

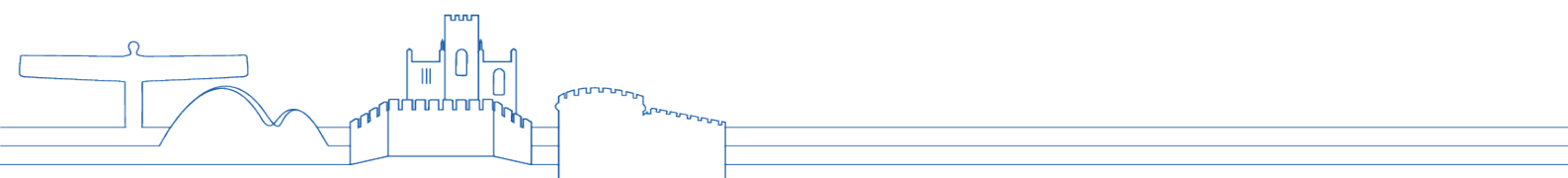


**North East and
North Cumbria**

Getting Help Service

**Feedback to inform a new
service specification for children
and young people**

July 2025





This report was produced by Involve North East on behalf of NHS North East and North Cumbria Integrated Care Board (NENC ICB).

We are an independent organisation who specialises in involvement and engagement. We work with integrity, ensuring people's voices influence the design of services they receive.

We have vast experience and expertise in gathering the views and opinions of patients, carers, and the general public in relation to health services. For example:

- service evaluations
- changes to care pathways
- locating new services

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- Questionnaires – paper-based and online
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- Drop-in events
- Face-to-face and telephone interviews
- Focus groups
- Informal group discussions

For more information about the services we can provide please contact AJ White on 0191 226 3450 or email aj@involve.org.uk. Visit our website at: www.involve.org.uk

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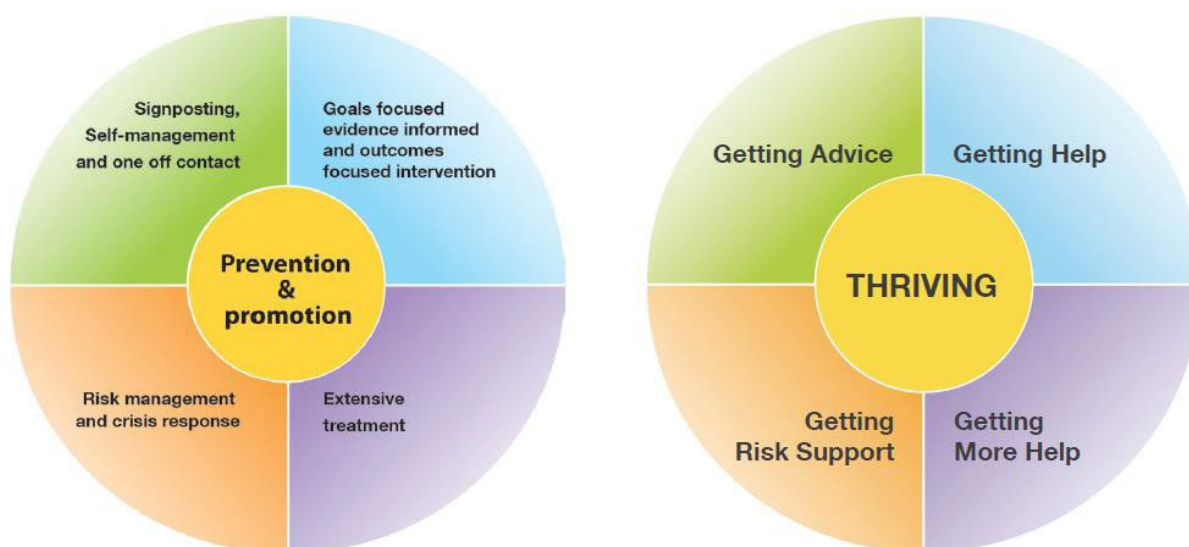
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Introduction

In 2018/19 work was undertaken to review the mental health pathways for children & young people across Newcastle and Gateshead with the view of introducing a tiered offer based around the I-Thrive model:



The model was based around a Lead Provider approach, led by Cumbria, Northumberland Tyne & Wear NHS Trust (CNTW) with the aim of providing:

- Single Point of Access, providing advice and signposting.
- School link work including provision of direct care in school and training for teachers.
- Awareness raising and training for GPs/Primary Care Teams and the voluntary and community sector.
- Single practitioner time-limited evidence-based interventions for children and young people with a mild to moderate mental health needs.

The model categorized the mental and emotional support needs of young people into four groups:

- Signposting, self-management and one-off intervention.
- Goal focused, evidence informed and outcome focused intervention.
- Extensive treatment.
- Risk management and crisis response.

The current model provides:

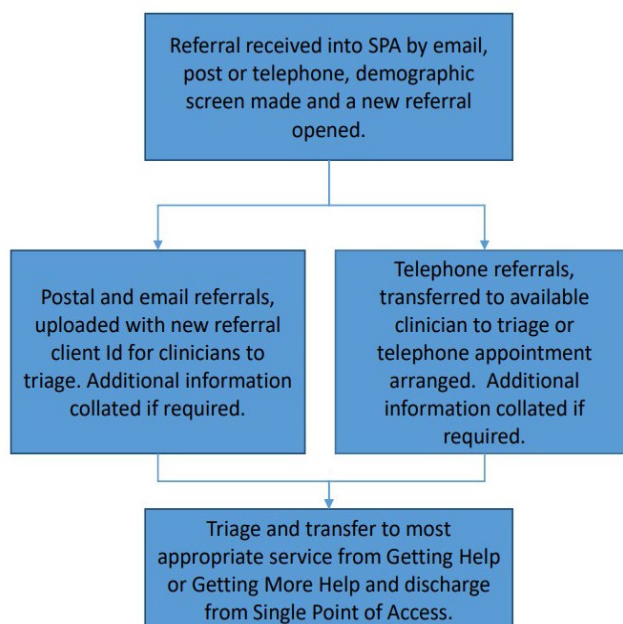
- Single Point of Access which provides a nurse led triage function to manage referrals.
- Getting Help Service which provides counselling provision targeted at mild to moderate mental health needs, and which is predominantly delivered by voluntary, community, and social enterprise (VCSE) partners.
- Getting More Help Service which provides access into the Children and Young People's Service (CYPS) for more complex mental health needs and neurodiverse diagnostic pathways.

In addition to this, there is a wider system offer which contributes towards supporting children, young people and their families which has been commissioned by the NHS and both local authorities. However, these services fall outside the remit of this engagement activity.

Single Point of Access

This provides a referral point for all children and young people aged up to 18 years who are experiencing poor mental health.

- Referrals can be made by a professional such as a GP, Education, Adult Social Care and self-referral by a parent/carer and/or young people.



- Once a referral is received into the Single Point of Access, it is triaged by the clinical led team, where required further information is captured and then the following actions are taken:
 - Triage the referral and forward on to the most appropriate service to meet need from the Getting Help or Getting More Help Providers.
 - If the referral is appropriate for the Getting Help Provider. A set number of referrals can be 'discharged' to them each month, therefore, the referral will sit with the SPA team until it can be moved on.
 - If the outcome of triage is Getting More Help, the referral is discharged into CYPS CNTW pathway (Learning Disability, Mental Health or Neurodevelopmental).
 - Referrals that do not meet the threshold for Getting Help and Getting More Help services are redirected to the Early Help Service within the local authority via secure email or signposted to alternative groups or organisations.

Getting Help

The Getting Help service is delivered by a Lead Provider Model with CNTW commissioning a range of statutory and VCSE providers to deliver counselling interventions for children and young people. The support covers a range of issues including:

- Anxiety
- Autism
- Autism diagnosis
- Managing independence
- Mild to moderate learning difficulties
- Moderate behavioural difficulties

- Bereavement
- Bullying
- Depression
- Eating distress
- Low mood
- Low self-esteem
- Relationship difficulties
- Self-confidence
- Self-harming
- Sexual abuse
- Sexual behaviours
- Transition stress

Getting More Help

The Getting More Help service provides access to CNTW Secondary Care pathways, including:

- CNTW CYPS – Neurodevelopment Pathway Diagnostic Community Service
- CNTW CYPS Learning Disability – Community Service
- CNTW CYPS – Mental Health Community Service
- CNTW CYPS – Community Forensics
- Community Eating Disorder Service EDICT
- Learning Disability Challenging Behaviour Intensive Positive Behaviour Support
- Learning Disability – Intermediate Care/Respite
- Early Intervention in Psychosis
- Criminal Justice Liaison and Diversion
- Perinatal Mental Health
- Speech and Language Therapy
- Autism Spectrum Disorder Services (diagnostic only)
- ADHD Service

Reviews and feedback

An independent review of children and young people's mental health services was undertaken in 2022 by Roots and Wings not-for-profit organisation which highlighted a lack of capacity in the system. Long waiting times were attributed to the cap on number of referrals each provider could accept, rather than specific flaws within the SPA triaging process. Recommendations included lifting the cap on the number of referrals and increasing the number of providers the SPA can refer into. Though this review focused on engagement with VCSE providers, it built upon a series of workshops with marginalised young people in 2016/2017 prior to recommissioning the Child and Adolescent Mental Health Services (as CYPS was then known).

A joint SEND inspection from Ofsted and the CQC for Gateshead in May 2023 pointed to confusion in accessing support and what is available, and the need for a more joined-up approach.

Following this a wider Gateshead review of the whole system was undertaken, completed in December 2023. Issues identified included:

- Children and young people are waiting too long for mental health support and neurodevelopmental difference diagnosis.
- There is no single point of access – there are multiple points and routes to services.
- The system is fragmented and disconnected meaning many children and young people are being directed to the wrong service.
- Services do not have an understanding of what is available in the system and therefore do not signpost children and young people to the most appropriate services. For example:

- Schools have reported that they will make a referral for a child, they will advise the parents/carers to make a self-referral and then also encourage parents/carers to request a GP referral.
- GPs have shared that they assume a referral into the SPA is automatically a referral into specialist mental health services within CNTW and were not aware of the difference between the Getting Help & Getting More Help Service.
- The principle of a Single Point of Access is welcomed by partners – if it works.
- The current system operates in silos – mental health needs do not exist in isolation, but services are not joined up to provide holistic support.
- An early intervention offer is needed and an offer which empowers providers to adapt to need.

