



National Children's
Bureau

Delivering mental health transformation for all children

Findings from engagement with the children and young
people's voluntary sector in Autumn 2016.

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Executive Summary

- This report focuses on progress and challenges in improving children and young people's mental health services in England, particularly for minority or vulnerable groups. It is based on the views of 49 professionals working with children and young people, primarily from the voluntary, community and social enterprise sector (VCSE).
- Generally these representatives of the children's sector do not think expectations set out by NHS England in this area will be easy to achieve for the children and young people they work with. Respondents reported improvements in processes and structures more than improvements in access to services and outcomes for children and young people. However, some did suggest there had been improvements on the ground.
- There are concerns about the system not meeting demand. This relates not just to waiting lists but the amount of time services are able to dedicate to each service user.
- We also heard concerns that not all commissioners are playing their part in making improvements. This included doubts about whether local commissioners were spending money allocated by the Government for children's mental health as intended, and whether they were developing transformation plans and service specifications in a way that would deliver improvements.
- Respondents indicated that the children and young people's mental health workforce is overstretched and transient in nature, undermining the availability and quality of care.
- We heard in particular from those working with disabled children, bereaved children, children in care, young carers, children involved in the justice system and children in poverty. Common themes highlighted included the need to coordinate care across a child's range of needs; appropriately differentiate mental health from other needs; personalise care based on children's particular experiences; and ensure services reach those most in need.
- We heard ideas about how the VCSE sector could play a greater role in addressing particular challenges. This could include bolstering their role in providing information to help children, young people and their families navigate the system, helping services across various agencies join together, and improving communication and engagement with vulnerable and seldom heard children.
- However, the sector's positive contribution is potentially hindered by processes and policies within the NHS. These include NHS colleagues placing restrictions on access to training for VCSE staff and not taking referrals from VCSE providers as well as commissioning decisions that may not acknowledge the full contribution that such organisations can make.

Introduction

In early 2015, the Government set out a vision for transforming child and adolescent mental health services (CAMHS) in the report [Future in Mind](#), and also announced an investment of £1.25bn over five years into these services. As part of the Health and Care Voluntary Sector Strategic Partners Programme, the National Children's Bureau (NCB) and Young People's Health Partnership (YPHP) have been working to support the VSCE sector's involvement in this transformation.

In 2016 NCB gathered information from the sector on what needs to happen for the Government's vision for improved mental health services to be realised for all children, particularly those who are vulnerable, have poorly understood needs, or who face particular challenges accessing the support they need.

The information was primarily gathered via an online survey carried out up to September 2016. The survey was aimed at VCSE sector organisations working with the children described above, including organisations not necessarily directly involved in mental health provision. We also received responses from those working in public sector mental health services for children and young people.

[Guidance](#) to Clinical Commissioning Groups and their partners set out principles for the development of local transformation plans (LTPs) for children and young people's mental health services.¹ NCB's survey focused on the challenges that VSCE organisations could foresee or were experiencing in realising these principles (hereafter 'transformation principles') for the particular groups they worked with. We also asked broader questions regarding their engagement in the transformation programme and the extent to which this could address health inequalities. The seven transformation principles, in the simplified form used in the survey, are as follows:

1. emphasising building resilience, promoting good mental health and wellbeing, prevention and early intervention;
2. moving away from a system defined in terms of the services provided, towards one built around the needs of children, young people and their families;
3. improving children and young people's access to the right support from the right service at the right time and as close to home as possible;
4. joining up services so care pathways are easier to navigate for children and young people;
5. sustaining a culture of continuous evidence-based service improvement;
6. securing a workforce with the right mix of skills, competencies and experience;
7. improving transparency and accountability across the whole system about how resources are being used.

We received 49 usable responses to the survey. The analysis of findings from the survey set out below has been supplemented by discussions at an event looking at these issues held by NCB and YPHP in late November 2016 and attended by 47 representatives of the children and young people's voluntary sector.

