



A call for change

Tackling inequalities in access to mental health support for children with social work involvement and those living in poverty

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Foreword

It is unacceptable that right now, across the UK, too many children are not safe, healthy, happy and do not have equal access to opportunities. Our research found that children who are already underserved, such as those with social work involvement for current concerns and those from deprived neighbourhoods, face unequal access to NHS England Child and Adolescent Mental Health Services (CAMHS).¹

Vulnerable young people have had their mental health systematically neglected due to siloed working by mental health and social work systems, and underfunding of services.² Practitioners are working hard to provide good care for children within social work and mental health systems that are under considerable strain; systemic failures of access are not the fault of individual practitioners.

We need strategic investment so that underserved groups can access mental health support. This should include a tailored offer for children living in poverty, and a dedicated pathway for children and young people at risk of entering care, supported by both social work and mental health specialists.

Anna Feuchtwang
Chief Executive Officer
the National Children's Bureau

For children who need it, mental health support is crucial. Children with social work involvement or living in poverty are systematically more likely to be refused mental health services following referral. These are sad findings, and surprising to many of us. However, they may not be a surprise to children and families with lived experience of these services. Our research was prompted by discussions with Taliah Drayak, Francesca Crozier-Roche, Jack Smith and other people with lived experiences, who urged us to look at inequalities in access to mental health services for the most vulnerable groups of children. Their concerns have been borne out in the results described in this report. In collaboration with people with lived experience and mental health and social care practitioners, we have a programme of ongoing studies in this area. This includes examining what treatments are received by children with social work involvement and their effectiveness; and interviews with children with social work involvement about their experiences of mental health services. We look forward to reporting results from this work.

Professor Robbie Duschinsky
University of Cambridge

As a child you can't access what you need without support, and when the adults in your life become barriers to accessing what you need, the message that you write upon your heart is I am not good enough, I do not deserve, and I am the problem. When the support services that are there to help, only seem to help others and not you, you develop negative coping strategies that impede your wellbeing and capacity to achieve for life. Instead of first being a barrier, and then teaching children to be our own barriers, children need mental health services to be an inclusive beacon of hope and support.

Taliah Drayak
Expert-by-Experience and COACHES
Co-Investigator, University of Cambridge

Background

Studies have shown an increase in mental health distress, such as self-harm and suicide, for children with more social work involvement and nearly half of children in care are thought to have a mental health difficulty. ^{3 4}

Evidence from various studies, including our own, has also shown that children with social work involvement have distinct needs that cut across classic diagnostic divisions and service boundaries. ^{5 6} The Independent Review of Children's Social Care highlighted that the current CAMHS provisions "that are available are not tailored to the needs of young people" with social work involvement, resulting in unmet and escalating need these young people. ²

Our case note analyses, practitioner engagement sessions, and clinician interviews have found that CAMHS may require young people to be in a "stable place" to receive therapeutic support. ^{5 6 7} Factors deemed to impact a young person's stability include poor parental mental health, open safeguarding cases, recent traumatic events, and financial constraints that limit their ability to attend CAMHS appointments. However, empirical evidence does not support the necessity of stability for effective therapy. What evidence exists suggests that some treatments can be effective even in the presence of 'instability' and following recent traumatic events. ^{8 9 10 11}

It is also unjust to exclude children from mental health support if their family situation never becomes stable. *Given that children and young people with social work involvement for current concerns or those living in poverty are more likely to face these challenges, which are often not easily resolved, such requirements may produce inequities in access for these young people.*



Findings

Our analyses of over 71,000 records from a large NHS Trust showed that despite their high levels of need, vulnerable children faced unequal access to NHS Child and Adolescent Mental Health Services (CAMHS). Even after accounting for other sociodemographic and referral characteristics, there are striking inequalities.

Children with social work involvement for current concerns were more likely to be rejected from CAMHS than their peers.

- Children on child protection plans are around two times as likely to be rejected
- Children with other general social work involvement are over three times as likely to be rejected

Children from the most deprived areas are around 2 times more likely to be rejected than those from the least deprived areas.

Children in care were less likely to be rejected from CAMHS. We think this is because the NHS Trust studied has dedicated services for children in care.