Many of these issues have also been highlighted by children and young people and parents/carers who have provided feedback in 2018 and again in 2023. Issues highlighted included:

- Ambiguity - confusion around the purpose of the Single Point of Access.

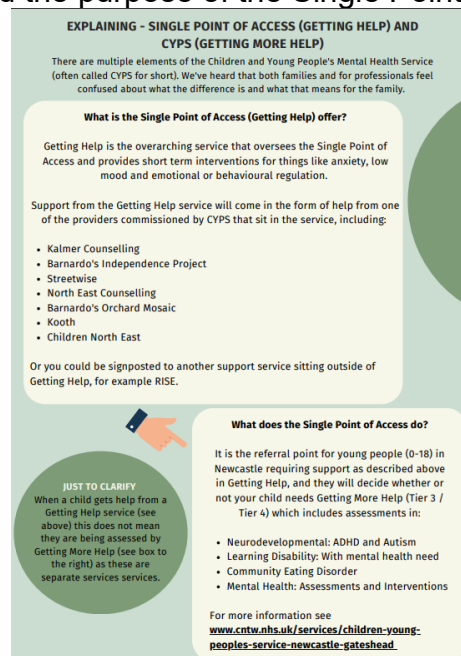


Image: Poster explaining the role of the Single Point of Access in Newcastle

- Access – long delays in getting to CYPs, often due to a lack of recognition by health professionals including GPs of the seriousness of the child's problems; coupled with long waits for the service.
- Parent/carer journeys – parents/carers felt frustrated by the need to fight for access for their child and by the lack of consistency in practitioners.
- Involvement and support – the need for parents/carers to be involved and valued in the care of their child but also for the parent/carer support needs to be recognised in their own right.
- Language and information sharing – parents/carers felt frustrated by practitioners' inability to use plain words and tendency to patronise. Some parents/carers also felt that judgemental and blaming language was used. Furthermore, consistent language is not used to describe services and support. For example, within partnership meetings, children and young people's mental health pathways within Gateshead have been referred to as CYPs, CAMHS (Child and Adolescent Mental Health Services) and SPA by professionals discussing the same pathway.

- Cultural sensitivity – some practitioners failed to understand the cultural context in which a child was living and to recognise when parents/carers needed support to adapt their parenting skills.

Focus groups held with young people in 2023, highlighted that:

- They feel dismissed when asking for help.
- Health professionals can't get their name right.
- There is no choice in provision – one size does not fit all.
- They must be in crisis to get help.
- They rely on social media as there is no central place in Gateshead where they can access advice and information.

Future service delivery

There has been a commitment made across Newcastle and Gateshead to redesign the pathway for accessing help and the Getting Help service, to deliver a trauma-informed offer providing a personalised care approach to supporting children, young people, and their families. This redesign is part of a system response, not a single service redevelopment. Once a new pathway is designed and the system sufficiently developed, CNTW will be given notice on the current contract arrangements.

In order to inform a new service specification ahead of a tendering process NENC ICB asked Involve North East to gather feedback on the current Getting Help service and what a new service could look like.

Engagement activity

Involve North East was asked to engage with both children and young people and parents/carers across Newcastle and Gateshead to find out:

- Awareness of the current service
- Barriers to using the current service
- Satisfaction with the current service
- Areas where improvements could be made
- Suggestions for a new service delivery model

Feedback was gathered through surveys, focus groups and an interview with support offered to take part in other ways as required.

Opportunities to take part were promoted widely through 165 statutory and VCSE organisations, 50 Newcastle and Gateshead community Facebook groups and directly through the five Getting Help providers' contact lists. Promotion took place on three separate occasions. In order to boost focus group participation, a number of key stakeholder organisations were contacted directly with the offer to take part in a focus group. We engaged with:

- Children and young people who have used the Getting Help service within the last two years and children and young people who have those who have not used the service.
 - 24 children and young people gave feedback via a questionnaire.
 - 5 children and young people took part in a focus group.

- Parents/carers of children and young people who have used the Getting Help service in the last two years and those who have not, to find out:
 - 42 parents/carers gave feedback via a questionnaire.
 - 8 parents/carers took part in a focus group.
 - 1 parent/carer took part in an interview.

The following is a summary of the findings of these engagement activities.

Children and young people

This section summarises the findings of:

- 24 children and young people who shared their views through a survey.
- 5 young people who took part in a focus group.

Key findings

Awareness of the service

- Fewer than two-in-ten survey respondents had heard of the Getting Help service whilst one focus group participant was aware of it.

Experience of the service

- Of the three survey respondents offering feedback on the service, they had used it for support around anxiety, depression, and loneliness in particular.
- They appreciated its accessibility such as suitable appointment times and locations and consistent support from one counsellor.
- However, all reported waiting a long time to get support, not having a choice over their counsellor and platform, and having to repeat their story. Two stated that they did not want support in the form of counselling. After support ended all reported not feeling any better.
- One focus group participant had tried to use the service but turned 18 whilst waiting for support and was no longer eligible. They reported issues with the length of wait, having to repeat their story and the inaccessibility of the service in terms of awareness and referral. They requested a better promoted service with one website, one telephone number and one email address.

What should the new service look like?

- More than three-quarters of survey respondents thought that the service should offer support around building confidence, self-esteem, and resilience.
- Over seven-in-ten survey respondents felt that this support should be provided in a different way to counselling. However, focus group participants strongly supported access to counselling in the first instance but with caveats – that support was conducted in a confidential way (especially if this support was in school) and professionally.
- In terms of delivery method, over nine-in-ten survey respondents supported activities like music or art and exercise or sports. However, several focus group participants cautioned that the competitive elements of sports and the cliquey nature of some sports clubs might be a barrier. They instead suggested that group outdoor activities such as walking might be useful but that there should be no expectation that they have to talk during the session. Over eight-in-ten respondents thought the service should offer the opportunity for young people who feel similar to them to spend time together, and the provision of support/information for parents/carers to better support them.
- When considering how the service should operate, all survey respondents asked for short waiting times, and this was echoed by focus group participants. Over three-quarters of survey respondents and all focus group participants asked for a choice of who supports them and how, with focus group participants suggesting that group-based therapy would be less effective than one-to-one. Survey respondents did not want to have to repeat their story, wanted support at times that suited them and to be provided with practical strategies to support their mental health.

- There was support from both groups for having provision in a familiar place but focus group participants cautioned that support in the home might compromise confidentiality and be distracting. Survey respondents and focus group participants requested different ways to get support and information such as online or via text message although accessibility in terms of access to wi-fi and data was highlighted as a potential barrier for online support.
- Both groups highlighted talking to a trusted adult although focus group participants felt that access to a counsellor should be first and foremost but that youth workers were also well-placed to offer some support. That support is provided by the NHS was least important to both survey respondents and focus group participants, the latter of whom also identified barriers to holiday activity programmes, namely suitability for older children and young people and their busyness.

How do we make sure it is accessible?

- In order for people to decide if the service was appropriate for them, survey respondents requested, in particular, information covering examples of what mental health difficulties the service could support, approximate waiting times, a contact whilst waiting for support and information about what to do once support ends.
- Over eight-in-ten survey respondents and focus group participants wanted access to support after school and at weekends and having the option of both face-to-face and online support was important. Ensuring that cultural needs were met was also important as was having an accessible location and/or building. This latter point was supported by focus group participants who felt that there should be a choice of venues, in school and in the community, to aid accessibility for those who require a quieter environment, can only travel by public transport or who are not at school. Focus group respondents also suggested choice over the gender of the person they were speaking to.

What should the service be called?

- Over three-quarters of survey respondents felt that the current name of the service was suitable and focus group attendees were ambivalent about the name. One person felt it sounded like there was something wrong and suggested 'mental health' be included in the title.

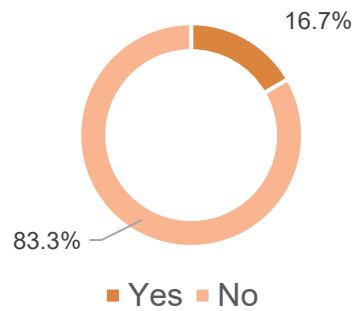
Summary of findings

Survey feedback

Awareness of the service

Respondents were initially asked whether they had heard of the Getting Help service.

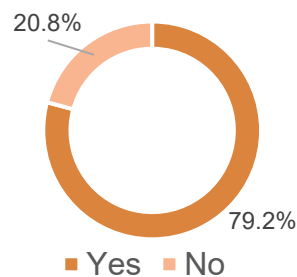
Have you heard about the 'Getting Help' service before?



No. of respondents: 24

- Only 16.0% of respondents had heard of the Getting Help service.

Do you think the name 'Getting Help', gives young people an idea of what this service can help with?

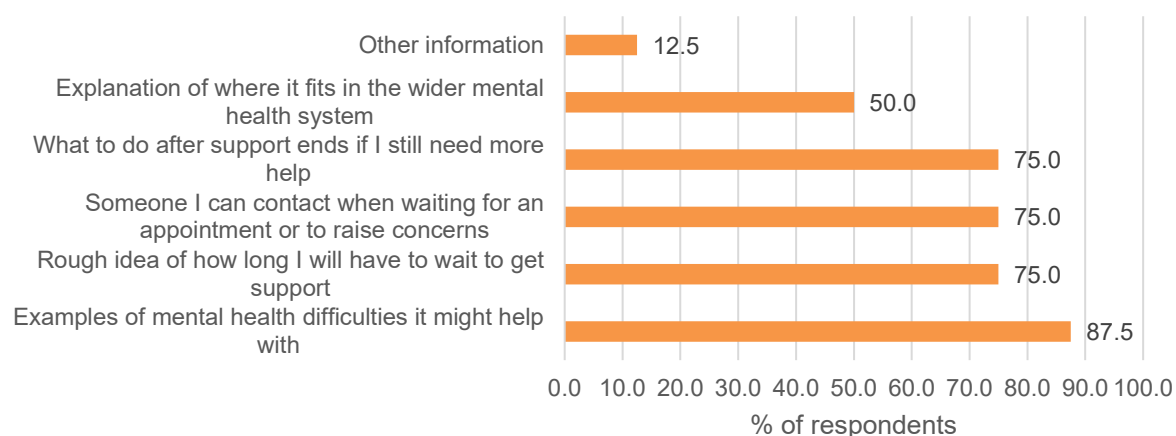


No. of respondents: 22

- Over three-quarters of respondents (76.0%) thought that the name 'Getting Help' gave them an idea of what the service can help with.
- Those who did not suggested the following:
 - Young People's Mental Health Service
 - Something with mental health in the title: "Getting Help' sounds like there's something wrong."