¹ NHS England (2015), *Local Transformation Plans for Children and Young People's Mental Health and Wellbeing Guidance and support for local areas*

1 Perceptions of progress

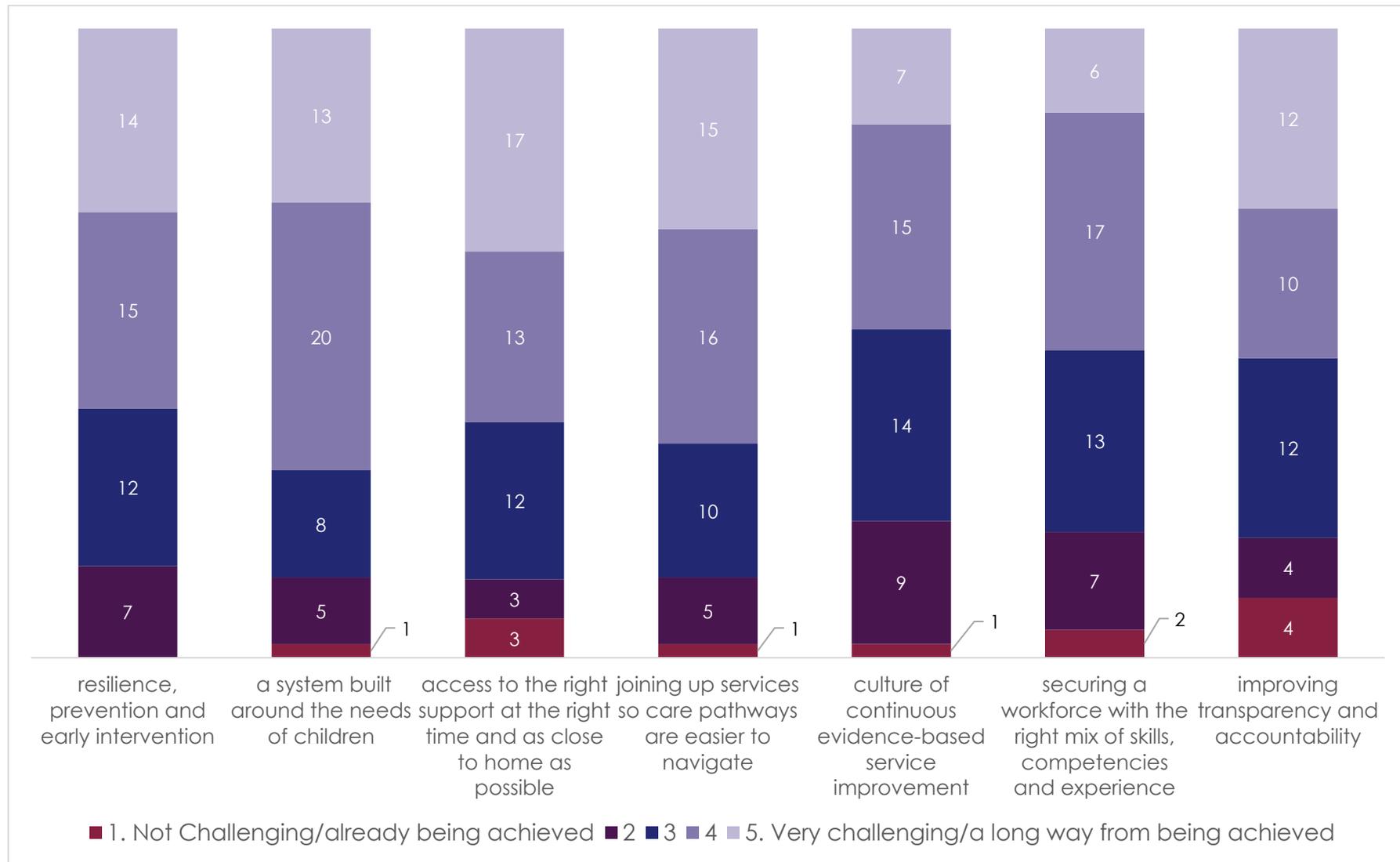
1.1 Implementing the transformation principles

We asked respondents to rate, on a scale of 1 to 5, how challenging they thought each of the seven transformation principles would be to implement for the children they work with. For each principle, at least two fifths of respondents gave a rating of 4 or 5 (5 being 'very challenging'), making it clear that respondents generally do not think these principles will be easy to achieve for the children and young people they work with. However, given that transformation is at a relatively early stage, and that these transformation principles set out an ideal state of affairs, rather than specific milestones to be achieved by a certain time, we should expect to see some scepticism from those working with children and young people about the prospect of these being realised.

