsibility for maintaining this resource, whether through an existing role or a shared multi-agency approach. The detailed list of current provision at the end of this report offers a strong starting point and could be developed into a live, public-facing tool to support better access and coordination.

Clarify who services are for — without raising barriers.
Many local services avoid rigid referral thresholds to remain accessible. But this can backfire: we heard examples of children being referred, only to be turned away because their needs were deemed too severe. This creates confusion — and may result in young people falling through the cracks. Simple, flexible guidance (e.g. "this service is typically suitable for…") would support more accurate referrals without reducing access.

Bridge the gap for those waiting.
Too many children are left unsupported while waiting for services, as many providers currently decline to get involved if a young person is already receiving — or attempting to access — support elsewhere. Local services should instead accept referrals where their offer is distinct or complementary. This could be supported through joint planning protocols for shared cases, clear criteria for identifying high-risk transitions as priorities for interim support, and a shared referral process that captures existing involvement without excluding dual support by default. These steps would help ensure no child is left without meaningful help while navigating the system.

02 STRENGTHEN EARLY HELP — ESPECIALLY FOR PRIMARY-AGED CHILDREN

Commission more support for children under 11.
Provision for primary-aged children is limited — and often depends on whether individual schools choose to commission additional services. This creates postcode variation and leaves some children without early help, despite strong evidence that timely intervention improves long-term outcomes.

Reduce barriers created by Early Help Assessments.
Access to some statutory services requires an open Early Help Assessment (EHA) — a process designed to coordinate care. However, many families and professionals described the EHA as a negative experience — often time-consuming or intrusive. While EHAs can play a valuable role, local partners — particularly Lancashire County Council — should consider whether more proportionate or flexible entry points could be offered, especially for lower-level interventions.

Improve links with schools to support earlier referrals.
While there are several early intervention offers locally, some schools make little or no use of them. Strengthening relationships between services and schools — and clarifying what support is available — could help more children access help earlier.

03 STRENGTHEN COLLABORATION ACROSS THE SYSTEM

Revitalise the Wellbeing Panel as a system connector.
The Family Hubs Meeting/Wellbeing Panel plays a key role in coordination and shared learning. Its impact could be strengthened through:

- A clearer name, remit, and Terms of Reference
- Broader participation (e.g. GPs, wider ELCAS teams, a wider range of schools)
- Better promotion to reduce duplication and raise its profile

Create space for schools and GPs to collaborate.
These two groups rarely engage directly — leading to misunderstandings, delays and frustration, particularly around neurodevelopmental referrals. A regular forum could support shared learning, improve communication, and strengthen referral quality.

Strengthen relationships between ELCAS and early help.
Despite strong Care Quality Commission ratings and clear referral criteria, ELCAS is often perceived as hard to access. Improving communication with early help providers — and ensuring referral guidance is well understood — could help bridge this gap. Waiting list support packs and transparent data (e.g. on referral volumes and waiting times) could also help build trust and support more effective service planning.

04 MAKE COMMISSIONING SMARTER AND MORE ACCOUNTABLE

Embed evaluation in all commissioned services.
We found examples of commissioned projects that were poorly understood by the teams that commissioned them. All contracts should include — and be supported to deliver — basic monitoring of reach and outcomes. This needn't be burdensome, but it is essential for understanding what works and where investment has greatest impact

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Support continuity by addressing service fragility.
Many valued local offers rely on short-term grant funding, making them vulnerable to disruption. GPs described hesitancy to refer due to uncertainty about which services would continue. Alongside an up-to-date directory, exploring longer-term funding mechanisms or multi-year commissioning cycles could reduce churn and improve continuity for families.

Establish a Young People's Mental Health Subcommittee.
As part of the Health and Wellbeing Panel, create a dedicated subcommittee to oversee commissioning and coordination for under-18s. This would align early help offers, clarify referral pathways, and ensure that investment in young people's mental health is joined-up, accountable, and shaped by those closest to delivery.

05 EMBED PARTICIPATION AS A MARKER OF QUALITY

Make youth participation a routine part of system improvement.
We found limited evidence that young people's views are shaping the design or improvement of local services. This is a missed opportunity. National frameworks — including NHS England's Participation Standards — highlight youth voice as a marker of quality. Local services should embed co-design, advisory roles, and feedback loops as standard practice, not add-ons.

Establish clear expectations and practical support for participation.
Embedding youth voice isn't just about consultation events. It requires a culture of listening — and the infrastructure to support it. A shared participation framework, agreed across services, could set expectations and offer practical tools. Training for staff, peer-led approaches, and youth advisors linked to commissioning teams would help ensure services are more trusted, relevant, and responsive to those they aim to support.