Respondents were asked what information they would need about the Getting Help service to decide if it could help them.

What else would you need to know about 'Getting Help' service to decide if it could help you?



No. of respondents 24

Respondents could give more than one answer

- Nearly nine-in-ten respondents felt that having examples of what mental health difficulties the service could support would be beneficial.
- Three-quarters of respondents thought that an understanding of waiting times, contact details of someone who could support them while they waited for support from the service, and having an understanding of what will happen after the support ends would be helpful.
- Other suggestions were for:
 - Any cost for the service
 - Locations
 - The attitude young people should bring to the service
 - Testimonials from people who have had a positive experience of the service
 - What therapies are being offered as part of the service

Experience of the Getting Help service

Seven respondents had used the service, five of whom within the last two years (three went on to describe their experience of the service). A further one respondent reported being referred to the service but not having used it. They did not provide a reason.

Those who had used the service received counselling support from Getting Help providers for the following reasons:

Reason for support	No. of respondents
Feeling anxious	3
Feeling depressed or down	2
Feeling lonely	2
Abuse	1
Bullying	1
Distress around food or eating	1
Feeling angry	1
Self-confidence	1
Self-harm	1
Struggling to deal with strong emotions	1
Death of someone close	0

Feeling stressed or under pressure	0
------------------------------------	---

No. of respondents 3

Respondents could give more than one answer

- Feeling anxious, depressed, or lonely were cited most frequently.

After their support from the Getting Help service ended, two respondents reported feeling 'the same' and one reported that they 'didn't feel better'.

They were asked whether there was anything they liked about the support:

Things they liked about the support	No. of respondents
Appointment times suited me	3
I worked with the same person throughout my support	3
Face to face appointments were easy to get to	1
I got practical strategies to use	1
I could choose between face-to-face or online support	0
I got support quickly	0
I had enough time to discuss my worries and needs	0
The person I saw helped me get support from other people or services	0
The person I saw helped me to understand myself and my difficulties	0
The person I saw understood me and my needs	0

No. of respondents 3

Respondents could give more than one answer

- All felt that appointment times were convenient for them and appreciated the consistency of support from the same worker throughout.
- One respondent felt that their appointments were easy to get to.
- One respondent reported receiving practical strategies to help them with their mental health.

They were asked whether there was anything they disliked about the support:

Things they disliked about the support	No. of respondents
I waited a long time to get support	3
I didn't get a choice about the person I saw	2
I didn't get a choice between face-to-face or online support	2
I didn't want counselling	2
I had to keep repeating my story	2
They used words I didn't understand	2
Face-to-face appointments were difficult to get to	1
I wanted more sessions	1
The person I saw didn't understand me or my needs	1
Appointment times did not suit me	0
I didn't get any practical strategies to use	0

No. of respondents 3

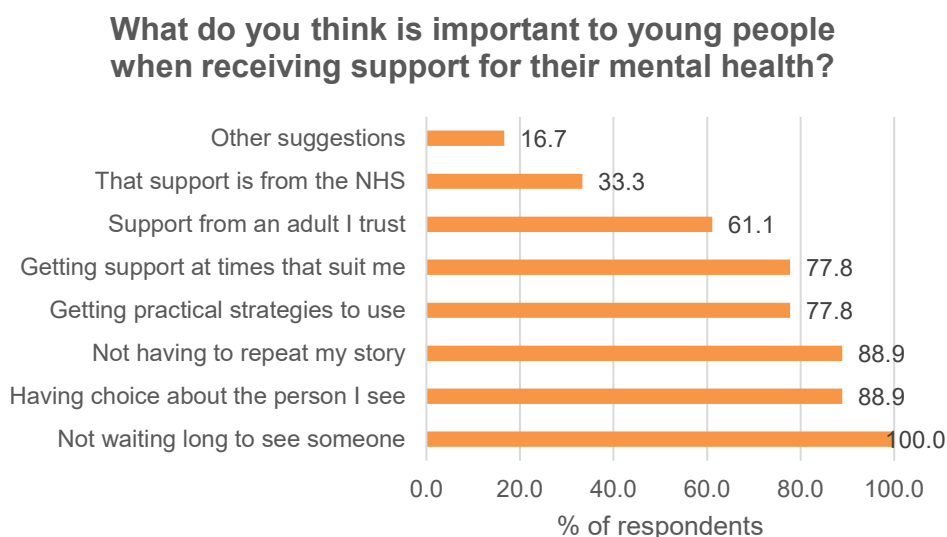
Respondents could give more than one answer

- All reported waiting a long time to get support.
- Two respondents stated that they did not get a choice about the person they saw or how they received the support.
- Two respondents said that they did not want counselling.

- Two highlighted issues with counselling – they felt that workers used words they did not understand and that they had to keep repeating their story.

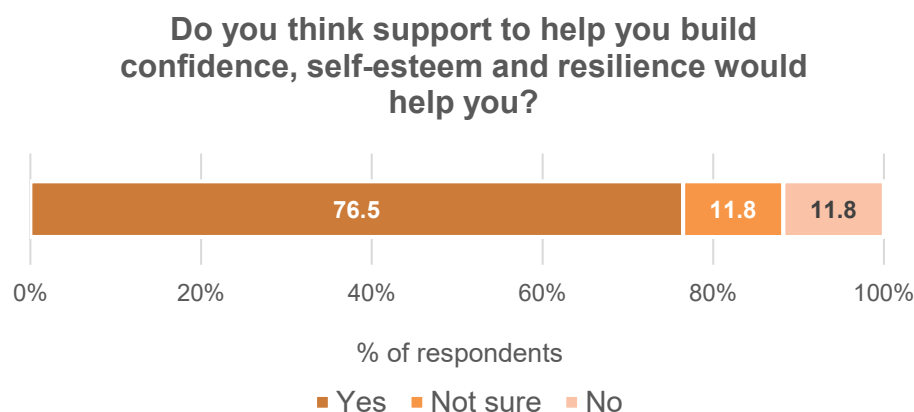
New offer

All respondents were asked what they would want from a new Getting Help service.



No. of respondents 18
Respondents could give more than one answer

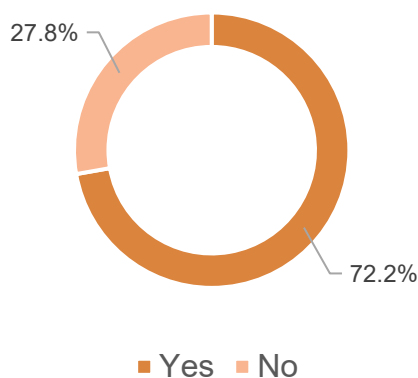
- All respondents felt that not having to wait long to receive support was an important aspect of a service.
- Having a choice of who supported them and not having to repeat their story was identified as important to 88.9% of respondents, respectively.
- Getting support at times that suit them and being provided with practical strategies to use to support their mental health was important to 77.8% of respondents, respectively.
- Getting support from an adult they trust was important to 61.1% of respondents.
- Other suggestions included:
 - Offering a variety of support (not just CBT).
 - Having medication prescribed alongside the support.
 - Having workers who are experienced in working with children and young people.
 - Having workers who reassure children and young people that their concerns are valid.



No. of respondents 17

- Over three-quarters of respondents thought that the service should offer support around building confidence, self-esteem, and resilience.
- 11.8% were unsure whether this would be useful.

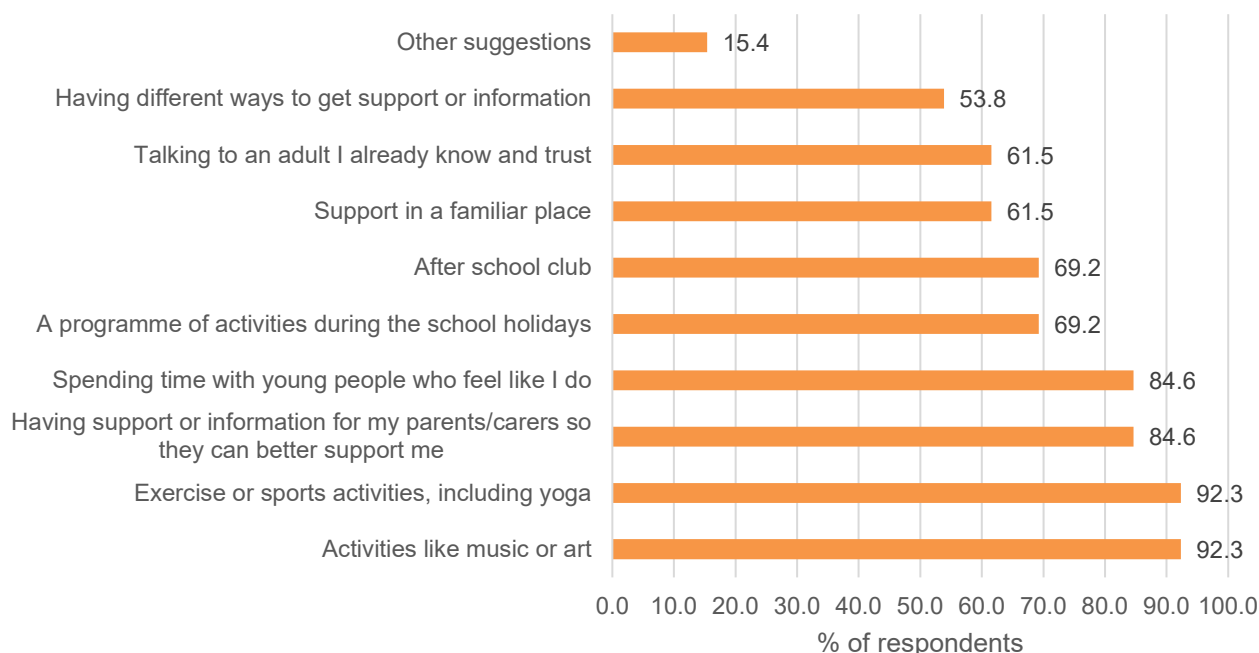
The current 'Getting Help' offer is a counselling-based service. Do you think support should be provided in a different way to counselling?



No. of respondents 18

- Nearly three-quarters of respondents (72.2%) felt that the Getting Help service should offer support in other ways to the current counselling service.
- The remainder would prefer a counselling-based service.

How do you think this would be best delivered?



