**Access Pathway Referral Form – Lead Professional/Authors Guidance**

Access Pathway is a single route for those children and young people (CYP) up to the end of their 18th year where support has already been accessed and tried but further specialist intervention or assessment may be required. This includes CYP with **complex needs** across speech, language and communication needs, difficulties with social interaction, learning difficulties, sensory difficulties and neurodevelopmental difficulties. You may also see social, emotional and mental health difficulties alongside these.

The Access Pathway accepts referrals from Health, Education, and Social Care professionals. All referrals should be completed **jointly** with the parent/carer and CYP and led by a professional who **knows the CYP the best**. For example, if the CYP is in an education setting, it is likely that the author/lead professional completing the referral will be from a nursery or school. Please note, whoever completes the referral will be the **central point of contact** for the Access Pathway and the parent/carer throughout the process. Please ensure you complete this form in conjunction with all services who have been involved with the child.

Please ensure the main reason for referring to the Access Pathway is made clear and you clearly describe what you, the parent/carer and/or CYP is hoping to get from the Access Pathway Panel. The Access Pathway Panel is looking for evidence in the referral form and supporting documents that needs have been identified and that support has already been accessed. We would like descriptions of the difficulties and how the CYP has responded to this support.

**Please note we cannot accept referrals without the consent of the individual or their Parent/Guardian.**

The most common reasons why referrals do not progress down the Access Pathway are:

* If the individual’s basic needs have not been considered by educational settings and Early Help services have not been accessed. You should work with the parent/carer and CYP to identify what support can be offered in their locality before referring to the Access Pathway. To do so please contact the nearest [Family Hub](http://www.nelincs.gov.uk/family-hubs).
* If there is evidence of needs but these are not suggestive of complex difficulties (e.g. there is only one need or the needs described appear temporary) then we may suggest a referral to a single agency.
* Where insufficient evidence is presented, the Access Pathway will contact the author/lead professional to request further information which may significantly delay the referral.

Frequently asked questions have also been developed about the Access Pathway and you can find these by clicking [here](https://www.nelincs.gov.uk/children-and-families/send-and-local-offer/support-children-young-people/#1530528207302-d4c1853f-e7d0).

**Exceptions**

There will be some CYP where all information will not be available i.e.

* CYP who are home schooled
* CYP attending an out of area school but live in North East Lincolnshire
* CYP registered with a North East Lincolnshire GP but living out of area
* CYP who have recently relocated into the area

We would advise that the professional who knows the CYP the best completes as much of the Access Pathway Referral form as possible and once completed this is emailed to
access-pathway@nelincs.gov.uk.

Please highlight in the subject heading of the email which category from above the CYP falls into then these cases can be discussed with the Access Pathway Coordinator/designated officer to make suitable arrangements for the rest of the information to be gathered or signposted to appropriate services.

**Access Pathway Referral**

Once you are confident that you have completed the Access Pathway referral and gathered the appropriate evidence please submit this to access-pathway@nelincs.gov.uk.

If accepted, the Author, Parent/Carer, General Practitioner (GP) and school will receive letter correspondence to acknowledge this. The Access Pathway Business Support Team (APBST) will send an email inviting you to attend the panel to present the referral to the multi-agency panel. Where you are unable to attend please identify another key individual who is working closely with the family/CYP to present this case. Alternatively, another date can be agreed, however this may delay the process for the CYP. Furthermore, if you feel that there is any other professional who would benefit from attending with you at panel to best represent the CYP please advise the APBST to make arrangements for invitation.

Parents/carers will be sent correspondence via letter advising of the panel date and attempts will be made to contact them via telephone to offer additional opportunity to share their/CYP views, to provide an update of the process and gather any additional information required for the panel.

If not accepted, the author, GP, parent/carer and school will receive letter correspondence to advise of what is required to progress the referral through a re-submission.

**Access Pathway Panel**

The Access Pathway Panel is a multi-agency group with a wide range of specialist skills and knowledge. The members of the Panel are experienced in working with children and families and will consider a holistic approach to making recommendations for the CYP and their family.