Figure 1, overleaf, sets out how respondents rated each principle. Respondents appeared to be slightly more confident about the last three principles being achieved (relating to evidence based service improvement, workforce, and transparency and accountability) than they were about the first four. Looking at how challenging on average the principles were rated, principles one to four had a figure of 3.8 whereas principles five to seven had figures of 3.4 to 3.5.

If these responses were replicated over a larger sample, they might indicate that the first four are more challenging and deserving of greater attention by those driving change. However, it could also be said that these first four principles relate more directly to the experiences of children and young people, rather than system structures and processes. This could mean that improvements relating to the first four principles are harder to observe, particularly at an early stage of the change process.

Figure 1: Respondents' perceptions of how challenging/far from being achieved each transformation principle is



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We also asked respondents to comment on each principle, regarding

- What changes they thought were needed for these aims to be achieved for these children
- What they thought may be barriers to the above
- Any changes they had witnessed over the last year (including any planned improvements they were aware of)

The comments provided in response inform most of the remainder of this report.

As suggested above, respondents may seem to have more commonly observed improvements in processes and structures more than changes in the experiences of children and young people. This is borne out by many of the comments, which suggested that improvements at a strategic level and consultation activity had yet to lead to real change in support for individual children and young people.

“...I have seen some movement towards pooled budgets and systems across [the area] in an attempt to ensure that... services are local...”

“I think there is some progress locally towards [a system built around the needs of children], though the ambition of commissioners is often a step too far for providers.”

“Although local commissioners are open to discussion the needs of the young person are not at the forefront of services commissioned and provided.”

“Services are being recommissioned locally and some young people have been involved in the design of the new service but not implemented as yet.”

Delegates at our event suggested that there were high quality local transformation plans (LTPs) in place in some local areas but not in others, pointing to inconsistency across the country. Some delegates also said that they had seen a positive change in commissioners' attitudes to the voluntary sector, reporting that they had been approached as part of CCG-led plans to reform mental health services, rather than having to seek out information and involvement. Challenges in partnership working across the statutory and voluntary sectors is discussed in more depth in sections 2.2 and 2.5, below.

1.2 Signs of improvement on the ground

Despite the picture presented above, it should be noted that some comments did suggest that improvements had reached beyond the strategic level to services and the children and young people that access them.

“We are delivering [The THRIVE Approach]² across all quadrants, enabling shared decision making and genuine choice that meets need.”

“The local development of Single Point of Access meetings to triage referrals into agencies has led to far more effective identification of needs of individuals.”

Some respondents suggested that there had been investment in new or expanded support for children and young people's mental health. When asked about how their own services had fared from the ongoing process of transformation since 2015, ten respondents said that their service had expanded, whilst six said that they had established a new service. This compares to 16 who said

² The Thrive Approach draws on insights from neuroscience, attachment theory and child development to provide a way of working with children and young people aimed at supporting optimal social and emotional development. This includes working in a targeted way with children and young people who have struggled with difficult life events to help them re-engage with life and learning.

<https://www.thriveapproach.com/the-thrive-approach/>

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there was no change and 12 who said that their service had been decommissioned at the expense of others.

"Future in Mind funding is being used locally to help deliver earlier intervention and prevention work."

"We have been active in working with CAMHS³ to deliver counselling to over 200 young people over the last 10 months. This has resulted in positive outcomes for the young people who have received time limited support with no waiting time, which has directly led to the reduction of the CAMHS waiting list in our area."

1.3 Concerns about the system not meeting demand

Despite these messages, those working at various levels of the system suggested that there was not enough capacity to help all the children and young people that need support. A third of the 21 respondents who commented on the principle relating to access to services made some reference to children being turned away or the service not meeting the size of demand. This issue was also highlighted multiple times with regards to early intervention and prevention, and joining up services.

"Waiting lists continue to grow whilst those at grass roots level are fire fighting the problem."

"The 'right time' - seems to be further away for most as waiting lists increase across all services."

