

Healthy
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Global
Initiative



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Fixing Futures Review End of Phase 1 Report



Led by the Healthy Brains Global Initiative UK (HBGI UK) with the generous support of Bukhman Philanthropies

About HBGI

The Healthy Brains Global Initiative (HBGI) is a charity working to improve mental health services and systems worldwide. We work with governments, donors, and service providers to strengthen performance and maximise individual outcomes. Registered both as a U.S. non-profit 501(c)(3) (HBGI Inc.) and a UK charity (HBGI UK), HBGI was established in 2020 with support from the WHO, World Bank, UNICEF, and the Wellcome Trust.

HBGI brings deep experience and expertise in service optimisation, the design and oversight of outcomes-based contracts, and the mobilisation of strong performance management systems. We support organisations to define meaningful outcomes, align delivery activities to achieve them, and ensure the governance, tools, and processes to measure progress and drive continuous improvement. Our work shifts the focus from funding activities to achieving real impact, ensuring outcomes are carefully defined and centred on what matters most to individuals, incorporating lived experience throughout.

Our portfolio spans multiple regions and sectors. In addition to the Fixing Futures review, current projects include mobilising performance management to improve behavioural health service performance in the United States, building county-level capacity in California around performance and outcomes, designing and implementing an outcomes-based maternal mental health programme in South Africa, and establishing an outcomes fund for vulnerable adolescents in Kenya. Past team projects have supported over one million people facing complex barriers to work in the UK, mobilised essential health services for 35 million people in Afghanistan and provided oversight of eleven outcomes-based contracts addressing challenges such as homelessness, school exclusion, and refugee integration.

- ! By helping systems measure and manage outcomes, and connecting services that often operate in silos, HBGI strengthens mental health systems to be more effective, efficient and accountable.



The Fixing Futures Review

Executive Summary

The Fixing Futures Review, which launched in October 2025, is an operational review that will identify and test practical ways to make children and young people's mental health services more effective, efficient and focused on the outcomes that matter most to young people themselves. A central objective of the Review is to identify a small number of pilot propositions that can be mobilised in 2027 to test scalable practices for system improvement.

The Review is grounded in two principles:

1

Success should be defined in terms of the outcomes that matter to children and young people, not by service activity or outputs.

2

To deliver more, for more children and young people, the system needs to embed learning with meaningful performance data, feedback and shared accountability.

Phase 1 was designed to be rapid and exploratory, aimed at building an understanding of how children access and move through the mental health system – spanning education, health, social care, justice and the voluntary sector.

The Review team found that across the system, there is significant commitment and effort. However, services often measure what is delivered, rather than whether it improves children's lives. Definitions of success are frequently unclear or inconsistent and accountability for long-term wellbeing is often absent. Moreover, structured performance management systems are limited, leaving services unable to determine whether their activity is making a measurable difference to children's outcomes. As a result, children often experience delays, poorly coordinated support or a lack of access to services, without any single part of the system clearly taking responsibility for improving their outcomes.

Phase 2 will focus on areas where:

Child-defined outcomes can be clearly articulated and measured.

Accountability can be owned and shared across relevant services.

Performance management could realistically drive measurable improvement.

Pilots could be designed that are fundable, commissionable and scalable.

Impact can be strengthened through better use of existing resources and infrastructure.

Applying the above criteria, six deep dive areas have been selected for Phase 2.

Deep Dive Areas:

Children Stuck Between Systems or Thresholds



Multiple systems, No Clear Ownership

Children requiring support from multiple services, none of which take full responsibility for their long-term outcomes.



Children Stuck Between Thresholds and Gatekeepers

Children whose needs escalate while waiting for services, or those stuck between different service thresholds

School Mental Health Support



Effectiveness of In-School Mental Health Support

Variability in school provision and limited clarity on what works and why.



Emotionally Based School Absence (EBSA)

Persistent school absence linked to anxiety or distress.