No. of respondents 13

Respondents could give more than one answer

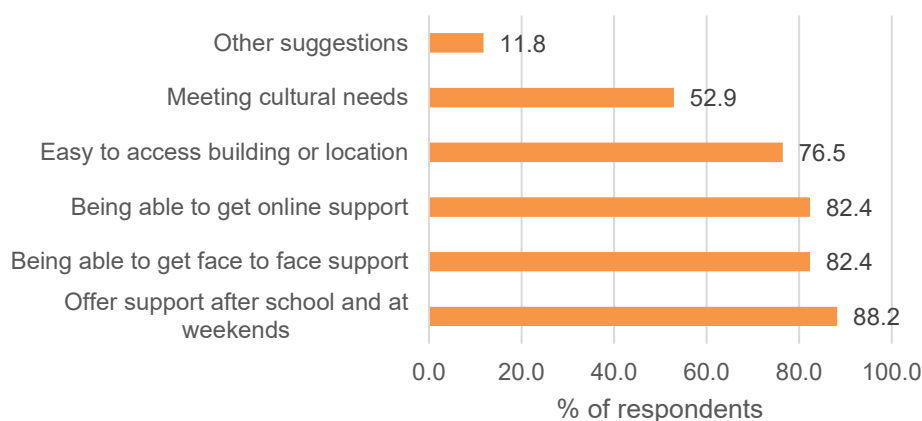
- There was support for all of the suggested ways the Getting Help service could offer support but in particular through activities like music or art and exercise or sports (92.3% of respondents, respectively).

- More than four-in-five respondents, respectively (84.6%), supported the idea of the service providing an opportunity for young people who feel similar to them spending time together and the provision of support/information for parents/carers to better support them.
- 69.2% of respondents, respectively, were in favour of having a programme of activities during school holidays and after school clubs.
- In terms of how the service should operate there was support for having provision in a familiar place (61.5%), talking to a familiar and trusted adult (61.5%), and having different ways to get the information (53.8%).
- Two respondents suggested:

“CBT with opportunities like physical activity or volunteering being provided.”

“Getting Help shouldn't be reduced to being just counselling due to the stigma around this and how it might prevent people from seeking help where needed. This should be introduced particularly in schools to help normalise the concept and de-stigmatise it as far as possible. Additional counselling 1 on 1 could then be provided if needed/requested.”

How can we make sure the service meets the needs of most people?



No. of respondents 13
Respondents could give more than one answer

- In order to ensure that the service is as accessible as possible 88.2% of respondents felt that being able to access support after school and at weekends was important so as “to not impact on learning”.
- 82.4% of respondents respectively felt that having the option of both face-to-face and online support was important.
- Having an accessible location and/or building was also important to over three-quarters of respondents (76.5%).
- Over half of respondents (52.9%) felt that meeting cultural needs was important.
- Other suggestions were for:
 - **“A peaceful and quiet environment where a person with sensory issues is able to relax.”**

- **“More concise support. The main service to be short effective mental health interventions. Simple language.”**

Focus group feedback

Young people were recruited from a youth-based and youth-led organisation that works on social action projects to develop life skills and encourage civic engagement on issues important to young people.

Five young people were present at the focus group; one person chose to observe with the other four actively participating in the discussion. All the young people had either experience of seeking support for mental health issues or knew people who had, and one young person had experience of being referred to the Getting Help service. All of the young people contributing were secondary school aged and accordingly represented the views of older young people. The young people were comprised of a mix of genders but no young people from ethnic minorities were represented during the discussion.

What is important to young people when receiving support for their mental health?

To encourage discussion and ensure parity with those young people who took part in the survey, the same list of suggestions was provided to the young people with the request to circle statements they agreed with. Some of the statements provided were based on findings from previous workshops conducted with young people and, unsurprisingly, these issues were raised again during the focus group.

Participants agreed with a range of the statements that related to possible ways to support mental health:

Important aspects	No. of respondents
Not waiting long to see someone	4
Having choice about the person I see	4
Support from an adult I trust (e.g. teacher, youth worker)	4
Getting practical strategies to use (e.g. dealing with anger)	2
Not having to repeat my story	2
Getting support at times that suit me	1
That support is from the NHS	0

No. of respondents 4
Respondents could give more than one answer

Not having to wait

There was a consensus among the group that the most important factor was ‘not having to wait long to see someone’. One young person recounted how the length of the waiting time was disproportionate to both the quality and duration of the mental health intervention they received and how this served to reinforce the idea that their mental health was not being taken seriously by professionals.

“I waited a year and half to see someone [a counsellor], saw them for three weeks and then they passed me off. They felt they had done everything.”

Counselling support

Participants were keen to express their experiences of counselling and how this could be improved.

Confidentiality and professionalism

There were a range of experiences related to counselling provision in school, with some young people advising that there were no counsellors or youth workers and others citing the presence of three counsellors at their school site following COVID.

However, for those with both direct and indirect experience of counselling accessed via their school, the consensus was that access arrangements were an issue. Furthermore, issues relating to confidentiality, high caseloads and a lack of professionalism were reported as impacting on the quality of the service they received.

“Staying anonymous is important [for young people receiving support for their mental health]. When counselling is in schools...teachers will get an email and will call out to so-and-so to go and have their ‘session.’ The teacher should be more discreet...the counselling office is also right opposite the classroom.”

“I worked out halfway through my counselling session he was referring to someone else's notes...they should have smaller caseloads.”

Accessibility

One young person had differing experiences of more than one counsellor, giving them insight into the process as well as the pros and cons of school-based versus off-site counselling provision. The environment of the off-site counselling was described as ‘calm’ and therefore beneficial to promoting wellbeing more generally as well as avoiding issues relating to a lack of confidentiality associated with school-based counselling. However, accessibility was a major inhibiting factor with the latter and was highlighted as one of the main reasons why counselling needed to be available both in schools but also elsewhere, including being available across a wide geographical area.

“A school counsellor is better as you don’t have to trek so far. I had to get two buses [to access off-school counselling].”

“Having counsellors where young people go is easier.”

Another discussion point was how those who were not in school (and who perhaps might be most in need of counselling) would be able to access counselling, again highlighting the need for provision to be across multiple sites.

The group briefly considered whether group support or counselling would be something young people felt might benefit their mental health. Whilst they could see the merits of group-based support more generally (such as the positive effect of being members of the youth-based group they all attended), they felt group-based therapy as a means of delivering more targeted mental health support would be less effective.

“If it was a group, it would be nice support-wise, but you couldn’t get through one person’s problem properly. [With counselling] it’s all about you, but sometimes it has to be about you!”

Choice about the person I see

The young people felt strongly that there should be some choice in which professional they received support from, particularly where there was a lack of trust or engagement from the start. The group were well aware of and sympathetic to the pressure placed on counsellors and other professionals. However, in one person’s experience, a questioned lack of choice had been responded to dismissively which, to them, demonstrated a lack of care and investment in their wellbeing that ran counter to the purpose of them working together.

“You need to have choice about who you see. [There is no information about the counsellor so] you have no idea about how they’ve helped anyone else...I mentioned [to the counsellor] about switching to someone else and was told that they were the only option.”

Support from a trusted adult

Despite the identified issues, all the young people agreed that access to counselling remained important and that, whilst other suggestions were good and should be offered, this should not be at the expense of counselling.

“Depends on the person [as to whether their needs warranted the expertise of a counsellor and whether they themselves would want this type of intervention] ...if you have more mountains to overcome, it’s probably better to see a counsellor.”

They all agreed youth workers were the most likely ‘trusted adult’ they would want to speak to about any mental health struggles but recognised that access to such support was not consistent and that this should be addressed.

“You can’t open up as much to someone you don’t know.”

“I would talk to a youth worker, but not many kids are in the position where they know any youth workers.”

The group also recognised the practical aspects of being more easily able to access a youth worker in some cases but that this had to be balanced with people’s levels of need and should be offered as an additional service to counselling.

“You can wait longer to see a counsellor than a youth worker.”

Support from the NHS

Related to this, most young people did not feel that seeing a representative from the NHS was necessarily going to improve their mental health. They were cognisant of the fact that each counsellor was different and that whether or not they were employed by the NHS had no bearing on their level of professionalism or ability to support a young person’s mental health.

“If it’s the NHS, you’re more likely to think it’s less reliable [as a service].”

“My friend got referred to CAMHS...they weren’t the best.”

What should a new mental health service offer?

Young people were invited to provide any suggestions about any interventions that may support their mental wellbeing as well as commenting on the same list of suggestions provided in the survey.

Suggestions for new service	No. of respondents
Counselling	4
Talking to an adult I already know and trust (e.g. teacher)	4
Different ways to get support or information (e.g. online, text)	3
Activities like music or art	2
After school club	2
Spending time with young people who feel like I do	2
Support in a familiar place	2
Support or information for my parents/carers so they can better support me	2
Exercise or sports activities, including yoga	1
Holiday Activity Programme	0

No. of respondents 4

Respondents could give more than one answer

Counselling/talking to a trusted adult

The most popular responses were, again, counselling and talking to a trusted adult, as noted above.

Exercise or sports activities, including yoga

Though some of the young people did feel ‘exercise’ as a suggestion was important to promote good mental health, others felt that negative experiences of competitive sports in a school context might influence perceptions of exercise and that this might be anxiety inducing in itself.

“I personally don’t like any sports that involve teamwork.”

“I like the idea of exercise, when I’m struggling it’s somewhere I go to. I find it therapeutic.”

A lot of sports groups are not the most welcoming. If you’re just starting out, it could be quite hard for you [socially].”

The importance of being outdoors was recognised by some as important for mental health and that gentle exercise such as walking might be a useful way for young people to improve their mental health. They cautioned that for it to be successful it would be best suited to a group activity to ensure safety and be sensitive to people's individual needs.

“Could be quite nice just to go for a walk. It’s harder to do in the winter though when it’s darker, especially for a woman.”

“A group walk might be good, so long as there’s no expectation that you have to talk!”

Different ways to get support/information (e.g. online, text)

Young people were also in favour of the suggestion that there should be different ways to get support or information and that, as there was diversity in people's opinions and preferences, the issue of choice was key.

Whilst some of the group had indicated a preference for support in a familiar place, others expressed that they would be disinclined to receive mental health support in an overly familiar place such as their home (i.e. via online counselling for example) as it could compromise confidentiality, openness to sharing, and be an overly distracting environment in which to focus.

[Online support such as counselling] “should be an option, if you want to be completely anonymous, but it still isn't the best. It can be chaotic at home, sometimes you want to whinge about your parents...if you're going to counselling, then you probably aren't wanting to speak about your problems with your parents.”