"[It is] harder than ever to get CAMHS to see children at early stages of mental health problems."

"Waiting lists [have had] to be closed on a temporary basis whilst we support the children and families already on our books."

Some of these responses did acknowledge a slight improvement but still revealed concern about unmet need.

"Demand for services far outweighs the level of investment in services although it is improved on last year."

"The only issue with [improving access to services] is capacity and if we are unable to offer support when children need it due to a waiting list. At the moment we are doing very well with keeping the waiting time to under a month, but in the past we have had a waiting time of over 3 months."

A related issue that was highlighted is a concern that not enough time was being spent with children when they did access a service.

"Waiting months for an appointment and then being kicked out after 6 weeks is simply not good enough."

"Only 6 sessions offered when evidence says [it should be] 12+."

³ Child and Adolescent Mental Health Services. The alternative term, Children and Young People's Mental Health Services is now increasingly used. 'CAMHS' is often used as a shorthand for specialist, NHS mental health services for children and young people.

2 Challenges

2.1 Funding for children and young people's mental health

Nearly two thirds (18 out of 29) of respondents who provided comments suggested that a lack of funding was a barrier to achieving one or more of the transformation principles.

Some responses described concerns about funding for their own VCSE organisations, or for sector more widely.

Two respondents expressed specific doubts about whether their local allocation of CAMHS transformation money had been used for its intended purpose.

2.2 Commissioning processes and priorities

Aside from concerns about the overall level of funding, respondents also expressed some concerns about whether mechanisms for funding and approaches to commissioning in their area were enabling transformation as much as they should. This included suggestions that clinical intervention was prioritised over early intervention, for example, and that service specifications and funding arrangements were not facilitating improvement.

"The service specification with commissioners needs to [be] reviewed and concentrated on person centred care."

"What stops [early intervention]? Political will and commissioning courage. The power of medical parts of mental health system to draw down what resource there is for their (admittedly under-resourced but expensive) services. In an impoverished system resource flows to crisis and firefighting problems."

"Short term funding makes [building a strong workforce] challenging."

Some responses also suggested that approaches to commissioning may be preventing the VCSE sector from forming a part of the local service offer for children and young people.

"Commissioners and statutory staff need to be forward thinking, whilst developing the understanding of how the third sector manages risk and is able to deliver clinical outcomes."

"I don't think commissioners take us seriously as we are such a small local organisation. All our funding comes from Children In Need, donations and school fees."

Some delegates at our event thought VCSE services were seen by commissioners as an add-on (rather than part of the core offer to children and young people) and that given the funding challenges highlighted above, these services were easier than others to cut. Some delegates who had been engaged at the start of the CAMHS transformation process suggested that it was rushed and that they had not been consulted early enough in the process. Some felt that this impacted on how the money was rolled out.

Delegates also pointed to what they saw as a lack of acknowledgement and respect the type of work the VCSE sector does and how they do it, rather than simply being excluded simply because they are not NHS Trusts. For example their preventative work might not be seen as part of the health service, or commissioners may be reluctant to spend money on interventions delivered by staff who are not clinically trained. As discussed below in section 2.5, there are also challenges in partnership working at a more operational level, even when voluntary sector providers are looking to deliver well-established interventions such as cognitive behavioural therapy.

2.3 Workforce

The children and young people's workforce was often praised; however, staff turnover and stress were highlighted as challenges. Most comments about this related to the principle on 'securing a workforce with the right mix of skills, competencies and experience'.

"Many agencies are struggling to find and retain staff."

"I work in a great team, with multiple skills, who place young people at the heart of everything we do. I feel lucky to be able to say that, but it shouldn't be luck should it?"

"Over the past couple of years we have found it difficult to recruit enough skilled and experienced volunteer counsellors to deliver the service."

"Huge numbers of people in the relevant sectors on short-term contracts..."

"CAMHS workers [are] leaving due to high pressure."

A major voluntary sector provider also told us about challenges its services faced in securing suitable clinical supervision for their staff.

"Due to the lack of available and qualified supervisors within the voluntary sector, our Programme Managers have had to turn to CAMHS to request a supervisor but face delays due to time and capacity issues."