**What to expect at Panel**

The Panel facilitator will have a brief chat with you and introduce you to the Panel which is made up of representatives from a number of different services and may include.

* Prevention & Early Help Practitioners
* Young Minds Matter
* Educational Psychology
* Paediatrics
* Children’s Social Care
* Children’s Disability Service
* Therapy Services
* Child Development Centre
* Special Educational Needs Service
* Specialist Advisory Service
* Child Public Health Services
* Portage

You will then be invited to be part of the discussion to enable you to share the voice of the CYP and parent/carer, as well as any concerns of your own. The Panel may ask you a few questions such as:

* What has been tried before and has/hasn’t worked?
* What are your worries?
* Can you tell us a bit about the CYP and their family?
* What are you hoping to get from today?
* What does a crisis look like for this CYP and how often does that happen?

A joint discussion is then held with author/lead professional to discuss the points raised and then the panel facilitator will summarise the recommendations and next steps are agreed. All decisions are made jointly, and individual opinions or comments made within the meeting should remain confidential.

The author/lead professional will be asked to contact the parent/carer after the meeting to discuss the recommendations of the panel and will receive a copy of the recommendation letter sent to the family. A copy of the letter will also be sent to the child/young person’s school, GP and other relevant service open to the CYP.

The author/lead professional will be the main point of contact for the family and will be tasked with providing a brief update 3-6 months following Panel if progress has not been made by the CYP via email to
access-pathway@nelincs.gov.uk. The access pathway will not send a reminder, where a review is required the author/lead professional or parent/carer can request this to be sent to further discussion.

If you have any concerns during the process, please contact access-pathway@nelincs.gov.uk where your enquiry will be signposted to the most suitable person.

**Access Pathway Referral Form**

Referrals will be accepted from any health, social care and educational service. Please supply as much information as possible so that we can ensure that the referral can progress. Please include information from school (unless home educated), and parent/carers. Lack of information will lead to delays, as the referral will be returned with a request for more information.

Email: access-pathway@nelincs.gov.uk

Tel: 01472 323998

**Child/Young Person details**

|  |  |
| --- | --- |
| Full name of Child/Young Person |  |
| Date of birth |  |
| NHS number |  |
| Nursery/ School/College |  |
| Home language |  |
| Interpreter needed | [ ]  Yes [ ]  No |
| GP details |  |

**Author/Lead professional details**

|  |  |
| --- | --- |
| Name |  |
| Job Role  |  |
| Telephone  |  |
| Email |  |
| This referral form for the Access Pathway Panel was completed jointly with the CYP/Parent or Carer on the following date: |  |

**Family Details**

|  |  |
| --- | --- |
| Family Address: House Name/Number1st Line of addressTown |  |
| Postcode |  |
| Parent Email address |  |
| Please tick parents preferred method for correspondence relating to this referral | [ ]  Post [ ]  Email |
| Please tick if parents would like to receive a weekly SEND newsletter via email | [ ]  |

**Family Network Details:** Please complete the following for each person **in the household** (CYP, parents/carers). Insert more boxes if required.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name | DOB  | Relationship (within family) | Relationship status within family (main carer/young carer/parental responsibility/next of kin/emergency contact) | Male/Female | Ethnicity**(MUST BE COMPLETED)** | Religion & First language | Disability (Y/N) | Phone number |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Other Family:** Please complete the following for relevant family members who DO NOT live within the household (e.g. where parents are separated). Insert more boxes if required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name | Relationship  | Address | Phone number | Was this referral discussed with them? | Do they require a copy of correspondence? |
|  |  |  |  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |

**Referral information**

|  |  |
| --- | --- |
| Why is this referral being made?*Please note that a diagnosis is not required to be able to access support for children with additional needs*  |  |
| What changes will be seen as a result of this referral?  |  |
| Have you spoken with the CYP about the referral and why it is being made? | Yes ☐ No ☐If no, please detail why: |
| In their own words what is worrying them? Please submit any additional evidence that demonstrates and captures the voice of the CYP. Please consider asking the child what they feel their needs are, what would make things easier, their thoughts regarding the referral being made and what might be working well for them |  |
| What is the parent/carer concerned about? |  |
| When were these concerns first noticed and how long have they been present? Please consider detailing a timeline of the concerns regarding the needs of the CYP |  |
| Please provide detailed examples of what these concerns look like for the CYP within areas of their life. | Home: Education Settings:Social Areas:Other:  |
| What intervention/services have been accessed to support the needs of the child in these areas since the concerns were first noticed? Please provide detailed examples of what has been accessed over time and also include the impact of them on the CYP | Home:Education Settings:Social Areas:Other:  |
| Please detail the support the family/CYP are currently accessing and the impact this is having See page 5 for a list of services/ agencies which may have been engaged with the family |  |
| What is currently working well for the CYP/family? |  |
| As the author, is there anything else you would like to add? |  |

**Please highlight (tick) any specific concerns**

|  |  |
| --- | --- |
| Abuse |[ ]  Anxiety/phobias |[ ]
| Attachment needs |[ ]  Behavioural problems |[ ]
| Bereavement |[ ]  Eating/weight difficulties |[ ]
| Exposure to domestic violence |[ ]  Family breakdown |[ ]
| Vocal or motor tics |[ ]  Hearing voices |[ ]
| Over activity/Underactivity |[ ]  Learning needs/disability |[ ]
| Low mood |[ ]  Neglect |[ ]
| Obsession +/- compulsions with fear |[ ]  Peer bullying |[ ]
| Physical disability |[ ]  Poor concentration |[ ]
| Post trauma symptoms |[ ]  Self-harm |[ ]
| School exclusion of threat of |[ ]  Social/communication difficulties |[ ]
| Stress |[ ]  Substance misuse |[ ]
| Suicidal thoughts/threats |[ ]  Other |[ ]

**Details of above concerns and anything else you think we should know**

|  |
| --- |
|  |

**Social and family history**

Include parents, siblings, relevant family circumstances and any known risks. Please fill in detail Section in addition to ticking boxes.

|  |
| --- |
| Parental mental health and emotional wellbeing |[ ]
| Parent disability |[ ]
| Substance abuse (parent) |[ ]
| Parent physical health concerns |[ ]
| Sibling disability |[ ]
| Sibling physical health concerns |[ ]
| Domestic Abuse |[ ]

|  |  |
| --- | --- |
| Please detail any relevant disabilities, disorders or diagnosed conditions within the immediate family (e.g. parents/siblings) |  |
| Detail any stressful life events which may have had an impact or are impacting on your child e.g. bereavements, hospitalisations, bullying, transition or other potentially traumatic experiences |  |
| Are there any known home environmental concerns? If yes please give details. |  |

**Support Services**

In this section please tick the agencies/services have been involved with the family and with your information any written evidence including observations, assessments, and reports, letters that help to demonstrate and understand the difficulties. Whilst it is not essential to have engaged with all the services listed below, panel would expect that some support will have been tried.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Outreach Services (PD or ASD/C&I) |  | Health Visitor |  | SENDIASS |  |
| Behaviour and attendance collaborative (BACC) |  | Inclusion/Elected Home Educated Team |  | Sleep Support |  |
| Child Development Centre |  | NSPCC |  | Speech & Language Therapy |  |
| Children’s Disability Service |  | Occupational Therapy/ Physiotherapy |  | Specialist Advisory Service |  |
| Children’s Social Care |  | Paediatrician |  | We Are With You (formerly Addaction) |  |
| Early Help/Family Hubs |  | Portage |  | YMCA |  |
| Educational Psychology |  | School Nurse |  | Young Minds Matter (CAMHS) |  |
| GP |  | SENART |  | Youth Offending (including Graft) |  |

If there are any other services/agencies you would like to list please continue this on a separate sheet

|  |
| --- |
|  |

**Developmental Concerns/Developmental History**

Please provide a full developmental history and where appropriate examples of any concerns reported (to include pregnancy, birth and milestone development).