CONCLUSION

FROM INSIGHT TO ACTION: WHAT'S NEXT

This report brings together the insight, experience and determination of those working across Hyndburn to improve mental health support for children and young people. It does not set out to evaluate individual services — but to understand the system as a whole: how it works, where it connects, and where it doesn't.

What emerges is a picture of dedication under strain. Professionals across sectors are doing their best to hold young people within a system that is often fragmented, confusing, and difficult to navigate. There are clear strengths — committed staff, trusted relationships, and promising local offers — but these are not always joined-up or easily accessible, particularly for children experiencing complex or hidden disadvantage.

At the same time, this project has highlighted opportunities for meaningful, achievable change. Many of the recommendations set out in this report do not require major investment. They are about improving communication, making better use of existing resources, and strengthening collaboration across sectors. Others — such as expanding early help or embedding participation — may require longer-term planning and resourcing, but could make a profound difference to how the system functions.

To support next steps, at the end of this report is a detailed directory of current provision, which can be shared immediately to strengthen navigation and signposting. If further funding is secured for The Hyndburn Way, a time-limited working group could be established to prioritise the recommendations and support coordinated delivery.

What's needed now is collective follow-through — and a willingness to tackle the structural and cultural issues that hold the system back. Without clear ownership, accurate information, and genuine openness to collaboration, even the best ideas will stall. With them, Hyndburn has the chance to create a system where no child is left waiting.

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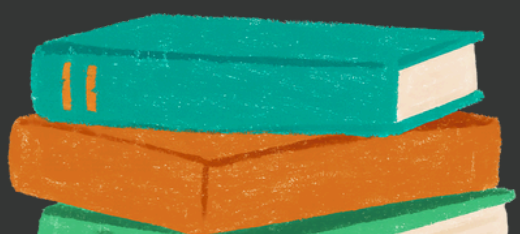

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WHO CAN HELP?

A GUIDE TO MENTAL HEALTH SUPPORT FOR UNDER-18S IN HYNDBURN

NHS SERVICES

Children and Young People's Psychological Services (CYPPS)
🧠 Therapy | 👤 Professional referral (most cases) | ✅ Self-referral | 👦 Ages 4–17
Support: Tier 2 therapy for ages 4–17 offering moderate to severe psychological support.
Access: A single referral process has been developed between CYPPS and ELCAS - please see the ELCAS listing below for further information.
Contact: Visit website | 01254 226480 | CYPPSEast@lscft.nhs.uk

East Lancashire Child and Adolescent Service (ELCAS)
🧠 Therapy | 👤 Professional referral (most cases) | ✅ Self-referral | 👦 Ages up to 17
Support: Largely Tier 3 specialist support for severe mental health needs.
Access: Referrals are accepted from doctors, psychologists, and social workers. Other healthcare professionals can refer only if the young person has an open and active Early Help Assessment and Plan. There is not a specific referral form for professionals. Self-referral is also available via online form. All referrals — including self-referrals — must follow prior primary-level intervention, such as support from therapy services listed elsewhere in this directory.
Note: This does not include access to the Mental Health Support Teams or Primary Care Mental Health Workers (see separate listings).
Contact: Visit website | 01282 628800 | elcas.referrals@lscft.nhs.uk | www.instagram.com/lscft_elcas/

Mental Health Support Teams (MHSTs)
🧠 Therapy | 🏫 School access | 👦 Ages 11–16
Support: In-school support teams offering CBT and group interventions for anxiety and low mood.
Access: Referral through named schools and colleges only.
Contact: karen.sillett@lscft.nhs.uk

Primary Care Mental Health Workers
🧠 Therapy | 👤 Professional referral (most cases) | ✅ Self-referral | 👦 Ages 5–18
Support: Brief (around 3 sessions) early intervention for anxiety, low mood, or emotional distress. Weekly online drop-in sessions are also available for young people seeking guidance or those wanting to support them.
Access: Drop-in sessions are open to all and advertised via ELCAS's Instagram. 1:1 support requires referral by a GP or other healthcare professional.
Contact: hayley.mchugh@lscft.nhs.uk

Social Prescribing Link Workers
❤️ Wellbeing support | 👤 Professional referral | ✅ Self-referral | 👦 No age restrictions