Accessibility issues were also highlighted as something to be considered with online methods of support.

“Would be worse [accessing counselling] online as you need Wi-Fi and data.”

For other young people, concerns about the variability in the quality of online information about mental health were expressed.

“If you're searching for information [online], I would go onto WebMD and then you end up thinking “I'm dying.” It's difficult to target information online. Some people will go straight to the NHS sites, but not everyone will.”

Support or information for my parents/carers so they can better support me

The suggestion of parental support being offered so that they could better support their children was felt to be less important for some young people, particularly when mental health was impacted by family relationships and where counselling offered an opportunity to vent about this within a safe space.

Holiday activity programmes/after school clubs

Although some people supported the suggestion of after school clubs to support mental health, it did not generate much discussion, and young people did not offer any further suggestions as to how this might be of help. In relation to the suggestion of holiday activity programmes, the young people felt these were of much more relevance to younger aged children and consequently were less appealing to themselves. The high numbers of those attending such activities were also suggested by young people as not being conducive to alleviating anxiety or mental ill-health generally.

“[Holiday activities] can often be swamped with younger kids so aren't great.”

“I get anxious in new environments and holiday camps are usually too busy for me.”

How can the service meet the specific needs of individuals

Having already discussed personal barriers in accessing counselling, young people were acutely aware of issues of accessibility that needed to be addressed to ensure equitable access to support. Suggestions included making the support offer as broad as possible to accommodate a wide range of individual needs.

“Offer [the new service] in places where young people go.”

“As close to buses/Metros as possible.”

“[Appointments should be offered] in the evening, or after school from 4pm onwards.”

“Multiple venues for services.”

“Maybe having a choice of the gender of who you’re speaking to.”

One issue that was discussed at some length was how to target those who were not on the radar of teachers at school, for example through not disclosing distress or being of a quieter disposition, or because they were not attending school. Although it was recognised to be a complex problem with no easy answers, young people felt that this was an issue that any new service should take into consideration during the planning stage.

“If you’re really quiet, you maybe won’t know the teachers, and they won’t know how to access the list for counselling.”

“People with low attendance, how are they able to access counselling?”

What about the name ‘Getting Help’?

Young people were generally ambivalent about the name ‘Getting Help’, with neither strong views for or against it.

“‘Getting Help’ is quite descriptive.”

Experience of Getting Help service

For the one young person who had been referred to the ‘Getting Help’ service, familiar themes were listed about the process such as waiting a long time for support and having to keep repeating their story. However, they did not actually get to the stage of receiving support from a counsellor as whilst on the waiting list they turned 18 and then became ineligible for help via that route.

The young person was also keen to express the point that both referral routes and information needed to be easier to access. This was highlighted as particularly salient given how difficult it is to process information when experiencing poor mental health and generally feeling vulnerable and unwell.

“They should make it a bit easier - one website, one number, one email address. It [how to access mental health support] should be more common knowledge...[when you’re unwell] you’re shouting for anyone to help you.”

Parents and carers

This section summarises the findings of:

- 42 parents/carers who shared their views through a survey.
- 8 parents/carers who took part in a focus group.
- 1 parent/carer who took part in an interview.

Key findings

Awareness of the service

- Mirroring the findings of the feedback from children and young people, awareness of the service was limited with just over one-quarter of survey respondents and three focus group participants indicating that they knew of it. Moreover, it must be noted that for some of those who shared their experiences there was confusion around whether their child had actually used Getting Help due to the service not being clearly identifiable.

Experience of the service

- Of the six survey respondents whose children had used the service five offered feedback. They had used it for support around anxiety, anger, strong emotions, depression, self-confidence, and self-harm in particular.
- Positive aspects of the service highlighted by survey respondents included the counsellor's understanding of their child, the consistency of support from one counsellor, practical strategies provided, appointment times and waiting times.
- However, most survey respondents had wanted additional support for themselves to help their child. More sessions and shorter waiting times were also requested. After support ended three reported feeling better. For focus group participants the quality of support, waiting times and having to access telephone support whilst in school were highlighted as negative aspects of the service.
- A further three survey respondents reported that their child/young person had been referred to the service but had not used it, due to the length of wait for support, lack of alternatives to counselling and personal issues.

What should the new service look like?

- In terms of delivery method, over eight-in-ten survey respondents felt that the service should offer support/information to help them better support their child and therapeutic options such as art or play therapy. This latter method was strongly supported by focus group participants who reported that this type of support is suited to children with SEND. Over three-quarters of survey respondents wanted access to counselling (which focus group participants felt should last longer than six weeks) and over half requested an opportunity for young people who feel similar to them, spending time together as well as exercise or sports, or music and art activities. Focus group participants also supported these methods although caveats were discussed in relation to young people spending time together.
- Focus group participants were strongly in favour of all suggestions listed, commenting that having a range of options made it more accessible to children with SEND. However, several participants cautioned that there was a need for balance between traditional support such as counselling and therapies alongside the other suggested types of support. For one, traditional mental health support should be offered in the first instance.

- For focus group participants' access to holiday activity programmes were welcomed as children with SEND often struggled with being out of routine in the holidays. And not dissimilar to the children and young people, they suggested activities in the open air or in nature such as forest and surfing schools.
- In terms of how the service should operate nearly three-quarters of survey respondents and the majority of focus group participants asked for different ways to get support and information such as online or via text message. Having support in a familiar place was requested by nearly seven-in-ten respondents and all focus group attendees.
- For both groups, talking to a trusted adult was least important.

How do we make sure it is accessible?

- In order for people to decide if the service was appropriate for their children, all survey respondents requested information covering examples of what mental health difficulties the service could support and the referral process. Focus group participants also wanted information on the referral process. Furthermore, over nine-in-ten survey respondents, and all focus group participants wanted to know approximate waiting times (and to be kept updated on progress). A contact whilst waiting for support and information about what to do once support ends was also requested by survey respondents whilst focus group participants felt that parents/carers would need to be aware of the range of support available.
- Over eight-in-ten survey respondents wanted access to support after school and at weekends and focus group participants agreed that support should take place outside of school time. An easily accessible location and having the option of both face-to-face and online support was important to survey respondents whilst focus group participants felt that there should be support across Gateshead, noting that access to public transport and appointment times later in the morning were key. Access to changing facilities at each venue would also be required. Awareness of any costs was mentioned by both groups and ensuring that cultural needs are met was highlighted by survey respondents.
- Focus group participants who have children with SEND also requested personalised support, access to therapeutic support to aid communication and one-to-one support. They considered that parents/carers should be involved in decisions around the type of support their child receives and be able to attend session with them.

What should the service be called?

- Just over two-fifths of survey respondents felt that the current name of the service was suitable suggesting a range of "less generic" alternatives, all of which included 'mental health' or 'emotional wellbeing'. Focus group attendees felt the name was too generic and would be difficult for neurodivergent people or those who have English as an additional language to understand. They also felt that 'Getting Help' and 'Getting More Help' were too similar and there was no way to identify what each did.

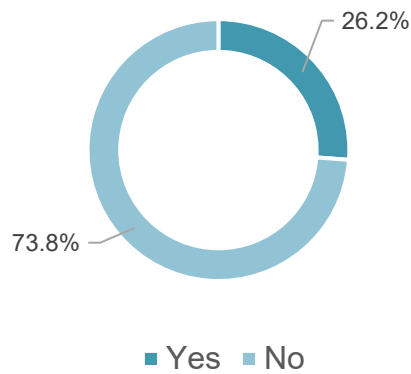
Summary of findings

Survey feedback

Awareness of the service

Respondents were initially asked whether they had heard of the Getting Help service.

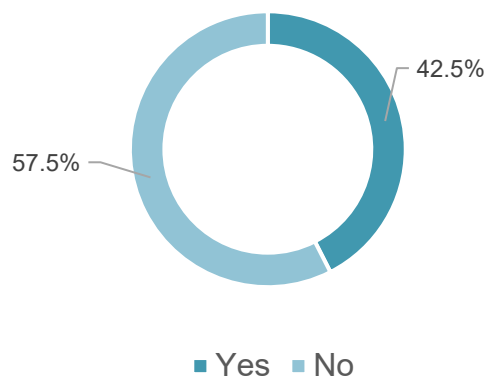
Have you heard about the 'Getting Help' service before?



No. of respondents: 42

- Just over one-quarter (26.2%) of respondents had heard of the Getting Help service.

Do you think the name 'Getting Help', gives young people an idea of what this service can help with?



No. of respondents: 40

- Just over two-fifths of respondents (42.5%) thought that the name 'Getting Help' gave them an idea of what the service can help with.
- Those who did not suggested the following:
 - Getting Help with your Mental Health
 - Getting Mental Health Help
 - Get Support with your Emotional Wellbeing
 - Mental Health Matters
 - Mild to Moderate Mental Health Intervention
 - Positive Mental Health

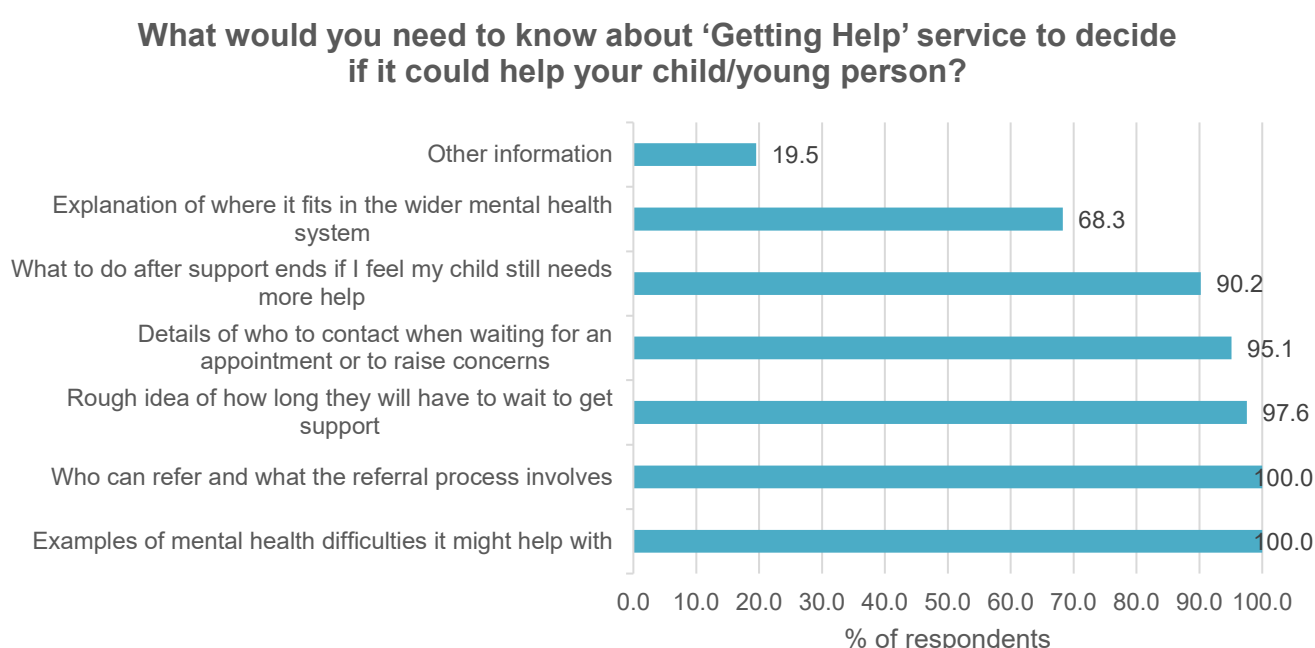
Others commented that the current name was too broad, should have 'mental health' in the title and should be simple to understand for young people:

“Although ‘Getting Help’ is self-explanatory I think this misleading for your service, as it implies a wider scope of help than you actually offer. The term is too broad.”