Please detail the CYP medical history, diagnosed conditions or any medical screening undertaken. Please liaise with the Health Visiting Service to gather this information if needed.

|  |
| --- |
|  |

**Childcare/Education profile**

|  |
| --- |
| What has the child/young person attained in nursery/ school, academy or college? E.g. EYFS, Portage Checklist, Key Stage Assessments. If this information is not available please include as additional information a written assessment/ report from an Early Years Practitioner or Teacher. |
|  |
| Are there currently any concerns about the child not achieving age appropriate motor and language milestones? |
|  |
| Are there any transitions coming up that may affect the child/ young person e.g. transition from primary to secondary school? |
|  |
| Are there any concerns with school setting attendance? |
| Yes [ ]  No [ ] If yes, please tell us about this: |

**Student Support: Does the Child/Young Person have any of the following in place at their Nursery, School or college?**

|  |
| --- |
| Special Educational Need support e.g. My Plan, Support Plan, or similar |[ ]
| An Education Health and Care Plan (EHCP) |[ ]

**Please ensure you complete the following checklist as part of the referral as we need this information included to allow us to screen.**

**Why do we screen?**

* Information is checked to make sure that this is a complete referral
* The referral and supporting documents are reviewed to identify if support has been already tried and accessed
* This allows the access pathway team to allocate the referral for review at panel

Panel are then able to make sound recommendations of further specialist intervention/ support that could be tried or can signpost through to the appropriate clinical pathways for further screening, assessment or diagnosis.

|  |  |
| --- | --- |
| **Checklist** | **Yes/No/NA** |
| Completed Access Pathway Referral Form – including consent |  |
| Child/ Young person’s views |  |
| Parent/carer views |  |
| Author/lead professionals’ views |  |
| If the CYP attends a setting evidence is submitted to show developmental and/or academic ability |  |
| If the CYP attends a setting support and intervention is led by a SENCO using the graduated response and evidence has been included |  |
| If the CYP has a EHCP or My Plan this has been included |  |
| Vision/ hearing difficulties have been explored with appropriate services |  |
| Where a speech and language concern has been raised a referral has been made to Speech and language Services or support already accessed? |  |
| Evidence of Intervention/support from other services has been highlighted i.e. what has already been tried? (see page 5 e.g. OT,SLT,EP etc.) |  |
| Developmental check completed within the past 12 months (Under 5s) |  |
| ASQ/ Nelson’s Assessment included as evidence (Under 5s) |  |
| The referral demonstrates that difficulties with social interaction, communication and restrictive behaviours have been present since early childhood. (Over 5s) |  |

**Consent**

NELC are the data controller and will process your personal data in accordance with the Data Protection Legislation for the purposes of providing services, support, advice and guidance to you and your child/ family through the Access Pathway.

As part of our processing we will share information with and obtain information from appropriate partners e.g. Housing, Job Centre Plus, Police, Health and Care Professionals, Children’s services, NSPCC, and other family members to enable you to receive the most appropriate support. And where appropriate on your behalf make onward referrals for further support or assessment.

In order for us to show how well families are progressing with our help and support we need to share your personal information (including your name and date of birth) and our outcomes with the Government (Department for Communities and Local Government) and partners/organisations (as above). It will not affect your benefits, services or treatments that you get. Your information will be anonymous and handled with care in accordance with the law. We are sharing your information to help improve the services that your family and other families receive in the future.

Any information we hold regarding you and your family will be kept confidential, however to ensure the protection and wellbeing of every child, relevant information may be disclosed to appropriate agencies.

For more information about how NELC processes your information please visit [www.nelincs.gov.uk](http://www.nelincs.gov.uk).

**Person(s) with Parental Responsibility (PR) or Young Person giving consent** (Please refer to the Fraser Competency Checklist)

**Please Note:** If the child is Looked After PR may sit with Local Authority – consult with Social Worker in this instance.