Support: Link Workers within Hynburn and Ribble Valley's CVS Team support young people with issues such as low mood, anxiety, loneliness, and confidence. They offer approximately six 1:1 sessions to explore what matters to the young person and help connect them with community activities, support services, or coping strategies.
Contact: Visit website | 01254 888614 | Susie.edwards@hrv-cvs.org.uk

NHS Talking Therapies
🧠 Therapy | ✅ Self-referral | 👶 Ages 16+
Support: Free online or in-person therapy for anxiety, depression, PTSD, and related issues.
Access: Self-referral via online form. Not available if already receiving therapy elsewhere.
Contact: Visit website

Crisis Line
☎️ Helpline | ✅ Self-referral | 👶 No age restrictions
Support: Immediate 24/7 support for individuals experiencing a mental health crisis.
Access: Available at any time without referral.
Contact: Call 0800 915 4640 | Text 'SHOUT' to 85258

The Cove
🧠 Therapy | 👤 Professional referral | 👶 Ages 13-18
Support: Highly specialist Tier 4 mental health support offering intensive and inpatient care.
Access: Referral by a professional.
Contact: Visit website | camhstier4.enquiries@lscft.nhs.uk

Healthy Young Minds
💻 Digital resource | ✅ Self-referral | 👶 No age restrictions
Support: Online resource hub providing information on emotional wellbeing, mental health conditions, local services and where to get help.
Access: Open access via website.
Contact: website

LANCASHIRE COUNTY COUNCIL SERVICES

Children and Family Wellbeing Service (CFWS)
❤️ Wellbeing support | 👤 Professional referral (some cases) | ✅ Self-referral | 👶 Ages up to 19 (25 with SEND)
Support: Offers a range of services, including wellbeing groups, 1:1 youth work, and family interventions.
Access:

- Some support is open access — view current groups and activities.
- Targeted services require an Early Help Assessment (EHA). More about the EHA process.

Contact: Visit website | 01200 420460 | hyndburnfamilyhub@lancashire.gov.uk

TalkZone
☎️ Helpline | ✅ Self-referral | 👶 Ages 12–19 (up to 25 with SEND)
Support: Confidential phone, text and webchat support for young people experiencing issues such as anxiety, self-harm, low mood, or relationship difficulties.
Access: Open access — no referral needed. Available daily from 2pm to 10pm.
Contact: Visit website | Call 0800 511111 | Text 07786 511111 | talkzone@lancashire.gov.uk
TalkZone is part of Lancashire's early help offer, commissioned through CFWS.

LOCAL VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE (VCFSE) SUPPORT

YNOT Aspire

🧠 Therapy | 🏫 School access | 👤 Professional referral | ✅ Self-referral | 👦 Ages 10–19

Support: Early intervention mental health support delivered through 1:1 and group sessions in schools. Also offers Year 6 transition support and peer-led Mental Health Champion programmes.

Access: Referral via GP, school or self-referral through the website. Open to young people who live in, attend school in, or are registered with a GP in Hyndburn. Support is flexible, with no fixed session limits.

Contact: Visit website | 01254 352 592 | info@ynotaspire.org.uk

Maundy Relief – The Bridge

🧠 Therapy | ✅ Self-referral | 👦 Ages 11–18

Support: 1:1 face to face counselling based in Accrington. Flexible, relationship-led model with no fixed session limits.

Access: Self-referral only via phone or email. Not available to those currently in other therapy. Support is flexible, with no fixed session limits.

Contact: Visit website | 01254 232328 | admin@maundyrelief.org.uk

Lancashire Mind

🧠 Therapy | ✅ Self-referral | 👤 Professional referral accepted | 👦 Ages 10–18 (up to 25 with SEND)

Support: 1:1 online Wellbeing Coaching over six weeks (ages 10–18) and peer support groups for ages 10–19 (up to 25 with SEND). Also provide paid in-school support.

Access: Self-referral via online form. Not available to those in other therapy.

Contact: Visit website | 01257 231660 | admin@lancashiremind.org.uk

Barnardo's – My Time to Thrive

🧠 Therapy | ✅ Self-referral | 👤 Professional referral accepted | 👦 Ages 5–18 (up to 25 with SEND)

Support: *My Time to Thrive* offers 1:1 and group-based therapy, including play therapy and CBT, for children with low to moderate mental health needs. Up to 10 sessions are provided in school, at home, or in another safe preferred setting, with a neuro-affirming approach.

Access: Self-referral via online form. Not available if already receiving other therapy.