2.4 Information for children, young people and families

Several respondents highlighted how improved information for children and families could help improve timely access to services and navigation of the system. They noted that information needs to be available to children of various ages and their families.

"There is a need for a clear local offer (directory of support services available) so that it is easy for families to identify where they can get help."

"It is hard to know what is around as a professional let alone as a family member. Re-funding the children's/families information services might help this."

"Young people are very confused about navigating children's services."

"It is the families who need help to navigate. The children I see are under 5."

Delegates at our event suggested that this was an area in which the voluntary sector may be able to help, highlighting the sector's strength in knowing about various services available in the community.

2.5 Barriers to NHS and VCSE providers working together

As well as strategic barriers to engagement of the VCSE sector, respondents also highlighted challenges relating to culture. There was specific concern about attitudes within the NHS stifling partnership between the voluntary sector and NHS services.

"The relationship between the third sector and statutory services needs to be open and honest, with the voluntary sector treated as equal. Until this happens the communication between the sectors is not effective, this in turn places barriers to the care pathways for children and young people."

A major voluntary sector provider for vulnerable children told us that referrals from its services to CAMHS were seldom accepted.

"...in some areas our practitioners report having their hands tied when it comes to making referrals to CAMHS as only referrals from either GPs or Children's Services are accepted. We believe this creates a

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system where the most vulnerable face a double barrier in access to services and further delays.”

The same provider had undertaken a review of referral processes and found that, in areas where referrals from voluntary sector services are permitted, a higher proportion of their referrals were accepted than those from statutory sources. This suggests that voluntary sector providers are able to make well-informed decisions about when it is appropriate to refer to NHS mental health services.

Whilst most comments regarding involvement of the voluntary sector were negative, there was an example describing positive developments.

“I have seen more examples of the VCSEs being included in pathway discussions and we are working more closely both with (statutory) CAMHS in some areas and our VCSE colleagues to ensure that movement through the services and referral routes is as joined up as possible.”

Two VCSE providers also highlighted that many training opportunities are coordinated by NHS agencies and exclude voluntary sector staff, either through eligibility criteria or the way in which content is taught.

“...too often courses are limited to those working within the NHS or the course itself is structured in a way that centres on the NHS system. The type and level of qualification staff hold also seems to be an additional barrier that can make them ineligible for specific training and development pathways.”

“There are also some issues around VCSE staff being able to access NHS training, even where we hold NHS contracts.”

Delegates at our event stressed that the statutory sector could learn from the voluntary sector. They highlighted the voluntary sector’s creativity in involving children and young people, particularly those who may not respond well to the medicalisation of their challenges or how some health professionals communicate. Some suggested that the sharing of learning across the sectors was hampered by services being overstretched, and staff therefore not having time to undertake professional development.

2.6 Barriers to services being able to deliver joined-up support

Responses also pointed to professional in various agencies not thinking about the ‘whole child’ but being focussed on the processes and outputs for which their particular service was responsible. This was highlighted as a barrier to achieving, in particular, principles 2 and 4.

“Many statutory colleagues seem to understand care pathways as something that only begins with a referral to specialist CAMHS which is part of the issue locally.”

“Services can be very internally focused resulting in less collaboration.”

“For example, schools prioritise results rather than the mental health of a child. I’ve known so many young people who have been sanctioned from benefits for what seems rather petty reasons - one young woman because she was late to an appointment when her grandma died - how is that building a service around the needs of young people?”

“In some locations we are confident, but this is not consistent across our services. There tends to be a lack of “whole family” emphasis in terms of strategy, with an emphasis instead on only children and young people. They are part of families and therefore viewing them in isolation will not produce the resilience and sustainable change needed.”

Delegates at our event echoed some of these observations. It was suggested, for example, that rather than there being a pathway for children with mental health problems, current NHS services saw things more simplistically, i.e. a child would either meet a clinical threshold and receive treatment, or not meet the threshold and receive no support.

Some delegates also suggested that the VCSE sector could act as a ‘bridge’ across the various agencies that work with children and young people. This might include fostering communication between local services so that they can better plan services for children and young people, as well as helping children, young people, and families navigate the system through the provision of

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information and advice. The case study below, shared with by The Children's Society, gives an example of how services' narrow attention on their own priorities and ways of working can result in vulnerable children 'falling through the gaps' and missing out on support.