“I think the name needs to match what it does even if that’s a long title. Getting help is too generic. Mental health in the title makes sense if that’s all that’s being looked at. I think if it provides a service rather than signposts that needs to be indicated in the name too.”

“Not sure it’s difficult as my daughter has autism and she’s also waiting for mental health support as well. So, she would need something quite simple.”

Respondents were asked what information they would need about the Getting Help service to decide if it could help them.



- All respondents felt that having examples of what mental health difficulties the service could support, and information about the referral process would be useful to know to help them establish whether the service was right for their child/young person.
- Almost all respondents thought that an understanding of waiting times (97.6%) and contact details of someone who could support them while they waited for support from the service (95.1%) would be helpful.
- Nine-in-ten respondents (90.2%) felt that having an understanding of what will happen after the support ends would be good to know.
- ‘Other’ suggestions were for:
 - All the modalities of help on offer e.g. CBT, art therapy, how they help and when they are available
 - Regular, consistent communication
 - Resources/other services you can use whilst waiting
 - The types of mental health professionals you might see

Experience of the Getting Help service

Six respondents indicated that their child/young person had used the Getting Help service in the last two years. A further three reported that their child/young person had been referred to the service but had not used it and gave the following reasons why:

Reason for support	No. of respondents
The waiting time was too long	2
Didn't feel that counselling was the right type of support at the time	1
The appointment times were not suitable	1
They wanted something other than counselling	1
They wouldn't or were unable to talk about their problems at the time	1
Appointments were too far away or difficult to get to	0
The process of accessing 'Getting Help' was stressful or complicated	0
They didn't like the counsellor they saw	0
They were discharged or referred to another service	0

No. of respondents 3
Respondents could give more than one answer

Those who had used the service received counselling support from Getting Help providers for the following reasons:

Reason for support	No. of respondents
Feeling anxious	4
Feeling angry	3
Struggling to deal with strong emotions	3
Feeling depressed or down	2
Self-confidence	2
Self-harm	2
Feeling stressed or under pressure	1
Abuse	0
Bullying	0
Death of someone close	0
Distress around food or eating	0
Feeling lonely	0
Other reason	2

No. of respondents 5
Respondents could give more than one answer

- Feeling anxious, angry, or dealing with strong emotions were cited most frequently.
- 'Other' reasons were for:
 - Contamination Obsessive Compulsive Disorder
 - Suicidal ideation

They received counselling support from:

- Mental Health and Wellbeing Team
- North East Counselling Services
- Streetwise

After their support from the Getting Help service ended, three respondents reported feeling better; two did not feel better.

They were asked whether there was anything they liked about the support:

Things they liked about the support	No. of respondents
The counsellor seemed to understand my child/young person	4
They worked with the same counsellor throughout their support	4
They gave my child/young person practical strategies to use	3
Appointment times suited them	2
My child/young person was better able to share their difficulties with other people after	2
They got support quickly	2
Face to face appointments were easy to get to	1
They had a choice between face to face or online support	1
They helped me to support my child/young person	1
They helped my child to get support from other people or services	1

No. of respondents 5
Respondents could give more than one answer

- In particular, they felt like the counsellor understood their child/young person, they appreciated the consistency of support from the same worker throughout and liked that they received practical strategies to help them with their mental health.

They were asked whether there was anything they disliked about the support:

Things they disliked about the support	No. of respondents
I wanted more support for myself to better support my child/young person	4
I felt they needed more sessions	3
They waited a long time to get support	2
They did not have a choice between face to face or online support	1
They didn't give my child/young person any practical strategies to use	1
Appointment times did not suit them	0
Counsellor didn't seem to understand my child/young person or their needs	0
Didn't effectively signpost to other services if necessary	0
Face to face appointments were difficult to get to	0
They didn't get a choice over their counsellor	0
Other	1

No. of respondents 5
Respondents could give more than one answer

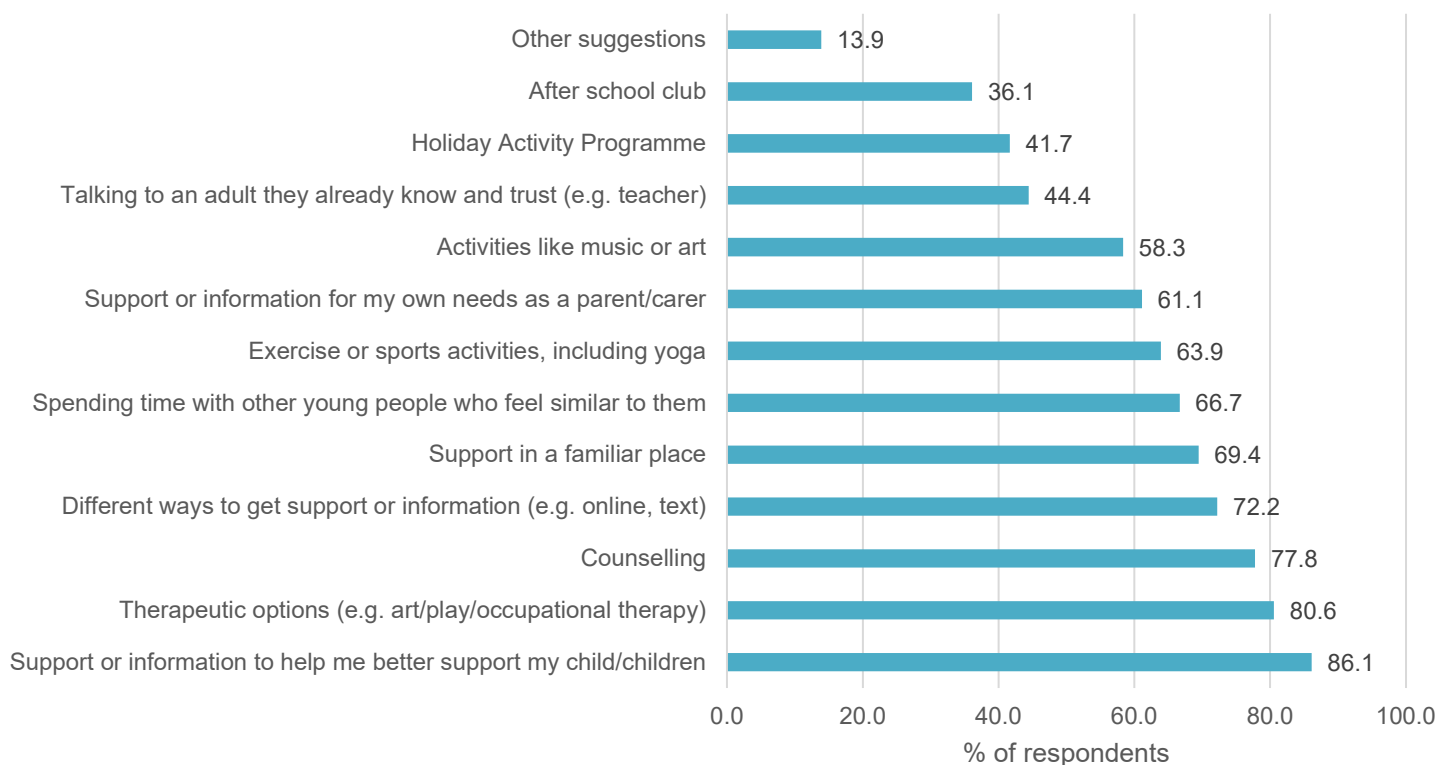
- Four-of-five respondents requested help to better enable them to support their child/young person.
- Three respondents felt that their child/young person would have benefited from more support.
- Two-of-five respondents reported waiting a long time to get support.
- One respondent commented:

“It felt more off-loading than strategy to me - but that’s because he didn’t bring anything with him/I’m not aware of what was spoken about and techniques used to encourage them when needed.”

New offer

All respondents were asked what support they thought that a new Getting Help service should offer.

What support do you think the Getting Help service should offer?