**I agree to the above processing of the personal information for the purposes set out above.**

|  |  |
| --- | --- |
| Signed (Parent/Carer) |  |
| Print name (Parent/Carer) | Name:Date: |
| Signed (Author) |  |
| Print name (Author) | Name:Date: |
| Signed (Child/Young Person - if competent under Fraser guidelines)  |  |
| Print name (Child/young person) | Name:Date: |

**PLEASE PROVIDE THE PARENT/CARER WITH THE FOLLOWING PAGES**

**Need help...**
**If you need help throughout this process please contact the person who completed the access pathway referral with you.**

**If you have any concerns during the process, please contact** **Access-pathway@nelincs.gov.uk** **where your enquiry will be signposted to the most suitable person.**

**access-pathway@nelincs.gov.uk**

**If the child or young person is at immediate or significant risk or harm contact the Vulnerable Children’s Services. Tel: 01472 326292 Option 2.**

**(9am to 5pm, Monday to Thursday 9am-4:30pm Friday)**

**OR if the child or young person is in immediate danger due to extreme emotional distress e.g. if they are a danger to themselves or another person CALL 999 OR take them to the nearest A&E department**

**Keep informed**

The Local Offer websites for North East Lincolnshire contain useful information and advice for both parents and professionals: <https://www.nelincs.gov.uk/children-and-families/send-and-local-offer/>

Follow us on Facebook!





**Families First I Can**

**For parents/carers For children & young people**
[www.facebook.com/FamiliesFirstNEL](http://www.facebook.com/FamiliesFirstNEL) [www.facebook.com/icanNEL](http://www.facebook.com/icanNEL)

**Sources of support**

# GET IN TOUCH – if you’re not sure what support you are looking for, speak to the Families First Information Service on 01472 326292 (option 1)