Children Outside Mainstream Education



Children Missing Education (CME)

Children who fall out of the system when excluded or removed from the school roll.



Home Education Linked to Mental Health Needs

Children learning from home due to anxiety or distress without a clear pathway to support.



Phase 2 will explore how improvement can be achieved in these deep dive areas through practical pilots and, where relevant, by strengthening the impact of existing initiatives. The aim is to move from system understanding to testing scalable approaches to reform.

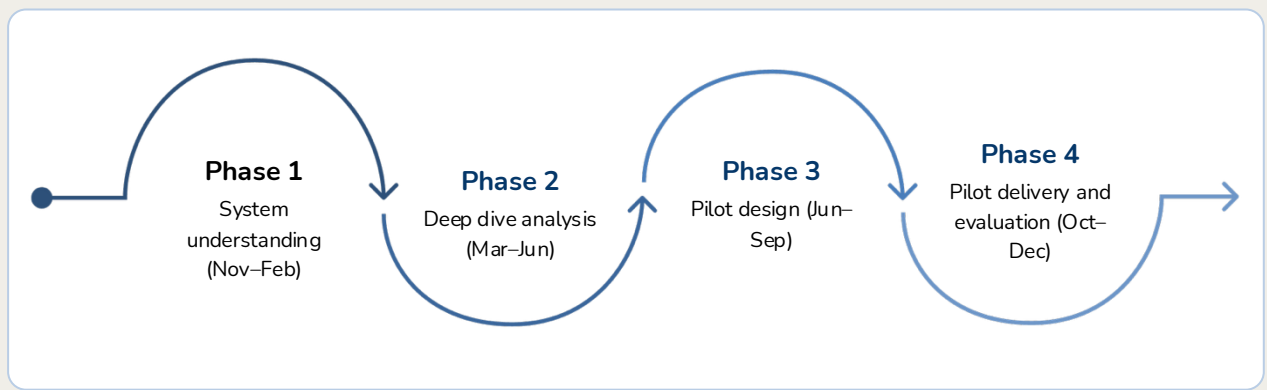



Introduction

Children and young people's mental health challenges in the UK are widespread and increasing. Around one in five children and young people now have a probable mental health disorder, while referrals to specialist services exceed 900,000 per year, with many children waiting months, and in some cases years, for support. These figures reflect not only rising need, but a system under sustained pressure.

The Fixing Futures Review was established to examine these challenges from an operational perspective: how the system behaves in practice, how success is defined and measured and where structured improvement is possible.

The Fixing Futures Review is structured across four phases:



 This report marks the conclusion of Phase 1.

Phase 1 identified consistent structural weaknesses in how outcomes are defined, where accountability sits and how systems learn from their performance. These challenges are not a reflection of the dedication of practitioners across the system, but of structural factors that make it difficult to translate effort into consistent improvements for children. Addressing these issues presents a clear opportunity for meaningful system change.

The Fixing Futures Review was established to examine these challenges from an operational perspective: how the system behaves in practice, how success is defined and measured and where structured improvement is possible.

Phase 2 will undertake deeper analysis of six selected areas to identify practical opportunities for system improvement and inform the design of pilot programmes.

Scope and Principles of the Review

This Review spans health, education, social care, justice and the voluntary and community sector, focusing on how these parts of the system fit together and where children fall through the gaps.

The Review does not seek to evaluate individual programmes or clinical models, but instead to identify where practical, operational changes could improve children's experiences and outcomes.

Two principles shape how the work is carried out in practice:



Outcomes defined by children and young people

The Review focuses on whether support helps children achieve their goals, rather than focusing solely on service activity or outputs.



Performance improvement and management

The Review examines how data, feedback and accountability are used (or not used) to understand what is working, for whom, why, and how services adapt as a result.



These principles inform both the analysis in Phase 1 and the design of later phases.