No. of respondents 36
Respondents could give more than one answer

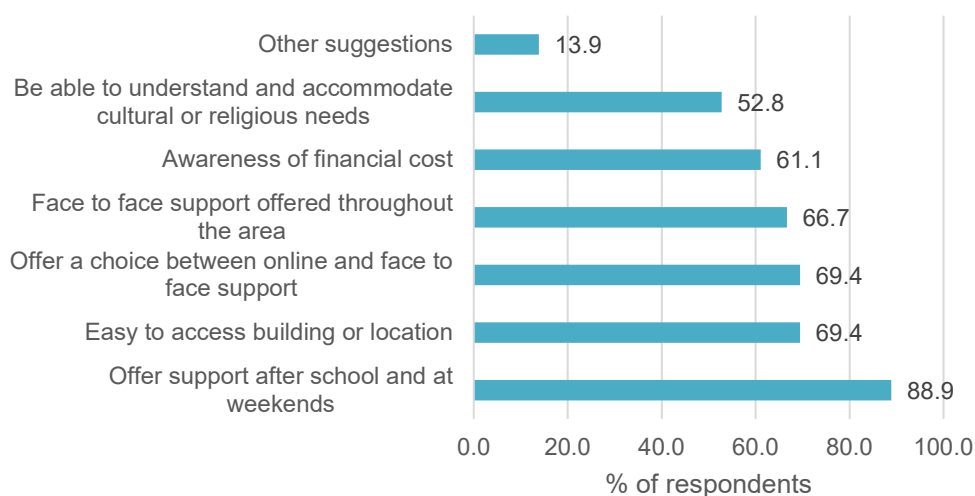
- There was support for all suggestions put forward in the survey but in particular respondents wanted help themselves to better support their child/young person (86.1%).
- Four-in-five respondents (80.6%) thought that the service should offer therapeutic options e.g. art, and play.
- Over three-quarters of respondents still wanted the service to offer counselling (77.8%).
- Over two-thirds (66.7%) of respondents were in favour of the service providing an opportunity for young people who feel similar to them spending time together.
- 63.9% wanted the service to offer exercise or sports or music and art (58.3%)
- There was less enthusiasm for holiday activity programmes and after school clubs.
- In terms of how the service should operate there was support for having different ways to get support (72.2%) and having provision in a familiar place (69.4%).
- Talking to a familiar and trusted adult was seen as less of a priority.
- Three respondents suggested:
 - CBT based options
 - Local youth facilities

- Therapeutic groups
- Trauma-informed counselling
- A further two commented:

“The above would be an excellent service. There is a huge gap for children to meet others in a similar situation. Also, a wider remit of getting help like exercise, meet others in similar situations, support groups etc. helps to build community and help parents/children not rely on just therapy. As so much more is needed than therapy alone to help children.”

“It is most important to have tailored, timely and specific support. Transition times is where I imagine there is a high demand - this should be factored in with the services available.”

How can we make sure the service is accessible and inclusive?



No. of respondents 36
 Respondents could give more than one answer

- In order to ensure that the service is as accessible as possible 88.9% of respondents felt that being able to access support after school and at weekends was important.
- 69.4% of respondents respectively considered that having an accessible location and/or building, and the option of both face-to-face and online support would be important.
- 61.1% wanted to know of any financial costs associated with the support.
- Over half of respondents (52.8%) felt that meeting cultural needs was important.
- Other suggestions were for:
 - The option to be seen at home – 2 responses
 - A preview before sessions of the building/room/person they will be meeting
 - Availability of open access local youth clubs
 - Offer training to volunteers

“Not all children will be able to access other services for lots of reasons, but having different kinds of support and access will enable more people to benefit and will support more young people!”

Focus group and interview feedback

Eight members of Gateshead's Parent Carer Forum (supporting parents/carers of children with special educational needs and disabilities [SEND]) shared their views; three had children and young people who had accessed the Getting Help service. One interviewee also shared their views.

Experiences of the Getting Help service

Although three participants reported that their children had accessed Getting Help support, there was some initial confusion due to the service not being clearly identifiable. Parents/carers described counselling support from specific charities and questioned whether that was the Getting Help service.

Positive aspects of the service

One parent/carer commented that:

“The support provided for my child was appropriate and very beneficial for my child.”

Negative aspects of the service

Communicating the offer

For one parent the process for receiving support was not communicated well to themselves or their child.

“I don't think the structure of the SPA and services were clear to my son and what they offered. This needs to be clearer for both children and young people and parents.”

Quality of support

The quality of support was questioned by one participant who stated that their child “had a better experience with the school counsellor.”

Rigid support

For one parent, the mandated parent-led course was an issue as they were already aware of the information provided.

Waiting times

One participant noted how long their child had to wait to be seen and was then put on another waiting list after initial assessment.

Location

One parent/carer reported that their child received telephone appointments during school time and consequently had to try and find a private space to conduct the conversation.

Examples of positive support received elsewhere

Several parents/carers shared experiences of positive support for their child's mental health:

- Children North East's Masquer-Aid Programme which is a psycho-educational programme for young people aged 11-25 who have recently found out they are neurodivergent or are waiting for a diagnosis. They offer peer support activities and one-to-one counselling.
- The Toby Henderson Trust which supports autistic children, young people and adults, their families, and carers.
- NEPACS, a charity that supports those affected by the criminal justice or care systems.
- The Bostey which is a neighbourhood youth project based in Walker which offers a range of activities for children and young people during which they are encouraged to share their feelings in a trusted and familiar space e.g. drop-in football session.
- Streetwise counselling service.

Scope of new service

All participants were asked about what the new service could offer. They considered a list of possible options and indicated whether they thought this should be provided by the service. They were also given the opportunity to suggest other types of support. Focus group responses were:

Type of support	No. of respondents
Children/young people support	
Activities like music or art	8
Exercise or sports activities, including yoga	8
Counselling	8
Therapeutic options (e.g. art therapy, play therapy, occupational therapy)	8
Spending time with other young people who feel similar to them	8
Support in a familiar place	8
Holiday activity programme	7
After school club	7
Different ways to get support or information (e.g. online, text)	7
Talking to an adult they already know and trust (e.g. teacher)	6
Parent/carer support	
Support or information for myself as a parent/carer so I can better support my child/young person's needs	8
Support for my own needs as a parent/carer	8

No. of respondents 8

Respondents could give more than one answer

There was strong support for all of the suggestions:

“Having a wide range of options is really important for SEND children as they're all so different and respond to different things.”

However, several participants cautioned that there was a need for more of a balance between traditional support such as counselling and therapies and the other suggested types of support. For one, traditional mental health support should be offered in the first instance with other types

of support offered in addition. It was also felt that parents/carers would need to be aware of the range of support available from the outset.

Counselling

It was felt that any counselling support should last longer than six weeks whilst two parents/carers considered that this support should be given a different name.

“Still worth offering but try to change the name of it? Think of other ways to describe it and call it that. Kids might be embarrassed to say they are seeing a counsellor. Make it more modern but the option should still be there.”

Therapeutic options

As parents/carers of children and young people with SEND, participants strongly supported having access to therapeutic options such as art and play therapy.

“Therapeutics are always important to children with SEND ‘cause it helps them communicate more.”

Music and art

Focus group participants and the interviewee supported these activities and felt that creative outlets in the form of music and art were important for improving mental health.

Exercise or sports

The interviewee supported this option having seen it work well in practice before.

Spending time with other young people who feel similar to them

One parent/carer stated that this would be the most relevant type of support for their child.

“He often feels isolated and because he is in mainstream school he masks all day to ‘fit in’ which compounds his poor mental health.”

And whilst there was strong support for this suggestion, several caveats were discussed. This included the need for groups to have small age ranges to ensure that children felt comfortable with peers of a similar age and a caution around the influence group members can have on each other.

“I think you have to be mindful of peer groups and dynamics i.e. influencing other members of the group...which could cause more harm than good.”

They also noted that once children reach the age of around 11 years old, many of the activities available to children and young people are no longer age appropriate.

Talking to an adult they already know and trust (e.g. teacher)

There was slightly less support for receiving support from someone familiar to the young person such as a teacher. Parents/carers warned that teachers are not trained to recognise mental

health support needs, that they only see the child for a few hours a day and the child could be masking their feelings. They also felt that knowing the child already could taint their views.

“Talking to a teacher is not going to make any difference.”

“For some young people it is important to speak to someone who hasn’t already got an opinion of you or will judge you – speaking to someone who doesn’t know you might be better.”

Holiday activity programmes and after school clubs

Focus group participants reported that there was currently a lack of capacity in the system to support everyone who wanted to take part in holiday programmes and after school clubs. They therefore welcomed the possibility of accessing this support through the Getting Help service but requested that this be available to children with SEND too for whom “being out of routine is a trigger”. Moreover, one participant questioned how these activities would directly support children’s mental health.

“What would it look like?”

Different ways to get support or information (e.g. online, text)

One participant felt that these methods should not replace in-person support whilst another cautioned that online support would make their children “more dysregulated”. A further participant suggested that text messaging works particularly well with young people, helping them build relationships. They also suggested using voice notes.

“A lot of young people use voice notes so maybe something can be done with that. You can say something and then send it to the service or person, and they will reply – but this means that you don’t have to listen to the reply straight away. It is your choice to listen to the reply.”

Support or information for myself as a parent/carer so I can better support my child/young person’s needs and help with support for my own needs as a parent/carer

One parent/carer felt that both of these types of support were currently lacking.

“Parents don’t know where to turn, there definitely needs to be more support for parents. I was scouring the internet trying to find out information...”

What else do you think the new service should offer?

Outdoor and healthy living activities

A number of participants suggested that activities in the open air or in nature could be beneficial to children and young people requiring mental health support. Forest schools and activities with running water were highlighted and recommendations made for activities such as planting and growing vegetables and healthy eating which are available at the Comfrey Project in Gateshead, South Shields Surfing School’s SEND Surfing sessions and canoeing.

“Things outside in nature. My son’s mental health shoots up when he’s doing something outside.”

Other suggestions

Graffiti art, DJing and recording were also suggested by one participant.

Accessibility requirements for the service

Participants were asked how the new service could be accessible and inclusive.

Awareness

One parent/carer highlighted issues with the visibility of the service.

“How do you find out about it if you don’t go through a doctor’s referral? My daughter was referred for an autism assessment and I didn’t know about the service until school said. If you’re not looking for this specific thing, how do you know where to ask?”

Personalised support

Focus group participants requested that any support offered considers the individual needs of their child.

Parent/carer involvement

It was felt that parents/carers know their children best and should therefore be involved in decisions around the types of support offered.

“You need to listen to parents...parents know what their children need.”

It was also suggested that the option for parents/carers to attend, to support their children in activities, should be available.

Repeating story

Several participants were frustrated by the fact that every time they interacted with the health service on behalf of their child, they had to repeat their story when more often than not, nothing had changed since their previous interaction.

Referral process

Participants queried how the service could be accessed in terms of referrals and suggested that referral should be possible via the NHS App.

Communication

For children who are non-verbal it was felt that therapeutic support should always be available. It was also noted that literacy levels ought to be taken into account when communicating with both children and their families.

One-to-one support

It was considered that the option of one-to-one support should always be available to children and young people.

Location

There is a need for services to be easily accessible in terms of location. Participants reported that east and west Gateshead were underserved and commented that people using public transport in particular struggled to get to appointments, especially those scheduled earlier in the morning.

“In Gateshead there is nothing really available unless you travel out of the area and Blaydon/Whickham are forgotten about.”

“If it’s early in the morning you can’t get across Gateshead.”

One participant suggested that counselling support could be offered in places other than an office, for example the beach.

