Meet Me Where I Am

Why under-served children and young people can't access the mental health and wellbeing support they need

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The Children's Society

Space to grow

Support that helps children flourish

The Children's Society

Contents

Executive summary

Despite a growing recognition of children and young people's mental health, many remain unable to access the support they need – particularly those who are under-served by the current system. This report examines why some children and young people are consistently less able to access timely and appropriate mental health and wellbeing support, and what must change to address these inequalities. Drawing on evidence from literature, practitioner insight, and consultations with children and young people, this report highlights the barriers that disproportionately affect under-served groups, and sets out clear implications for policy change.

Under-served children and young people (including children from the global majority, young carers, children with special educational needs and disabilities (SEND), and those experiencing poverty) face structural disadvantages that make accessing support more difficult, with barriers often overlapping and compounding. Inequalities in access cannot be explained by differences in need. A complex combination of barriers emerged through this work that go beyond service availability, including system, social and cultural, practical, and service design barriers.

What we learnt

- Trust and relationships are vital – many children and young people reported not feeling listened to or lacking a consistent adult they can rely on.
- The mental health system is not designed for under-served children and young people, and currently requires children and young people to adapt to rigid processes, rather than the system adapting to their needs. This disproportionately excludes under-served groups, particularly those with additional communication needs or limited family support.
- Under-served children and young people are the most impacted by the 'missing middle', and left without support, often until their needs escalate to crisis. This 'missing middle' reflects a system that is not equipped to respond to complexity early, particularly for those whose needs are less visible or do not meet standard thresholds.
- Under-served children and young people are disproportionately affected by fragmented systems and complex referral pathways. Access often depends on schools, which can create bottlenecks and inconsistencies based on local capacity. Families are frequently required to navigate complex systems without adequate support, disadvantaging those with less confidence, knowledge or resources.
- Short-term and unstable funding further undermines access. This limits services' abilities to build trust, sustain relationships, and deliver consistent support – factors that are particularly critical for engaging under-served children and young people.

What works for under-served children and young people

This report highlights that under-served children and young people benefit most from:

- relationship-based, consistent support
- community-based services in trusted settings
- flexible and inclusive approaches tailored to individual needs
- early, sustained intervention that recognises complexity.

The Space to Grow programme demonstrates the effectiveness of this model, achieving improved wellbeing outcomes for 82% of participants who completed support. The programme was able to reach a representative proportion of children with Asian backgrounds, and overrepresented in reach for children with black and mixed backgrounds[1].

Implications for policy

- Trust and relationships are central to engagement, yet short-term funding and instability limit the opportunity to build and sustain these relationships, particularly for under-served children and young people.
- Fragmentation across services and complex, unclear pathways mean that support can be difficult to navigate, with access often depending on awareness and familiarity with the system. Engaging parents and carers early is vital to increasing access.
- The 'missing middle' highlights a structural gap in provision, where children with emerging or complex needs do not fit existing thresholds, leaving many, especially those who are under-served, without appropriate support.
- Current system structures often prioritise standardisation over flexibility, resulting in children and young people having to adapt to services rather than services adapting to them and their needs.
- For under-served children and young people, these factors combine and compound, reinforcing patterns of delayed access, a lack of support, and unmet need.
- Access to mental health support is a system-level issue, shaped by the interaction between service design, delivery, and the lived experiences of children and families.

Under-served children and young people are not failing to access support – systems are failing to reach them. Barriers are structural and rooted in how the mental health support system was designed.

Addressing these inequalities requires a fundamental shift towards relational, inclusive and community-based approaches that meet children and young people 'where they are'. Without this transformation, under-served children and young people will continue to face unequal access to support and poorer outcomes.

[1] See pg. 27 for sample sizes.

Introduction

Purpose of this report

This report aims to examine access to mental health support for children and young people who are currently under-served by the system of support. Despite awareness of children and young people's mental health needs growing significantly in recent years, access to timely and appropriate support remains uneven. For many children and young people, and particularly those facing multiple forms of disadvantage, support for their mental health and wellbeing remains difficult to access.