Phase 1: Focus and Approach

Phase 1 was deliberately designed as broad, rapid and exploratory. Given the size and complexity of children's mental health systems, the aim was not to achieve full coverage, but to develop a shared understanding of how the system operates and where it most consistently fails children and families.

The approach included:

Prioritising breadth and triangulation over depth.

Focusing on patterns that appeared across multiple settings and perspectives.



How Phase 1 Was Conducted

Rapid literature review

We conducted a rapid review of 46 sources, spanning peer-reviewed research, policy analysis, evaluations and advocacy. Most sources were published between 2020 and 2026, ensuring relevance to current system design and pressures. The Review focused on children's perspectives, how success is defined and measured, and known barriers to access, coordination and equity.

Lived experience engagement

We engaged parents, children and young people (aged 13–25) through multiple routes, including:

67 targeted survey responses

27 in-depth interviews

Focus group discussions with 20 young people

Ongoing meetings of our Young People's Panel

4 in-depth interviews with parents

Young people were recruited through six youth organisations, with coverage across 20+ regions. Engagement was designed to be ethical, safe and meaningful, with participants compensated for their time. Surveys provided an easy entry point, while interviews and group discussions enabled deeper exploration of experiences and journeys.

Practitioner and system leader insight

We carried out 78 in-depth interviews with practitioners, leaders and commissioners across education, health, social care, youth justice, the voluntary and community sector, research and mental health technology. These conversations provided insight into both frontline delivery and system-level decision-making.

System mapping

We undertook system mapping to understand:

How children's mental health services are designed to operate.

How services function in practice.

How funding, accountability and data shape behaviour.

How outcomes and performance data is collected and used.

This work examined referral routes, decision points, accountability structures and performance management, with a particular focus on where children and families experience difficulties in the system, and where there are clear opportunities for improvement. Together, these sources were used to understand how children move through the system, where support breaks down, and where practical, operational change could make the greatest difference.

Scope and Limitations of Phase 1

Phase 1 did not achieve full coverage of all groups of children, young people and their carers. Those with additional vulnerabilities or limited advocacy, including care-experienced children and those with complex needs, are underrepresented in the evidence gathered to date.

These limitations reflect both the pace of Phase 1 and the need to prioritise safe, ethical engagement. During Phase 2, it may not be possible to engage directly with all under-represented groups. However, where appropriate, we will seek to explore these experiences through the deep dives and will work with organisations that support these children and families wherever it is possible to do so safely and ethically.

What Phase 1 Delivered

Phase 1 has given us a system-level understanding of children's mental health support, including:



How needs are identified, missed or misunderstood across various parts of the system.



How children enter and exit services, and where key barriers and bottlenecks arise.



Where long waits, rejection and fragmentation contribute to deterioration or crisis.



Which groups face additional barriers to accessing support.



How poor coordination and unclear accountability between systems prevent children from receiving timely, effective help.



These findings informed the identification of key focus areas for Phase 2.

From System Understanding to Key Focus Areas

Phase 1 identified key pressure points in the children's mental health support system where delays, poor coordination and disengagement most often occur. The areas below are not a comprehensive map of the system, but reflect those areas that most consistently emerged in our research.

Schools as the Default Early Support System

Variation in the availability and quality of mental health and wellbeing support in schools

Poor coordination and continuity during transitions between schools

School attendance difficulties linked to unmet mental health needs

Access, Triage and Waiting for Specialist Support

Complex or poor-quality referral pathways through primary care

Inconsistent access to, and experience of, CAMHS support for different children in different areas

Deterioration of symptoms while waiting for specialist mental health services

Children caught in the "missing middle" between school-based support and CAMHS thresholds

Crisis Response and Acute Mental Health Care

Poor experiences for children attending A&E during crisis and receiving limited follow up care

Challenging experiences for children requiring hospitalisation, often far from home and their support networks