Case Study: Julia's story

Julia¹, a 12 year old female, was referred into The Children's Society's project supporting young people at risk of child sexual exploitation due to concerns that she was exposing her body to strangers. Julia had also received indecent images and messages during web based chats with a man, which the police were investigating.

Prior to her referral into the project, she had been referred both to mental health services by another local service and to a community paediatrician's service regarding her diagnosis for attention deficit hyperactivity disorder (ADHD) by her GP. For over a year, neither referral had resulted in any action.

Throughout her sessions with practitioners from The Children's Society's project, concerns arose around how her behaviour made her vulnerable to exploitation. A new referral was made into CAMHS, copying in the relevant community paediatrician. The community paediatrician failed to respond. CAMHS rejected the referral due to the involvement of the community paediatrician, and their feeling that a referral to social care would be necessary. But social care services felt that they could not meet Julia's needs. At the time of writing, the case was still on-going.

Further Reading

[Views of Youth Information, Advice and Counselling Services \(YIACS\) on CAMHS transformation \(Youth Access 2016\)](#)

[Analysis NHS England's new 'Mental Health Five Year Forward View Dashboard' in relation to children and young people's services \(Education Policy Institute 2017\)](#)

[Report progress made since the publication of Future in Mind including results of a freedom of information request to child and adolescent mental health service providers](#)

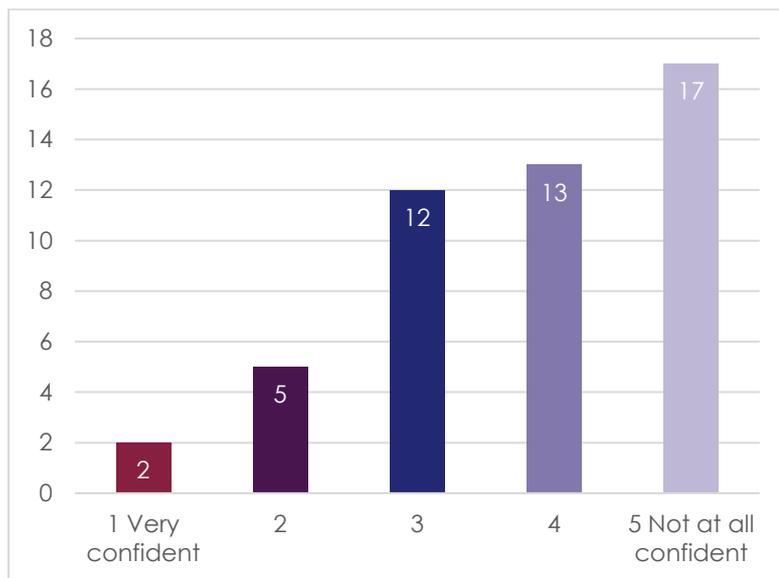
3 Access and outcomes for particular groups of children and young people

3.1 Addressing inequalities

The survey asked respondents which groups of children they or their services worked with and to consider these groups when commenting on progress and challenges in implementing the transformation principles. We also asked them how confident they were that health inequalities were being addressed through recent or planned improvements in children's mental health services. Responses to this specific question are set out in Figure 2. On a scale of one (very confident) to five (not at all confident), over half (30 out of 49) rated themselves at four or five. This indicates scepticism amongst respondents that the ongoing reform of children's mental health services is reducing health inequalities.

The remainder of this chapter outlines what we heard about particular groups of children who may face particular difficulties accessing mental health services. We also signpost to further information about the mental health needs of these groups.

Figure 2: Respondents' degree of confidence that health inequalities are being addressed through recent or planned improvements in children's mental health services



3.2 Disabled children

Census data suggests that around 4 per cent of the population aged 0-19 is disabled, equating to just over 500,000 children in England in 2011. Around 73,000 school aged children (5-16 year-olds) are thought to have complex needs or life-limiting conditions.⁴ Respondents referred to the reforms of support for children and young people with special education needs and disabilities (SEND). They suggested that these reforms, set out in the Children and Families Act 2014, had articulated similar aspirations to those in the transformation principles for mental health transformation. It was suggested that around two years after the relevant legal changes came into force, these aspirations were yet to be realised, particularly with regards to joining up services and making the system easier for children, young people and their families to navigate. One respondent suggested that children receiving treatment or support for a physical health condition would struggle to access mental health support as services were reluctant to coordinate care across specialisms. Another suggested that access may be hindered by having to attend a separate location to receive support or treatment, which may be difficult either to fit around education and other specialist appointments or because of physical accessibility of the venue itself.