Contact: Visit website | 01772 505138 | thrivelsc@barnardos.org.uk

Child Action North West (CANW)

🧠 Therapy | 👤 Professional referral | ✅ Self-referral (some services) | 👦 Ages 4–19 (up to 25 with SEND)

Support: Emotional wellbeing support including up to 12 weeks of 1:1 CBT, early intervention for children in care or at risk of exclusion, six-week autism support for families, and therapy delivered in partnership with Lancashire County Council's Children and Family Wellbeing Service.

Access: CBT and autism support can be accessed via self-referral. Support for children in care requires referral from a Social Worker or CAMHS. LCC-partnered therapy requires an Early Help Assessment.

Contact: Visit website | 01254 244596 | EHWB@canw.org.uk

Complete Emotional Wellbeing (formerly Jo Walley Counselling Service)

🧠 Therapy | 🏫 School access | 👦 Ages 4–18

Support: School-based counselling service offering play therapy, creative counselling, and mental health support for students. Also provides training for school staff.

Access: Available only in Lancashire schools that have commissioned the service.

Contact: Visit website | enquiries@cewm.co.uk

School of You CIC
🧠 Therapy | 🏫 School access | 👦 Ages 4–18
Support: School-based service offering Holistic Creative Arts Therapy and Reflective Practice Therapy to support emotional wellbeing.
Access: Available only in Lancashire schools that have commissioned the service.
Contact: Visit website | info@schoolofyou.co.uk

Domestic Abuse Support Services Lancashire (DASSL)
🧠 Therapy | ✅ Self-referral | 👤 Professional referral accepted | 👦 No age restriction
Support: Trauma-informed 1:1 and group support for children and young people affected by domestic abuse. Sessions are tailored to help them understand abuse, manage emotions, and rebuild trust and confidence.
Access: Referrals accepted 24/7 from professionals, family members, or young people directly. Safe accommodation and wider family support are also available.
Contact: Visit website | 0300 303 3581 | Live chat (10am–12pm, 2–4pm, 8–10pm)

HARV - Hyndburn and Ribble Valley Domestic Abuse Service
🧠 Therapy | ✅ Self-referral | 👤 Professional referral accepted | 👦 Ages up to 16
Support: Support for children and young people affected by domestic abuse, including weekly youth groups, 1:1 sessions, and creative approaches such as therapy dog Bella. A telephone helpline is available Monday to Thursday, 10am–4pm. HARV also delivers the *Connect and Respect* programme in secondary schools, focusing on healthy relationships and emotional resilience.
Access: The young person must have a non-abusive parent or carer engaged with HARV.
Contact: Visit website | 01254 879855 | cypinfo@harvoutreach.org.uk

Trust House Lancashire
🧠 Therapy | ✅ Self-referral | 👤 Professional referral accepted | 👦 No age restrictions
Support: One-to-one trauma therapy for children and young people affected by sexual violence, using talk therapy, CBT, and creative interventions. Typically offered over 10–14 weeks.
Access: Referral via online form. The young person:
– Must not be receiving therapy elsewhere;
– Must feel reasonably safe and not have attempted suicide or been an inpatient for mental health in the past 3 months; and
– If aged 4–15, their abuse must have been reported to Social Services and/or the Police.
Contact: Visit website | 01772 825288 | support@trusthouselancs.org.

NATIONAL CHARITIES

The Mix
🧠 Therapy | ✅ Self-referral | 👦 No age restrictions
Support: 1:1 counselling available online for up to 8 sessions. Also provides 24/7 crisis text support, access to peer-led forums and digital information resources.
Access: Self-referral via website.
Contact: Visit website | Call 0808 808 4994 | Text THEMIX to 85258

42nd Street
🧠 Therapy | ✅ Self-referral | 👦 Ages 11–25
Support: Up to 12 weeks of 1:1 counselling or Cognitive Behavioural Therapy (CBT). Also offers peer support groups and creative mental health projects.
Access: Self referral via online form for 1:1 support.

Contact: Visit website | 0161 228 7321 | theteam@42ndstreet.org.uk

Kooth
🧠 Therapy | ✅ Self-referral | 👦 Ages 10–25
Support: Free, anonymous online counselling with qualified practitioners via live chat. Sessions are typically short (up to 30 mins), with flexible frequency. Includes self-help tools and moderated peer forums.
Access: Self-referral via website.
Contact: Visit website

We Are With You
🧠 Therapy | ✅ Self-referral | 👤 Professional referral accepted | 👦 Ages 11–18
Support: 1:1 support for young people focused on recovery from drug and alcohol use, and related mental health or wellbeing challenges. Includes access to Cognitive Behavioural Therapy (CBT) where appropriate.
Access: Referral via online form.
Contact: Visit website | 0808 164 0074 | lancashirehub@wearewithyou.org.uk