Limited availability of home treatment and crisis response services

Children Caught Between Systems

Poor coordination between mental health and social care services

Poor coordination between youth justice and mental health services

Challenges accessing effective mental health support in secure and restrictive settings

Loss of continuity during transition between children's and adult mental health services

Gaps in coordination between physical and mental health services



Cross-Cutting Themes

The 12 cross-cutting themes below describe recurring structural patterns in how the system operates. These themes help explain why similar problems arise across different services and settings. They will also remain central to the work in Phase 2, helping to guide the deep dives and ensuring these patterns stay front of mind as solutions are developed.

i Use of Quotes Throughout the themes below, illustrative quotes are included from children, young people, parents, practitioners and system leaders who contributed to Phase 1. To protect confidentiality, identifying details have been removed and quotes lightly edited while preserving the original meaning.

Approach to Support

Success is poorly defined and rarely child-centred

In many parts of the system, success is not clearly defined, or it reflects service activity rather than children's actual experiences. Children describe success in terms of how they feel in their daily lives, feeling safer, more stable and understood.

Opportunity: Develop shared, child-defined outcomes that cut across services and provide a clearer basis for accountability and learning.

"A lot of the time it felt like services decided what was best for me... but I don't know if it matched what I needed." - Young Person

Limited child voice and agency in decisions

Decisions are often made about children rather than with them. Children frequently feel unheard, unclear about what is happening, or powerless within the system, undermining trust and engagement.

Opportunity: Embed children's voice and participation into decision-making, goal setting, and review as a core part of how support works.

"It felt like I wasn't listened to... I felt like I was stuck... waiting for something to happen to me or like people were making decisions about me I never knew about. It all felt so disjointed... I'd be the one who had to relay information between them... I had to fight to get them in a room together so I could sit them down and tell them what I needed..." - Young Person

Children are routed into medical pathways that do not address the root cause of distress

Children's distress is often rooted in trauma, instability or family context, yet services are typically organised around symptoms, diagnosis, and thresholds. This misalignment leads to delayed or ineffective support that doesn't resolve the underlying issue.

Opportunity: Design support that responds to the root cause of children's distress, not just clinical criteria.

"I've been with so many different people and nothing's ever worked... Mostly other people were telling me... they know what I need, but it was never the right thing." – **Young Person**

Inflexible, deficit-based approach to support

Services are structured around pathways designed to 'fix' problems rather than identifying and building on children's strengths and interests. This deficit-based approach can narrow the range of support offered and overlook opportunities to build on a child's strengths in a way that supports more effective and longer-term progress.

Opportunity: Shift to strengths-based, flexible approaches that work in a personalised way with each child.

"I feel like... it should be about getting to know that person for who they are. And what they enjoy doing and stuff, like hobbies... rather than just sort of a textbook checklist kind of thing." **Young Person**

Access, Navigation and Continuity

The system is opaque and access depends on navigation skills, not need

Children and families struggle to understand routes into support. Gatekeeping and unclear thresholds mean help is missed or delayed, creating additional barriers for those already vulnerable.

Opportunity: Simplify access, reduce gatekeeping, and ensure someone holds responsibility while children wait.

"There is something deeply wrong, and despite me being quite shouty and present and persevering, I never got any help [for my child]. What I concluded was, if I can't navigate this, and I've got people helping me, how is anybody expected to do this, when they're juggling more kids or no money" - **Parent**

Waiting causes harm, but is seen as a passive period

Long waits, and a lack of early support, frequently lead to deterioration in a child's condition, often resulting in crisis responses.

Opportunity: Reduce harm while waiting and provide meaningful early support, even when specialist care is not immediately available.

"If you have really poor mental health and there is a wait list... years long and you are 13... it's almost cruel to describe that as a service that exists." – **Practitioner in VCSE organisation**

Support drops at predictable transition points

Transitions between schools, services, and age thresholds frequently lead to a loss of continuity. These moments are known risk points that often trigger disengagement and deterioration of symptoms.