Others agreed that any support should take place outside of school.

Changing facilities

There should be provision for changing facilities, including those for older children at locations where support is provided.

Timing

Participants highlighted the fact that children who access SEND transport to and from school are often delayed in returning from school which makes accessing afterschool support more difficult.

“You need to give them time to get home and then get out to activities.”

Costs

Several participants questioned whether there would be any costs associated with the support and whether childcare credits could be used to access it. One participant indicated that they would be happy to pay for activities that were available later in the evening.

Waiting lists

One parent/carer reported that it is “hard to find places without massive waiting lists”. If there are waiting lists for support, parents/carers would like to be informed at the outset and regularly updated.

‘Getting Help’ name suggestions

Although parents/carers did not suggest specific names for the service they highlighted issues with the current name. In particular there was a suggestion that children and young people might associate the name with being weak. Moreover, one participant felt that the name would

be triggering for her child who would feel that something was going to be done to her and two felt that the word 'help' would be off-putting for some. Others considered that the name was not specific enough to the service being provided and would be difficult for neurodivergent people or those who have English as an additional language to understand.

“The language is so vague it becomes inaccessible.”

The point was also made that 'Getting Help' and 'Getting More Help' were too similar with no way of identifying what each did and, crucially, the difference between them.

Recommendations

The findings above provide a summary of the feedback provided by 29 children and young people and 51 parents/carers.

In response to this feedback the following recommendations are made to help inform future service provision.

Promotion of the service

During the project's engagement activities, it became clear that both children and young people, as well as their parents/carers, were largely unaware of the service. Moreover, even those who had actually used the service were unsure whether it was Getting Help or another mental health support service their child had accessed.

- **It is recommended that once the re-tendering process is complete a comprehensive communications plan is developed which includes re-branding activities.**

Both children and young people and parents/carers were asked what information they would need to help them decide whether the Getting Help service was appropriate to their needs or the needs of their child and they requested in particular:

- Examples of what mental health difficulties the service could support
- The range of support available
- The referral process
- Approximate waiting times
- A contact whilst waiting for support
- Information about what to do once support ends
- **It is recommended that communications materials should include the information listed above as a minimum. Materials should consider the requirements of all patients including those with disabilities and whose first language is not English, to ensure that the communications produced are accessible to all.**

Scope of service

Areas supported

More than three-quarters of children and young people completing the survey thought that the service should offer support around building confidence, self-esteem, and resilience.

- **It is recommended that as a minimum the service provides support around building confidence, self-esteem, and resilience.**

Counselling support and therapeutic options

In terms of the delivery methods provided within the service, feedback points to demand for both traditional and theory-grounded forms of support such as counselling and therapeutic options (e.g. art and play therapy and CBT) and also alternative interventions. Although seven-in-ten children and young people responding to the survey did not want counselling, focus group

participants were strongly in favour of this type of support in the first instance. Furthermore, over three-quarters of parents and carers responding to the survey wanted access to counselling (although they cautioned that the 'counselling' name could be off-putting). Focus group participants felt there needed to be a balance between traditional support and other suggested types of support, with the former offered initially. Participants highlighted the value of therapeutic support in particular for children with SEND.

- **It is recommended that the service continues to offer counselling alongside therapeutic options.**
- **It is recommended that counselling support should be given a different name.**

Other delivery methods

Alongside the more traditional methods there was support for other suggestions listed and parent/carer focus group participants felt strongly that having a range of options made it more accessible for children with SEND. For children and young people responding to the survey over eight-in-ten thought support could be best delivered through activities such as music or art and exercise or sports, and spending with young people who feel similar to them. These were also supported by parents/carers to a lesser extent. There were also suggestions for outdoor activities such as walking and forest schools.

- **It is recommended that in supporting children and young people with mental health issues the service considers offering music/art, exercise/sports, opportunities for young people who feel similar to them spending time together and outdoor activities.**

Over eight-in-ten children and young people and parents/carers responding to the survey requested support and information for parents/carers to better support them/their child.

- **It is recommended that support and information for parents and carers to help them support their child is considered as part of the service.**

Although there was less enthusiasm for this from other cohorts, focus group participants strongly supported access to holiday activity programmes, highlighting that children with SEND often struggle with being out of routine in the holidays.

- **It is recommended that holiday activity programmes are considered as part of the service.**

Operations

Support workers

Both children and young people groups highlighted the importance of talking to a trusted adult. Over eight-in-ten survey respondents, and all focus group participants asked for a choice of who supports them whilst three service users reported not being offered choice. Young people's focus group respondents requested choice over the gender of the support worker.

- **It is recommended that service users are informed in advance who will be supporting them, and a mechanism should be put in place for confidential reporting of any issues with the worker.**

Accessibility

Waiting times

Feedback from both children and young people and parents/carers pointed to issues with waiting times for the current service, requesting to not wait long to be seen when accessing it. All children and young people who had used the service experienced long waiting times whilst all responding to the survey and focus group felt that not having to wait long was an important aspect of the service. Two parents/carers reported that their children had not used the service despite being referred due to the waiting times. Parents/carers focus group participants asked to be kept up to date whilst on waiting lists.

- **It is recommended that waiting times are kept to a minimum when supporting children and young people. If support is delayed children and young people and their parents/carers should be contacted regularly to discuss progress.**

Timing of support

Over three-quarters of children and young people taking part in the survey asked for support at times that suit them and over eight-in-ten respondents and focus group participants wanted access to support after school and at weekends. This was echoed by parents/carers who also highlighted a need for appointments later in the morning for those using public transport.

- **It is recommended that service users are offered a range of appointment times which include after-school slots and weekends.**

Accessing support

All groups requested having different ways to get support and information such as face-to-face, online, via text message or voice notes. However, accessibility in terms of access to wi-fi and data was highlighted as a potential barrier for some methods.

- **It is recommended that service users are offered a variety of ways to receive support.**

Location

Three-fifths of children and young people taking part in the survey and some focus group participants wanted support in a place that was familiar to them but cautioned against homes and schools. Nearly seven-in-ten respondents to the parent/carer survey and all focus group attendees supported this. Moreover, in excess of three-quarters of children and young people and a similar number of adults felt that easy access to buildings and locations would aid accessibility of the service. Focus group participants felt that there should be a choice of venues for those who require a quieter environment, can only travel by public transport or who are not at school.

- **It is recommended that, if possible, service users are offered a range of venues to receive support in familiar locations but that these should not include children's homes or schools which could compromise confidentiality. If familiar locations are not possible, service users should also receive detailed information about the location including what it looks like, how to access it and what to expect in advance.**

- **All venues should be accessible to all including having access to changing facilities.**

Cultural needs

Ensuring that cultural needs are met was also important to children and young people and parents/carers taking part in the survey.

- **It is recommended that in planning the new service, cultural needs are taken into account to ensure accessibility.**

Asking once

Nearly nine-in-ten children and young people taking part in the survey felt that not having to repeat their story was important. This was echoed by a service user and the parents/carers focus group.

- **It is recommended that a mechanism be put in place to capture patient stories feedback from service users and parents/carers at the initial appointment and that this be accessible to all workers interacting with the children and young people going forward.**

Parent/carer involvement

Focus group participants of children with SEND felt that parents/carers should be involved in decisions around the type of support their child receives and be able to attend session with them.

- **It is recommended that parents/carers are consulted about the types of support available to their child and how suitable they may be for them.**
- **It is recommended that parents/carers are able to attend support with their child in circumstances where this is appropriate.**

Name of service

Most children and young people were happy with the current name of the service. However, just over two-fifths of parent/carer survey respondents felt that it was suitable. Focus group attendees considered the name was too generic and would be difficult for or neurodivergent people or those who have English as an additional language, to understand. They also felt that 'Getting Help' and 'Getting More Help' were too similar and there was no way to identify what each did.

- **It is recommended that a new name be developed which includes 'mental health' or 'emotional wellbeing' and does not include 'help'.**

Patient feedback

- **In order to gather feedback on the new service and aid future service re-design it is recommended that exit surveys are disseminated with permission to collect contact details for future engagement activities.**

Appendices

Appendix 1: Profile of parents/carers

Please note that not all respondents chose to complete these questions.

How old are you?	No. of respondents	% of respondents
16 - 24	0	0.0
25 - 34	1	2.9
35 - 44	13	38.2
45 - 54	15	44.1
55 - 64	3	8.8
65 - 74	1	2.9
75 – 84	0	0.0
85+	0	0.0
Prefer not to say	1	2.9
Total	34	100.0

Which best describes you?	No. of respondents	% of respondents
Female	32	94.1
Male	2	5.9
Non-binary	0	0.0
Prefer not to say	0	0.0
Prefer to self-describe	0	0.0
Total	34	100.0

Is the gender you identify with the same as your sex registered at birth?	No. of respondents	% of respondents
Yes	33	97.1
No	0	0.0
Prefer not to say	1	2.9
Total	34	100.0

Ethnicity	No. of respondents	% of respondents
English, Welsh, Scottish, Northern Irish or British, Irish, Gypsy or Traveller, Roma, or any other white background	30	88.2
Asian or Asian British - Indian, Pakistani, Bangladeshi, Chinese or any other Asian background	1	2.9
Black, black British Caribbean or African - black British Caribbean, African or any other black background	0	0.0

Mixed or multiple ethnic groups - white and black Caribbean, white and black African, white, and Asian or any other mixed or multiple background	3	8.8
Other - Arab or any other ethnic group	0	0.0
Prefer not to say	0	0.0
Total	34	100.0

What is your religion or belief?	No. of respondents	% of respondents
No religion or belief	20	58.5
Buddhist	0	0.0
Christian	12	35.3
Hindu	0	0.0
Jewish	0	0.0
Muslim	0	0.0
Sikh	0	0.0
Other religion or belief	0	0.0
Prefer not to say	2	5.9
Total	34	100.0

What is your sexual orientation?	No. of respondents	% of respondents
Straight or Heterosexual	27	79.4
Bisexual	3	8.8
Gay or Lesbian	1	2.9
Other sexual orientation	1	2.9
Prefer not to say	2	5.9
Total	34	100.0

Other sexual orientation: Pan-sexual

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?	No. of respondents	% of respondents
Yes	15	44.1
No	18	52.9
Prefer not to say	1	2.9
Total	34	100.0

Does your condition or illness\do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?	No. of respondents	% of respondents
Yes, a lot	7	22.6
Yes, a little	4	12.9
No	18	58.1
Prefer not to say	2	6.5
Total	31	100.0