The purpose of this report is to better understand the barriers that prevent children and young people from accessing support, and to identify policy implications to help decision makers address these barriers. It brings together evidence from existing literature, insights from the Space to Grow programme[2], and qualitative findings from consultation with children and young people and practitioners from across the UK.

This report has sought to understand the broad barriers faced by groups of children and young people who are often under-served by the mental health support system. More research is needed on the specific challenges of individual groups; this requires close work with children and young people, and their families, in these communities.

Language

Throughout this report, we use the term 'under-served' to describe children and young people who face systemic barriers to accessing mental health support. We have chosen 'under-served' to reflect the onus being placed on the system for failing to provide access, rather than the children and young people themselves. A non-comprehensive list of some of these groups of under-served children and young people can be found on page 27.

There was strong consensus among interviewees that the concept of 'under-served' does not map neatly onto a specific group or groups of children and young people. Some children face complex and compounding barriers to accessing support for their mental health that makes it harder to identify them, and they are then less likely to access support. Lots of children and young people also belong to multiple groups who face disadvantage, leading to overlapping and compounding barriers to access.

Practitioners consistently identified several groups of children and young people as being more likely to be 'under-served':

[2] Space to Grow is delivered by The Children's Society, Children First and MACS NI, and is funded by BBC Children in Need, The Health Foundation, Impact on Urban Health and is match funded by The Children's Society.

- neurodivergent children (those who are diagnosed and those who are undiagnosed)
- care-experienced children (including those in kinship care)
- children from areas of high deprivation, and those experiencing poverty
- children who are refugees or are seeking asylum (especially where parents or carers are unfamiliar with UK systems)
- children from the global majority
- children at risk of withdrawing from education or at risk of being excluded.

We take a broad view on what 'access' means in practice. Access is not simply about the availability of services or levels of demand; instead, it is shaped by how services are designed and delivered, and how they are then experienced by children and young people.

We also use the term 'mental health support' to describe a spectrum of provision, including early support, community-based support, and specialist services, recognising that children and young people's needs exist along a continuum.

Finally, we have used the phrase 'children and young people' throughout this report to reflect the age range supported by The Children's Society's Space to Grow programme (8 to 13 years old), the age range of children and young people consulted for this report, and our focus as an organisation on supporting teenagers.

Context

Children and young people's mental health is shaped not only by individual experiences, but by the wider social, economic and environmental conditions in which they grow up. Research consistently shows that emotional wellbeing is strongly influenced by social determinants such as, but not limited to, discrimination, poverty, housing instability, and exposure to violence. These factors are not evenly distributed and disproportionately affect children and young people who are already marginalised or disadvantaged.

At the same time, protective factors – such as supportive relationships, a sense of belonging, safe environments, and access to enrichment opportunities – play a critical role in promoting resilience and positive wellbeing.

Early support is widely recognised as essential to preventing escalation of need. Investing in appropriate support for children and young people who need it could generate £56 billion in economic benefits, at a cost of £4.1 billion. This is a return rate of £14 for every £1 invested.[1] However, current systems often struggle to provide timely, preventative support, particularly for children and young people with emerging or complex needs. As a result, many children and young people experience delays in receiving help, are unable to access support until their needs reach crisis thresholds, or they step away from services altogether.

Methodology

Whilst this report looks at the overall picture of access to mental health support for under-served children and young people, we have worked with services at The Children's Society, including the Space to Grow programme, to better understand the realities faced by children and young people and practitioners.

We conducted a series of youth voice consultations spanning the country, working with the delivery locations of the Space to Grow programme. The themes shared by children and young people and presented in this report are drawn from eight of these consultation sessions, some of which were with a broad group of children and young people, while some focused on specific groups, including care-experienced children, young carers, and children with special educational needs and disabilities (SEND).

We carried out youth voice activities on two specific questions:

- What barriers prevent children and young people from accessing wellbeing support?
- What can we, as professionals, do differently to remove those barriers?

Alongside this, to further explore the barriers facing children and young people, we spoke to practitioners working within both the Space to Grow programme and wider services at The Children's Society. This included a survey of 13 practitioners alongside in-depth interviews with nine practitioners, conducted between February and April 2026.