Further reading

[Report on emerging learning from implementation of SEND reforms in health \(Council for Disabled Children 2016\)](#)

[Review on care and support for children and young people with complex needs involving mental health, learning disabilities and/or autism \(Dame Christine Lenehan, for Department of Health 2017\)](#)

3.3 Bereaved children

Each year in England, over 30,000 children aged under 18 are bereaved of a parent⁵. Many local areas have a child bereavement service, often run by a VCSE sector organisation and providing specialist support, advice and counselling to children and their families following a bereavement. One respondent working with bereaved children suggested that, given the range of services supporting children through the bereavement process, it may be difficult to have provision concentrated in one provider. They suggested a risk that a push towards 'joined up services' could result in unfair concentration of funding in traditional mental health services with other providers, including those in the VCSE sector, losing out. As VSCSE services providing counselling and other mental health support to children, child bereavement services may in particular be affected by the challenges highlighted in section 2.5 around access to training for their staff.

Further reading

[Working with bereaved children – information from the Childhood Bereavement Network](#)

3.4 Children in care

As of 31 March 2016, there were 70,440 looked after children in England, most of whom are in foster or residential placements away from their birth families.⁶ The latest prevalence study found that 45 per cent

⁴ Pinney, A (2017) *Understanding the needs of disabled children with complex needs or life-limiting Conditions: WHAT CAN WE LEARN FROM NATIONAL DATA?*

⁵ Childhood Bereavement Network (2016), *KEY ESTIMATED STATISTICS ON CHILDHOOD BEREAVEMENT*

⁶ Department for Education (2016), *Children looked after in England including adoption: 2015 to 2016*

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of children in care had a diagnosable mental health condition.⁷ One respondent suggested that those working with children in care day to day identify mental health support needs that are not adequately addressed by specialist services to which they are referred. Others suggested that mental health services can be too 'transactional' – providing an occasional 'dosage' of treatment rather than a continuous process of care. One respondent stressed the importance of a tailored approach, built around the child's journey.

"Define evidence based service improvement. [Outcomes] have to be specific to the user and monitored regularly to ensure the user is fully supported. I advocated a 'safety net' approach to ensure individuals did not fall through the cracks and we had a pathway that fully supported THEIR journey."

Further reading

[Report on tackling health inequalities faced by children in care in the West Midlands \(NCB 2013\)](#)

[Report of the inquiry into the mental health of children in care \(Education Select Committee 2016\)](#)

[Report on the mental health needs of young people who face complexity and adversity in their lives \(Young Minds 2016\)](#)

3.5 Young carers

There are an estimated 700,000 young carers in the UK; people who are under 18 who help look after someone in their family, or a friend, who is ill or disabled or misuses drugs or alcohol.⁸ Respondents working with young carers highlighted a complex mixture of problems faced by these children and their families and their need for input from health, education and children's and adults' social care. The important role of the VCSE sector running child-centred services was highlighted. At our event it was stressed there is a risk, when mental health services are provided in vacuum, of challenges arising from inappropriate caring responsibilities being pathologised rather than children being supported out of that situation. One survey respondent also pointed out that children with caring responsibilities may not have the same opportunities as their peers to develop resilience.

"The children who need resilience the most (such as young carers) are, almost by definition, at a disadvantage because a chaotic or stressful home life during childhood hampers the development of resilience. Young carers who have sufficient support to cope with their situations, however, can be more resilient than other young people because they know they can face challenges and overcome problems."