|  |  |  |
| --- | --- | --- |
| **Agency/ Service**  | **What do they do?**  | **Contact details**  |
| Adult mental health and emotional wellbeing services  | Single Point of Access (SPA)SPA offers confidential advice and information over the phone 24 hours a day, 365 days a year. You will get through to a team of trained call advisers, who are supported by experienced clinicians. They will ask some questions to assess your symptoms and give you the healthcare advice you need or direct you to the right local service. | 01472 256256 |
| Adult mental health and emotional wellbeing services | Open MindsSupport to people aged 16 and above who are experiencing mild to moderate mental health issues such as stress, anxiety and depression. | Open Minds, Grimsby7-9 Osborne StreetGrimsbyDN31 1EY(01472) 625100Open Minds, Cleethorpes13-15 Grimsby RoadCleethorpesDN35 7AQ(01472) 252760 |
| Barnardo’s SENDIASS | Special Educational Needs & Disabilities Independent Advisory Support Service (SENDIASS) provide free confidential impartial support and advice for parents, carers, children and young people 0-25 years. | Phone: 01472 355365Address: 11 Dudley Street, Grimsby, DN31 2AWEmail: nelincs@barnardos.org.uk  |
| The Blue Door | Support to anyone that has experienced domestic abuse and sexual violence | Helpline: 0800 197 47 87 Office: (01724) 841 947 Email: info@thebluedoor.org  |
| Carers Centre  | A Carer Group can offer the empathetic support that only another Carer can give because they understand that your needs are similar to their own. | Phone: 01472 242277Address: 1 Town Hall Square, Grimsby DN31 1HY |
| Children’s Disability Service | The Children’s Disability Service (CDS), will provide you with information about universal services and more specialist groups that can offer support, without the need for an assessment. | 01472 326292 (option 5) |
| Compass GO! | Compass GO.. (Mental Health Support Team) works with children, young people, families and educational settings in North East Lincolnshire. We provide support, help and advice for pupils, students and schools for issues related to mental health and wellbeing. | [Compass Website](https://www.compass-uk.org/services/north-east-lincolnshire-mhsts-new/)Phone: (01472) 494 250Email: nelincsmhst@compass-uk.org  |
| Family Hubs – including Early Help | Working across community clusters and with other partners and the community, to offer services for children and young people aged 0-19 and their families. Family hubs are inclusive for all, which includes support for children with additional needs. Family hubs have a variety of sessions and activities that can help develop and support you and your child. | 01472 326292 (option 3) |
| Health Visiting | Available to all families in North East Lincolnshire who’re expecting a baby, have a new born or a child up to the age of 5. We will be told of your pregnancy by the midwives and a health visitor (registered nurse or midwife who have been trained in public health) will provide advice, support and guidance at this important time of you and your child’s life. | Our service is available Monday to Friday 9am to 5pm at family hubsPhone: (01472) 323660 Email: HealthVisitingAdvice@nelincs.gov.uk  |
| Living with ADHD | Advice and resources for parents of a child with ADHD. | [www.livingwithadhd.co.uk](http://www.livingwithadhd.co.uk)  |
| National Autistic Society  | Information advice and guidance. | Parent to Parent Service:0808 800 4106 <https://www>.autism.org.uk |
| North East Lincolnshire Parents Participation Forum  | The North East Lincolnshire Parent Participation Forum (NELPPF) is the local opportunity for parent/carer(s) to have their voices heard and help influence local decisions that may affect their families.The Forum meets on a regular basis at the North East Lincolnshire Carers Centre, 1 Town Hall Square, Grimsby. All parents and carers are welcome. For further information contact us on the following. | Website: [www.nelppf.co.uk](http://www.nelppf.co.uk) Phone: 07583 474892 Email: help@nelppf.co.uk |
| NSPCC | If you need more information about a particular issue or you’re worried about your child, even if you’re unsure, contact our professional counsellors 24/7 for help, advice and support. | Helpline: 0808 800 5000Website: [www.nspcc.org.uk](http://www.nspcc.org.uk)  |
| SEND Outreach Service | The SEND Outreach Team work with schools when there are concerns regarding a child’s communication. school SENCo’s can ask for support from our Specialist Support Service Teacher for ASC who works alongside SEND Outreach Service. No diagnosis is required to access the service.  | [Local Offer Website](https://www.nelincs.gov.uk/children-families-and-schools/send-and-local-offer/send-support-for-children-and-young-people/)Email: sendoutreach@nelincs.gov.uk  |
| Specialist Advisory Service | The Specialist Advisory Service is made up of several teams such as Educational Psychology, Portage and Early Years, who work together to support children and young people in partnership with others and aims to improve the quality of life of children and young people. | Phone: (01472) 323183Email: SpecialistAdvisoryService@nelincs.gov.uk Portage/Early Years: (01472) 323314 |
| School Nursing | Available to all school aged children, young people and their families. They offer health support and advice to staff groups like teachers and social care staff. Each school has a named school nurse and the children or young people from that school, or their family, can approach the school nurse directly | Phone: (01472) 323660Email: SchoolNursingAdvice@nelincs.gov.uk  |
| We Are With You (Formerly Addaction) | Provides a full range of help for people experiencing problems with their drug or alcohol use, from harm reduction via active treatment and through to detoxification and rehabilitation. | Phone: (01472) 806890Address: Viking House55 Church StGrimsbyDN32 7DD |
| Women’s Aid | Women’s Aid provides many services to victims and survivors of domestic abuse in N E Lincs - victims can be women, men and children. | Phone: (01472) 575757 |
| Young Minds Parents/Carer Helpline  | Call for free advice from a trained advisor Mon-Fri from 9.30am to 4pm – available in England, Scotland, Wales and Northern Ireland. | Parents Helpline: 0808 802 5544  |
| Young Minds matter (CAMHs) | Emotional wellbeing and mental health service for children and young people up to 19 years (25 for SEND). Provides a full range of interventions, from low-level advice and information, support via the School Links Team, CYP IAPT recognised therapies, to complex mental health treatment. The service is accessible for help and support 24 hours a day, 7 days a week in order to prevent mental health crises and to respond quickly. | General Enquiries:(01472) 6261009:00am – 5:00pm Monday to Friday |