Policy landscape

Policy on wellbeing and mental health is devolved in the UK. The policy findings of this report will therefore have different implications dependent on the nation concerned. This is reflected in separate briefings addressing policy recommendations for England, Wales, Scotland, and Northern Ireland.

Over the last few years, there has been a shift in the public policy narrative on mental health support, with the government's 10 Year Health Plan for England moving away from later-stage treatment towards prevention and early support. The plan retains focus on clinical support alongside emphasising the opportunities to expand community provision, reinforced by the Neighbourhood Health Framework. Government has begun to increasingly recognise the role of prevention and early support, but delivery remains weighted towards crisis response and enforcement of strict clinical thresholds. There is a significant opportunity with the Mental Health Strategy being developed to help move the dial.

Expansion of mental health services over recent years has struggled to keep up with rising demand. This is despite increasing targets for the reach of Child and Adolescent Mental Health Services (CAMHS), the implementation of Mental Health Support Teams in schools,

the development of Young Futures Hubs, and Integrated Care Systems taking on local commissioning responsibilities. Expansion needs to focus on early support and be driven by a need for accessibility for all children and young people. Collectively, these initiatives have not yet led to equitable access for children and young people, and there remains a significant postcode lottery for support.

Mental health policy cannot be separated from wider social policy, yet we know these agendas remain fragmented. The Child Poverty Strategy, SEND Reforms, Violence Against Women and Girls' Strategy, National Youth Strategy, and recent policy announcements relating to online safety and digital harms all have a role to play in children and young people's mental health.

While recent government policy has increasingly prioritised prevention, early support, and reducing inequalities, there are hugely varied barriers and challenges that have led to uneven access for children and young people who are traditionally under-served.

Inequalities in access to mental health support

What the data shows

There are clear discrepancies in who is accessing mental health support, and they are unlikely to simply be explained by differences in need. Evidence consistently shows us that mental health needs exist across all communities of children and young people, including those who appear underrepresented in service use. This suggests that patterns of access are shaped not by need, but by barriers.

While we are unable to access data across all the under-served groups of children and young people referenced in this report, there is data available for England on age, gender, and ethnicity of children and young people accessing mental health support. This has been compiled by the Children's Commissioner's office using 2023/24 data.[2]

Children aged 13 to 15 were the largest age group accessing mental health services in 2023/24, making up 35% of those accessing support, despite accounting for only 18% of the child population in England and Wales in the Census 2021 data.[3] In terms of gender, 56% of children accessing mental health support in 2023/24 were girls. For ethnicity, we can compare Census 2021 population data for England and Wales with the data on children accessing mental health support compiled by the Children's Commissioner's office.

Ethnicity	Census 2021[3]	Accessing NHS mental health services[2]
White	75%	81%
Asian	9%	5%
Black	4%	4%
Mixed	3%	7%
Other	2%	3%

This shows that children from white backgrounds are overrepresented in children and young people's mental health services compared to population-level data, and that children and young people from a global majority background are underrepresented. Given what we know about the distribution of mental health need, these differences are unlikely to reflect lower need and instead point towards unequal access to services.

With these disparities in mind, we have sought to explore some of the existing literature on barriers that prevent children and young people from accessing mental health support. This includes both general barriers to access and those that may disproportionately affect specific groups of children and young people. From this literature, four broad categories of barriers emerged: system, social and cultural, practical, and service.

System barriers

The literature identifies multiple system-level barriers to children and young people accessing mental health support. Long waiting times are among the most prominent, varying by service, referral route, and location,[2,4–9] and often accompanied by poor communication to young people about where they are on the waiting list.[5] These delays and lack of join-up disproportionately affect certain groups of young people, including those who move location regularly, such as children from Gypsy, Roma and Traveller communities,[9] children from armed forces families, and care-experienced children. Delays and lack of join-up also impact neurodivergent children, where rising demand and limited post-diagnosis support exacerbate pressures.[2,7,8]

Geographical variation in service availability, quality and capacity further limits access,[2,5,7,9–11] with under-resourcing affecting groups who would benefit from more specialist and accessible provision, such as neurodivergent children,[7] children who are refugees,[11] and children from Gypsy, Roma and Traveller communities.[9] Alongside this, the postcode lottery of support also has the greatest impact on those in the most socio-economically deprived areas.[10] Limited or absent specialist provision leaves some groups of children and young people under-served, such as girls,[12] children with intellectual disabilities,[13] and LGBTQ+ children.[14]