Opportunity: Ensure clear accountability for successful transitions, including a warm, personal handover for the child alongside the transfer of relevant data and system information.

“It felt like support around me seemed to fall away. When I moved from children to adult services, there was supposed to be a proper handover, but it never happened - the adult team didn't attend a single meeting before I was discharged, so the first time I met them was after I'd already come home. It was like being dropped.” – Young Person

Relationships, Families and Inclusion

Trusted relationships prevent escalation, but are undervalued

Children consistently highlight the importance of trusted adults in schools, youth work, and community settings. However, these vital, often informal, relationships are poorly supported and poorly connected to specialist services.

Opportunity: Recognise, strengthen, and better connect existing relational and universal support networks with formal services.

“He [youth group leader] knows everyone's name... he checks on everyone individually... he is compassionate, goes beyond his job description.” – Young Person

Families play a critical role, but are unevenly supported

Families can enable or block access depending on their capacity, trust, and circumstances. Children rarely access or sustain support without meaningful family involvement.

Opportunity: Build deliberate, flexible approaches to family involvement that balance child autonomy with parental support.

“When I shared my identity with my family, it wasn't something that was accepted at home. And the professional supporting me didn't really explore how those cultural factors might shape the way my family responded or how that could have affected my wellbeing – that could have helped all of us” – Young Person



Some children face additional vulnerabilities and structural barriers to access

Identity, stigma and discrimination can significantly shape access to support. This leads to increased risk of unmet need for already vulnerable groups.

Opportunity: Design explicitly inclusive, equity-focused approaches with proactive outreach and trusted community links to overcome these barriers. Emphasising and measuring success against the outcomes that matter to an individual mitigates against one-size-fits all services.

“We need simplified and accessible pathways for families – clearer, easier to navigate systems of support, particularly for families with potential SEND needs themselves or lower levels of literacy, so access does not become a barrier.” - Assistant Head Teacher

Accountability and Learning

Limited performance management and learning systems

Services collect substantial amounts of activity data, but there is limited understanding of what works, for whom, and why. Services struggle to learn from their own practice or improve and there is often no sharing of performance data between the same service delivered in various locations (e.g. between schools).

Opportunity: Build performance management systems that support learning and continuous improvement rather than compliance alone, and that operate across multiple services to enable comparison and shared learning.

“We collect lots of data and it can be extremely difficult, it takes a lot of extra work, and I'm not really sure where it goes or if it is even helping us measure progress.” - Third Sector Worker

Fragmentation between systems means no one takes accountability for the child

Services often operate in parallel with unclear accountability. Children frequently fall between systems when their needs span education, health, social care, or justice sectors, leading to gaps in care.

Opportunity: Create shared accountability, clearer ownership, and aligned outcomes across all services involved in a child's care.

“Sometimes it feels like ‘Oh, we’ve got a problem, so we’re just going to refer everywhere and hopefully someone’s going to pick it up.’ ...it’s not good enough” – Children’s Services Team Member

Selection of Deep Dive Areas for Phase 2

Deep dive areas were selected based on whether they could support clearly defined outcomes, shared responsibility across services, and a realistic pathway to pilot design and implementation. We also considered whether improvements could be achieved through better use of existing resources and infrastructure.

In addition, we drew on feedback from key stakeholders, Advisory Council members, the Young People's Panel and service practitioners. Their insights reinforced where children and families most consistently experience delay or system fragmentation, and where change feels both urgent and possible.

Through this process, we prioritised three core areas for deeper work, each with two sub-areas.

Children Stuck Between Systems or Thresholds



Deep Dive A: Multiple Systems, No Clear Ownership

Children supported by multiple services (social care, youth justice, health and other services) often experience repeated assessments, inconsistent plans and slow, or no, progress, because no single agency takes sustained responsibility for their long-term wellbeing.