Place2Be
🧠 Therapy | 🏫 School access | 👦 Ages 4–18
Support: Counselling and group therapy in schools, with additional support for emotional wellbeing and mental health.
Access: Available only in schools that have commissioned the service.
Contact: Visit website

Grief Encounter
🧠 Therapy | ✅ Self-referral | 👤 Professional referral accepted | 👦 Ages 4–25
Support: Specialist bereavement support, which includes one-to-one counselling, group workshops, and creative therapies (e.g. art, music and drama). Resources also available for schools and professionals.
Access: Self or third-party referral via online form. To access 1:1 therapy, young people must:
– Be at least 4 months bereaved;
– Not currently receiving therapy elsewhere;
– Not be in crisis, actively self-harming, or experiencing suicidal ideation; and
– Not be involved in court proceedings or other destabilising situations.
Contact: Visit website | 0808 802 0111 | bereavementsupport@griefencounter.org.uk

PAPYRUS Prevention of Young Suicide UK
☎️Helpline | ✅ Self-referral | 👦 No age restrictions
Support: *Hopeline* offers 24/7 suicide prevention support for young people via phone, text, email and webchat. Downloadable resources and safety planning tools are also available.
Access: Self-referral.
Contact: Visit website | Call 0800 068 4141 | Text 07860 039967 | pat@papyrus-uk.org

Samaritans
☎️Helpline | ✅ Self-referral | 👦 No age restrictions
Support: 24/7 emotional support via phone, email or webchat for young people who are struggling to cope, feeling low, or just need someone to talk to.
Access: Self-referral.
Contact: Visit website | 📞 116 123 | ✉️ jo@samaritans.org

Childline
☎️Helpline | ✅ Self-referral | 👦 Ages up to 19
Support: 24/7 confidential phone helpline and live online chat with trained counsellors,

moderated peer message boards, and information on topics like anxiety, bullying, and abuse.
Access: Self-referral.
Contact: Visit website | 0800 1111

Shout
☎️Helpline | ✅ Self-referral | 👶 No age restrictions
Support: 24/7 mental health crisis support via free text. Conversations are with trained volunteers and supervised clinicians. Not a therapeutic service.
Access: Self-referral.
Contact: Visit website | Text SHOUT to 85258

YoungMinds
💻 Digital resource | ✅ Self-referral | 👶 No age restrictions
Support: Online guides, blogs, and tools on topics such as anxiety, self-harm, and identity. Does not provide direct or crisis support.
Access: Visit website

Mental Health Foundation
💻 Digital resource | ✅ Self-referral | 👶 No age restrictions
Support: Information and self-help resources on mental health topics including stress, body image, and anxiety.
Access: Visit website

Anna Freud Centre
💻 Digital resource | ✅ Self-referral | 👶 No age restrictions
Support: Downloadable guides, videos, and interactive tools co-designed with young people to support self-awareness and coping.
Access: Visit website

Student Minds
💻 Digital resource | ✅ Self-referral | 👶 Ages 18+
Support: Online mental health support for university students, including peer-led advice, wellbeing resources, and student-led programmes on campus.
Access: Visit website

Smiling Mind
💻 Digital resource | ✅ Self-referral | 👶 Ages 4+
Support: App offering guided mindfulness meditations tailored to different age groups, with mood tracking and wellbeing tools.
Access: Free to download via the App Store or Google Play

Calm Harm
💻 Digital resource | ✅ Self-referral | 👶 Ages 13+
Support: App using evidence-based strategies to help manage urges to self-harm. Based on Dialectical Behaviour Therapy.
Access: Free to download via the App Store or Google Play

BlueIce
💻 Digital resource | ✅ Self-referral | 👶 Ages 12–17
Support: Self-harm management app with a mood diary, positive activity toolkit, safety planning, and emergency contacts.

Access: Free to download via the App Store or Google Play

ThinkNinja
💻 Digital resource | ✅ Self-referral | 👶 Ages 11–17
Support: App teaching emotional resilience and wellbeing through interactive CBT-based tools, breathing exercises, and psychoeducation.
Access: Free to download via the App Store or Google Play

My3
💻 Digital resource | ✅ Self-referral | 👶 All ages
Support: Suicide prevention app helping users create a personal safety plan and identify three trusted contacts for support.
Access: Free to download via the App Store or Google Play

LET'S CHAT

EMAIL

hello@roseharveyandco.uk

WEBSITE

www.roseharveyandco.uk