Complex and fragmented referral pathways and restrictive eligibility criteria present additional barriers to access.[2,4–8,10,12,15–18] Access can depend on referral source,[2,10,17] with disparities identified for children who are care-experienced[10] and children from the global majority,[17] while high thresholds[5,6,8,15,16] and diagnosis-led models[5] can exclude those with overlapping or emerging needs. These challenges are particularly acute for groups such as neurodivergent children,[7,8] homeless children,[15] children at risk of violence,[6] children with social work involvement,[16] and unaccompanied asylum-seeking children.[19] Barriers within systems can further hinder access, such as housing instability,[20] documentation requirements,[9] diagnosis prerequisites, school exclusions,[9] and immigration status.[21] Schools can both enable and obstruct support, the latter for example where concerns are not recognised or acted upon without formal diagnoses.[22]

Social and cultural barriers

The literature highlights a range of social and cultural barriers affecting access to mental health support for children and young people. Stigma – both experienced and perceived – is one of the most consistently identified,[4–6,9,11,13,14,19,21–27] discouraging help-seeking across many under-served groups, including children at risk of violence,[6] children from the global majority,[25] children who are refugees,[11,22,28] children with disabilities,[13] and LGBTQ+ children.[14,26,27] This is often compounded by a mistrust of services shaped by negative past experiences[6,22–28] and fear of discrimination, or concerns about criminalisation, leading some young people to rely on self-management rather than formal support.[24]

Wider social determinants – such as poverty,[7,11,13,19,29] housing instability,[11] and deprivation[19] – create further barriers to access. Financial pressures can negatively affect family wellbeing and deter young people from seeking support. Experiences such as rough sleeping,[15] violence,[6] or time spent in care[10,30] are associated with higher mental health need alongside additional access barriers. Trauma, abuse, and bullying also play a significant role,[9,11,15,18,28] undermining trust in services and increasing vulnerability, particularly for children from Gypsy, Roma and Traveller communities[9] and children who are refugees, for instance.[11,28]

Cultural factors additionally shape help-seeking behaviours and engagement with services. Differences in beliefs about mental health,[5,7,9,11,25,28,29,31] stigma within communities and preferences for informal support can limit access to formal care. Gaps in support can limit awareness of mental health issues or perpetuate the perception that they should remain private,[25] while concerns about culturally insensitive care or misdiagnosis can further reduce trust and uptake of services.[31] These barriers are evident across several groups, including children from the global majority,[29,31] children from Gypsy, Roma and Traveller communities,[9] and children who are refugees,[11,28] where experiences of discrimination, language barriers, and differing cultural norms affect access.

Practical barriers

The literature identifies several practical barriers that create tangible difficulties in accessing mental health support. Communication is a key issue,[6,9,13,18,22] with challenges around language and a gap in understanding between children and young people and adults taking multiple forms: mismatches between how children and young people express distress and clinical expectations,[6] difficulties linked to cognitive or communication impairments, and language or literacy barriers. These are particularly evident for groups such as children with intellectual disabilities,[13] children from Gypsy, Roma and Traveller communities,[9,18] and children who are refugees,[11,22] where limited literacy, unfamiliar terminology, or reduced language proficiency can limit engagement with services.

Reduced awareness of available local support is another common barrier, particularly affecting groups including children from the global majority,[25] children from Gypsy, Roma and Traveller communities,[9] and children who are refugees.[11,22] For children with SEND, additional challenges include ‘diagnostic overshadowing’,[13] limited opportunities to develop the skills needed to recognise their own mental health needs,[32] and, in some cases, delays linked to parental readiness to seek support.[21] Other barriers relate to the accessibility and logistics of services, including travel requirements,[20] availability and cost,[27] particularly where reliance on private provision creates inequities. Frequent relocation, especially among unaccompanied asylum-seeking children[28] and care-experienced children, can further disrupt continuity of care and make it harder to build trusting relationships with practitioners.