Deep Dive B: Stuck Between Thresholds and Gatekeepers

Children may wait months for specialist support or sit between tiers of provision, too complex for universal services but not meeting thresholds for specialist care, while their needs escalate and no single part of the system retains responsibility for preventing deterioration.

School Mental Health Support



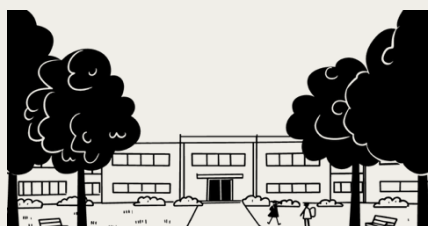
Deep Dive C: Effectiveness of In-School Mental Health Support

Children receive varying levels and quality of mental health support in different schools and there is limited clarity about where and whether this support improves wellbeing, acts preventatively or changes long-term outcomes.



Deep Dive D: Emotionally Based School Absence (EBSA)

Children experiencing anxiety or distress may become persistently absent from school, with some responses focused on attendance enforcement rather than addressing the underlying mental health need.



Children Outside Mainstream Education




Deep Dive E: Children Missing Education (CME)

When children are excluded or off the school roll, they may lose consistent adult support and oversight, increasing the risk that mental health needs go unidentified or unaddressed.



Deep Dive F: Home Education Linked to Mental Health Needs

Children withdrawn from mainstream education due to distress may experience reduced visibility and access to specialist support, while vulnerability persists without clear system accountability.

 These areas were selected because they represent recurring points of system friction, where children's experiences are highly variable and there appears to be scope for practical improvement.

Areas Not Progressed to Deep Dive

Phase 1 also identified significant challenges in acute, crisis, restrictive and inpatient settings. We recognise the seriousness of these issues, the risks faced by children in these settings and the poor experiences that can arise when support is only available at the point of escalation. We also recognise that there may be important opportunities to strengthen outcomes, accountability and performance management in these parts of the system.

We have not prioritised these areas for Phase 2 because these settings are highly regulated, statutory and operationally complex, with tighter constraints on introducing and testing pilots, particularly where this would involve non-statutory organisations. At this stage, we believe there is greater scope to develop and test outcome-led improvement in other parts of the system where practical change is more feasible within the Review's remit.

We remain open to future work focused on acute, restrictive, crisis and inpatient settings, where there is a clear opportunity to strengthen outcomes, experience and performance management. While this sits outside the current scope of Phase 2, we would welcome the opportunity to explore this separately with partners who bring the relevant expertise, relationships and operational access to work effectively in these settings.

Alignment with Existing Activity and Reform

We are conscious of the significant policy reform and pilot activity already underway in areas such as school-based mental health support, attendance reform and wellbeing and support hubs. The intention of this Review is not to duplicate existing initiatives or add further complexity.


Phase 2 will therefore explore both how existing initiatives could be strengthened and scaled, and where new pilots may be needed to address gaps in the system. This includes examining where clearer goals, shared accountability and better use of data could improve the impact of current activity.

Conclusion

Phase 1 of the Fixing Futures Review has provided a clearer picture of how children and young people experience mental health support across the system and where that system most consistently falls short.

Across health, education, social care, justice and the voluntary sector, there is deep commitment, expertise and goodwill. Many individuals and organisations are working tirelessly to support children in increasingly complex circumstances. However, the structure of the system often makes it difficult for this effort to translate into meaningful progress in children and young people's lives.

We are deeply grateful to the children, young people and parents who generously and candidly shared their experiences. Their insights have been central to shaping this Review. We also extend our sincere thanks to practitioners, system leaders, commissioners, Advisory Council members and members of the Young People's Panel who contributed their time and expertise. The breadth and honesty of engagement in Phase 1 have strengthened both our analysis and our proposed next steps.

 We welcome continued engagement, challenge and collaboration as this work moves towards Phase 2.