**Sources of support for CYP**

|  |  |  |
| --- | --- | --- |
| **Agency/ Service**  | **What do they do?**  | **Contact details**  |
| Alumina | Free online self-harm support for young people aged 14 and above. It is an online programme run a couple of nights a week by trained counsellors; it’s a safe place to explore how you are, and receive support for your harming behaviour. It’s done in a chat room style so is confidential and no–one can see you. | <https://www.selfharm.co.uk/alumina>  |
| Bereavement Support | Macmillan, CRUSE, and St Andrews Hospice offer bereavement support for both adults and children, regardless of the cause of death. | Macmillan: 01472 250623St Andrews Hospice: 01472 350908CRUSE: 07867 312658 |
| ChildLine  | Get support online or on the phone any time. | Helpline: 0800 1111[www.childline.org.uk](http://www.childline.org.uk)  |
| Compass GO | Compass GO.. (Mental Health Support Team) works with children, young people, families and educational settings in North East Lincolnshire. We provide support, help and advice for pupils, students and schools for issues related to mental health and wellbeing. | [Compass Website](https://www.compass-uk.org/services/north-east-lincolnshire-mhsts-new/)Phone: (01472) 494 250Email: nelincsmhst@compass-uk.org  |
| Diana Award Crisis Messenger  | Free 24/7 crisis support. If you are experiencing a mental health crisis and need support. | Text DA to 85258 |
| Kooth  | Online counselling available 12pm-10pm Mon-Fri, 6pm-10pm Sat-Sun. Peer forums and articles also available. | [www.kooth.com](http://www.kooth.com)  |
| Living with ADHD | Advice and resources for teenagers with ADHD | [www.livingwithadhd.co.uk](http://www.livingwithadhd.co.uk)  |
| The Mix | If you’re under 25 you can talk to The Mix for free on the phone, by email or on webchat.  | Phone: 0808 808 4994 1pm-11pm 7 days a week[www.themix.org.uk](http://www.themix.org.uk)  |
| Nexus Youth Forum | Nexus aims to give 16 – 21 year old’s a voice about their mental health and the services Navigo provide. | Phone: (01472) 583066Email: nexusyouthforum@gmail.com  |
| School Nurse Text Service  | Confidential advice and support via text for those aged 11-19 years. | 07507331620 |
| Young Carers | Support for children and young people who have taken on practical and/or emotional caring responsibilities that would normally be expected of an adult. | Phone: (01472) 326294 (option 2)Monday – Friday 8:30am – 5:00pm |
| Young Minds Crisis Messenger | Free 24/7 crisis support. If you are experiencing a mental health crisis and need support.  | Text YM to 85258 |
| Young People’s Support Services | YPSS are a signposting service who offer impartial information, advice and guidance to help young people make informed choices about careers, further education, training and employment. YPSS also offer support with any personal or welfare advice. | (01472) 313131 |

**Apps**

|  |  |  |
| --- | --- | --- |
| Big White Wall | Online community for people who are stressed, anxious or feeling low. |  |
| BlueIce | Evidenced-based app to help young people manage their emotions and reduce urges to self-harm. |  |
| Brain in Hand  | Brain in Hand gives easy access to personalised support from an app on your phone. It’s packed with features to help you remember activities, reduce anxiety and feel supported. It’s accompanied by remote support from the National Autistic Society to help you at times when you need extra help.  |  |
| Calm Harm | Helping people resist or manage the urge to self-harm. It’s private and password protected. |  |
| Catch It | Learn how to manage feelings like anxiety and depression with Catch It. The app will teach you how to look at problems in a different way, turn negative thoughts into positive ones and improve your mental wellbeing. |  |
| Headspace | Mindfulness and meditation. |  |
| Stress & Anxiety Companion | Helps you handle stress and anxiety on-the-go. Using breathing exercises, relaxing music and games designed to calm the mind, the app helps you change negative thoughts to help you better cope with life's ups and downs. |  |

For more apps visit [www.nhs.uk/apps-library](http://www.nhs.uk/apps-library)