Service barriers

The literature highlights several barriers relating to how mental health services are designed and delivered. A key issue is limited cultural competency, with services often failing to reflect or respond to the needs of diverse groups.[5] This includes: 'gender-blind' provision for girls[12] which fails to recognise and take into account the specific needs of girls and young women; a lack of LGBTQ+-affirmative care;[27] and insufficient cultural understanding for children from Gypsy, Roma and Traveller communities,[9] children who are refugees,[11,22] and children from the global majority,[25,31] affecting the ability of support to fully understand need and adapt approaches. These gaps can undermine trust, engagement, and continuity of care, particularly where children and young people feel misunderstood or unable to relate to practitioners.

Services are also frequently described as insufficiently inclusive or flexible. Structural features, such as rigid appointment systems or discharge after missed sessions, can exclude those with unstable or complex circumstances, including homeless children and those at risk of violence.[6] Accessibility challenges are also reported for children with disabilities, neurodivergent children, and those excluded from mainstream education.[5] For neurodivergent children, gaps in specialist knowledge and person-centred approaches can limit the effectiveness of support. Research highlights a lack of autism-specific provision[32] alongside concerns that professionals may overlook or minimise mental health needs[8] or fail to adapt interventions appropriately.

Workforce capacity and training present additional challenges. A lack of training opportunities across both health and education settings can hinder recognition and support of mental health needs, particularly for neurodivergent children[7] or those whose needs are less visible.[21] Schools are identified as both a potential point of support and a barrier, where issues such as unaddressed discrimination or failure to recognise need can negatively affect outcomes.[9]

Persistent barriers prevent timely access to support

Taken together, these findings highlight the need for services to improve early engagement, accessibility, and responsiveness, particularly for children and young people who are under-served in mental health support services. Addressing these barriers requires approaches that are flexible and tailored to the diverse needs and circumstances of children and young people, helping to ensure timely and equitable access to support.

What we learnt from children and young people

Children and young people told us that barriers to accessing mental health support are varied, ranging from relational barriers to more structural and design-based barriers, rather than simply due to a lack of provision and overstretched demand.

Trust and relationships are foundational to access

Across all the youth voice consultations, trust emerged as a central factor shaping whether children and young people feel able to seek and accept support. Many children and young people felt that there were barriers to accessing mental health and wellbeing support relating to a lack of trust, safety and consistency from adults in their lives as well as their peers.

Children and young people highlighted a range of factors that undermine trust and engagement, including:

- not having a trusted adult in their lives
- feeling uncomfortable with unfamiliar professionals, and professionals leaving or changing on a regular basis
- concerns about confidentiality, including fears that information will be shared without their consent (especially that information will be shared with their parents or carers)
- not being listened to or feeling like they are being judged
- difficult or strained relationships with their parents or carers
- bullying and a lack of trust in friends
- fear of other people finding out.

“Adults don’t always listen to me.” – Young person

Inconsistent relationships, such as cancelled sessions or regularly changing practitioners (mostly occurring when a service is overstretched), can damage trust between children and professionals, making it much harder for children and young people to engage with support.

“Knowing they are going to be here for me is important. It is important they show up every time.” – Young person

Children and young people also emphasised the value of having one consistent, trusted adult who can support them. They expressed desire for clear explanations of confidentiality, including how their engagement with the service and what they say will be shared with their parents and carers. They also noted that the short-term nature of many services can limit opportunities to build these relationships over time.

"It would be hard if I haven't met the person before." – Young person

Family context emerged as a complex and sometimes contradictory factor. At the same time as referencing challenges with speaking to parents about their needs, children and young people also recognised the supportive role that adults could play and that professionals can help mediate communication. This highlights the tension between children and young people's desire for autonomy and the role of families in accessing and enabling support.

Many children and young people also spoke about loneliness and not having someone to talk to. Peers are often not considered reliable sources of support, particularly in crisis situations. Social pressures, including perceived expectations around resilience and toughness, were described as further barriers to help-seeking.

Some groups, particularly boys, described strong gendered expectations around emotional expression, alongside perceptions that their needs are less recognised. Children and young people also highlighted fears of being judged based on identity, including sexuality. Bullying and peer dynamics were consistently highlighted as barriers, with children and young people fearing retaliation, social stigma, or being labelled if they seek support.