Our analysis considers young people 'accepted' if they are offered an appointment; this is distinct from whether young people are able or willing to attend. Additionally, some children referred to CAMHS might not meet clinical thresholds, and other sources of support may indeed be more appropriate. However, poor outcomes suggest that lack of access to mental health support for many young people with social work involvement for current concerns can have devastating implications.

Our team has further research underway looking at other possible factors associated with referral rejection (e.g. referral quality), and recommendations will be forthcoming to address these. Additionally, we will examine what mental health provision is the most effective, and for whom, to support continued strategic investment and to ensure services are tailored to young people's needs.

Recommendations

With the right policy interventions, investment and prioritisation, many more children can have the chance to thrive. Our recommendations have been designed with families and practitioners.

Children and young people with social work involvement, including those in need or receiving protective interventions, should have a dedicated pathway to CAMHS that is supported by both social work and mental health specialists.

- **Mental health assessment:** Any child in contact with social work should be offered a specific assessment to understand their mental health needs. This should be co-designed with young people and families. They should also have the option to invite an advocate to their assessment. Additionally, wherever a child is placed in care, they should have access to CAMHS input or a CAMHS liaison to ensure their mental health needs are met.
- **Expertise in both social work and mental health needs:** Services require adequate social work expertise and understanding of the unique needs of young people with all forms of social work involvement at CAMHS intake and assessment. Social workers being co-located within CAMHS teams and vice versa could facilitate this expertise.
- **Joining up services:** Services should use a single, consistent identifier for *all* young people. This will promote joined-up working across agencies (e.g. health,

education, social care), support information sharing and make it easier to identify what works for young people.

CAMHS needs more flexibility to better suit children and young people perceived to be in less "stable" situations.

- **Serve children living in poverty:** CAMHS should be supported to develop a tailored offer for children living in poverty (e.g. transport vouchers), in coordination with anti-poverty organisations and local authorities.
- **Utilise the diversity of possible therapies:** CAMHS should be supported to provide a variety of therapies that do not require young people to have "stability".
- **Build trust:** CAMHS should be resourced to offer at least one contact with young people on the waiting list, especially those with social work involvement for current concerns, in poverty, or in what are considered 'unstable' situations. This contact should introduce what CAMHS offers, explain its role, and outline what questions CAMHS may ask. This would build trust and confidence before attending support or assessments.

About COACHES

This work is part of the CAMHS Referrals and Outcomes for Adolescents and Children with Social Workers (COACHES) study. COACHES is a four-year collaboration between the University of Cambridge, Kingston University, King's College London, the National Children's Bureau (NCB), the British Association of Social Workers (BASW) and the Care Leavers Association.

The findings are based on an analysis of over 71,000 records and case notes from a large mental health service in London. Findings are interpreted in light of practitioner engagement sessions and clinician interviews around the country, and work with a diverse group of experts-by-experience at every stage. These consultations have suggested that our findings for children with social work involvement for current concerns are generally indicative of the situation across England.

The analysis is based on a multilevel logistic regression – an analysis that looks at how much more likely it is that children and young people with social work

involvement are rejected compared to their non-social work-involved peers. E.g. those on child protection plans have two times the odds of being rejected by CAMHS if they're referred compared to those without any social care involvement.

In the analysis, we are controlling for other factors:

- Ethnicity
- Age
- Gender
- Deprivation
- Referral source
- Referral destination
- Differences between locations

That means, even after accounting for other explanatory factors children with social work involvement were still more likely to be rejected.

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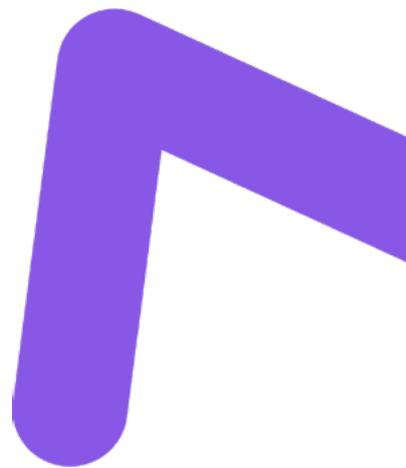
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