Further reading

[Invisible and in distress: Prioritising the Mental Health of England's Young Carers \(Carers Trust, 2016\)](#)

3.6 Children and young people involved in the justice system

In 2014/15 20,000 children and young people entered the justice system for the first time in England and Wales, and 1,834 children and young people received custodial sentences.⁹ A study from the Office for National Statistics (ONS) found that 95 per cent of young people in Young Offender Institutions, aged 16-

⁷ Meltzer, H. et al. [The mental health of young people looked after by local authorities in England \(PDF\)](#). London: The Stationery Office (2003).

⁸ A survey carried out by the BBC in 2010 of more than 4,000 UK school pupils found one in 12 had moderate or high levels of caring responsibility. <http://www.bbc.co.uk/newsbeat/article/11758368/young-carers-are-four-times-the-official-uk-number>.

⁹ Ministry of Justice (2016) Youth Justice Statistics 2014/15 England and Wales Youth Justice Board / Ministry of Justice Statistics bulletin.

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20 years had a mental disorder and many of them have more than one disorder.¹⁰ One respondent gave their views on mental health services for children and young people involved in the justice system. They raised concerns that that mental health training offered to professionals in universal services was not reaching those working directly with young people at risk of offending or involved in antisocial behaviour. They also suggested that despite high levels of mental illness amongst young offenders, very few access mental health services or are supported to do so by their family when facing challenges at young age.

Further reading

[The experiences of young offenders with mental health needs \(Young Minds 2013\)](#)

3.7 Children affected by poverty and deprivation

Deprivation is a widely acknowledged risk factor for mental health problems. A systematic literature review found that young people aged 10 to 15 years with low socio-economic status had a 2.5 times higher prevalence of anxiety or depressed mood than their peers with high socio-economic status.¹¹ Several respondents suggested that many of the most disadvantaged children suffering mental ill health are still not receiving the support they need. Views were expressed that children and young people at increased risk of mental ill health due to deprivation are not accessing services, and that challenges relating to housing and poverty should be tackled at source to reduce their impact on children's health.

"Despite providing our service in the middle of the postcode where there is the highest indices of need in our LA, we are still not getting enough referrals through from local agencies for the most vulnerable children in our area. Apart from the school where we work, the most referrals we receive are from parents and GPs who live outside our catchment area."

"Health inequalities need addressing at the level of material deprivation, housing, income, education etc. When we 'treat' young people from areas or communities of disadvantage for their distress as individuals who are unwell then we're only locating the problem in their biochemistry/behaviour/psychology and not in the existence of those inequalities. And when we do that we're complicit in recycling those inequalities not addressing them."

Further reading

[Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy](#)

Concluding observations

Children and young people's mental health services across England are embarking on an ambitious programme of reform. Some of the challenges identified by our engagement with the sector, carried out around a year after this reform programme got underway, point to entrenched problems in provision. An overstretched workforce and concerns that provision is not meeting demand, for example, are signs that this area warrants the political attention it has received since 2015. The Government's continued focus on improving children and young people's mental health is therefore welcome.

It is encouraging that many of those we heard from had observed improvements in processes and structures. Strong strategic work is vital for coordinating improvements across the wide range of organisations that contribute to children and young people's mental health, and sets the groundwork for better outcomes. We were also pleased to hear insightful and constructive messages about where improvement was needed. The number of respondents who so coherently relayed these is a sign that

¹⁰ Lader, D. et al. (1997) *Psychiatric morbidity among young offenders in England and Wales*. London: Office for National Statistics.

¹¹ Lemstra et al. (2008) c.f. Elliott, I. (2016) *Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*. London: Mental Health Foundation.

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there is a dedicated workforce ready to take change forward. As work continues in local areas, we should expect to see those strategic improvements more consistently, and better access to the right support for children and young people to spread across the country.

As reform progresses, it will be important for those making decisions about service provision to remember the needs of all children, including those facing some the additional challenges explored above. These children are even more in need of the joined up care than their peers. For them it is crucial that mental health support is not seen in isolation but part of their overall wellbeing and journey towards achieving their potential. If there is to be a holistic and responsive support offer for the most vulnerable, the potential contribution of the VCSE sector must be fully harnessed. All public sector services must also work together alongside VCSE providers to form a seamless pathway of support. Whilst there are some encouraging signs of progress, sustained focus, resources and collaboration will be need over the coming years to deliver mental health transformation for all children.

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