"Girls get all the attention when they cry while we have to just sort it out when we hurt." – Young person

Communication barriers reflect a system not designed for diverse needs

Children and young people consistently described facing difficulties in expressing themselves and feeling understood, particularly where communication needs are not recognised or accommodated. This was closely linked to a broader sense of not being listened to by professionals, which acts as a significant barrier to accessing and engaging with support. The system itself can sometimes be too rigid, so that children and young people aren't able to benefit from adaptations and flexibility where they are needed.

Children and young people highlighted several challenges, including:

- not knowing how to ask for help and not feeling understood
- difficulty describing feelings or experiences
- not having the 'right words' to communicate their needs
- adults not always adapting their communication styles
- lack of accessible formats for SEND young people (e.g. symbols, visual communication).

"I don't always understand what adults are saying to me." – Young person

For some children and young people, particularly those with SEND, communication barriers are compounded by additional challenges such as literacy needs, non-verbal communication needs, and sensory or cognitive processing differences. Where provision is not made for communication to be adapted appropriately, this can lead to needs being overlooked or misinterpreted.

Children and young people's reflections also highlight how current approaches to communication are often not as inclusive or responsive to diverse needs as they could be. Where professionals rely heavily on verbal communication or complex language, this can exclude children and young people from participating fully in conversations about their own support and limit their ability to articulate their own needs.

Some children and young people reported turning to digital tools, such as AI, for support instead of professionals, highlighting both accessibility gaps and the need for trusted, youth-friendly services.

"I'll ask ChatGPT instead of a professional." – Young person

These findings point to a system that is not consistently designed to accommodate a range of communication needs. This creates barriers not only to accessing support but also to being understood once within it, reinforcing patterns of unmet need.

Emotional readiness and overwhelm can limit engagement with support

Children and young people described how their emotional state directly affects their ability to engage with support. Experiences of distress can make it difficult to participate in or sustain engagement, particularly where support is limited or delayed. In some cases, this contributes to worsening distress and needs escalating from low or moderate to more severe and even crisis presentations.

Children and young people shared a range of emotional and psychological barriers, including:

- anxiety, fear, embarrassment, and shyness
- feeling overwhelmed and wanting to withdraw from support or leave a session
- difficulty focusing or concentrating, especially on 'bad days'
- feeling undeserving of support
- low self-confidence and self-belief.

"Whenever I feel anxious, I feel like I have no control." – Young person

For some children and young people, these challenges were further compounded by difficulties with emotional regulation, including feelings of anger or frustration, as well as the

impact of neurodivergence on attention and engagement. These factors can make it harder for them to manage interactions with services, particularly where expectations for engagement are not adapted to their needs.

"Why discipline a child, they are disciplined by their own thoughts." – Young person

Children and young people also described a gap in confidence and help-seeking capability. This includes not only difficulty asking for support, but also internalised beliefs about not being 'worthy' of help. These findings suggest that barriers to engagement can be driven by children and young people's emotional readiness and capacity to engage.

Where emotional needs are not recognised or accommodated, children and young people may feel they cannot engage, even where support is available. This highlights how systems that rely on consistent participation and self-advocacy can unintentionally exclude those experiencing the highest levels of distress.

The environment and service design create barriers to access

Children and young people consistently described how physical environments and service design directly affect their ability to access and engage with support. Across both mainstream and SEND groups, unsuitable environments and sensory overload were identified as specific barriers to engaging with services. These challenges are often compounded by practical and logistical constraints that limit access, even where provision exists.

Children and young people highlighted a range of environmental and structural barriers, including:

- loud, busy or overstimulating environments
- unfamiliar settings
- feeling unsafe in certain environments (e.g. school)
- travel costs and difficulty navigating transport
- physical accessibility challenges.

"If the space is too loud, someone just tapping a pen can be too much." – Young person

For some children and young people – particularly those with SEND – sensory overload and lack of environmental control can make engagement extremely difficult or unmanageable. Where spaces are not adapted to support different sensory and emotional needs, children and young people may be unable to participate fully.

Unfamiliar or unpredictable environments were also described as barriers. Lack of clarity about what to expect can increase anxiety and act as a deterrent to attendance, particularly for those already experiencing distress. Similarly, environments perceived as unsafe can prevent children and young people from accessing support even when it is available.

Practical and logistical barriers further limit access. Travel costs, transport challenges, and physical accessibility issues can make it difficult for some children and young people to attend appointments. Children and young people also described finding it hard to navigate the system, including not knowing where to go or how to book support, or needing practical help to attend. Basic needs and competing demands also affect engagement, with children and young people highlighting tiredness, hunger, and wider responsibilities as barriers to accessing or sustaining support.

“Hard to remember where to go.” – Young person

Schools were described both as key access points for support and as environments that can exacerbate stress or feel unsafe, depending on how support is delivered and received.

Children and young people’s experiences also highlight a broader issue in service design. The availability of services does not necessarily translate into accessibility in practice. Where services are delivered in environments that do not meet children and young people’s needs, or where logistical barriers are not addressed, support may remain effectively out of reach for many.

How services are experienced matters most

Barriers to under-served children and young people accessing mental health support are related to how services are experienced and whether support is trusted and genuinely accessible in children and young people’s lives.

Children and young people need services that are:

- relationally safe
- able to communicate accessibly
- emotionally responsive and empowering
- accessible on a practical level.

What we learnt from practitioners

Practitioners painted a consistent picture – that barriers are interconnected and rarely experienced in isolation. Structural system failings, combined with social inequalities, leave many children and young people without access to timely and appropriate support.

‘Under-served’ children and young people face systemic barriers to accessing mental health support

Practitioners highlighted several ways in which under-served children and young people are overlooked in practice. For example, neurodivergent children and young people are often missed, particularly in early support, as their behaviours are frequently attributed solely to their neurodiversity rather than recognised as indicators of emotional wellbeing need. Similarly, girls may be under-identified where quieter presentations lead to a perception that support is not needed.

A range of systemic barriers further limits access to support. Stigma surrounding mental health can prevent discussions between children and their family members, often forcing children and young people to self-advocate for support. This can be particularly acute for LGBTQ+ children who may avoid services due to concerns about confidentiality or fear of disclosure, particularly where their family is not supportive. Language barriers, such as English not being a first language, can also limit participation, with insufficient funding in services for translation and interpretation.

Practitioners shared that there can be low trust in the system. They reported that some children and families are concerned about how their information will be recorded and used, including fears about escalation to social services and wider impacts on future opportunities. These concerns can discourage help-seeking and delay access to support.

There was widespread agreement that systemic inequities shape access to mental health services. Stereotyping and unconscious bias can prevent access, and practitioners noted that some children and young people may remain invisible to services due to cultural and structural barriers. They described how some children and young people express distress through their behaviour, but it can be misinterpreted, leading to punitive responses rather than appropriate support. Children and young people without strong adult advocacy are especially vulnerable to falling through gaps.

“Attendance and behaviour become the focus, but no one steps back to ask what’s driving that behaviour in the first place.” – Practitioner

Children and young people from the global majority were highlighted as being particularly affected by these systemic barriers. Practitioners described how they are more likely to be stereotyped, perceived as more mature, and treated differently in communication. This

demonstrates the prevalence of limited cultural awareness, gaps in cultural competence, and outdated attitudes within the system. Limited access to culturally competent and SEND-specific training contributes to the misidentification of need and inappropriate responses. Practitioners also highlighted the ongoing impact of unconscious bias across the system, affecting both identification of need and engagement.

There was a strong emphasis on the importance of recognising intersectionality. Many children and young people experience multiple, overlapping disadvantages which are not adequately accounted for in current provision. This can result in complex needs being overlooked or misunderstood, reinforcing patterns of exclusion from support.

"Neurodivergent behaviours are often treated as discipline issues rather than communication, which leads to exclusion rather than support." – Practitioner

Practitioners emphasised that engagement with children and young people who are under-served is constrained by the way services are currently designed and resourced. Short-term funding cycles and stand-alone interventions limit ability to build the sustained, trust-based relationships that are often necessary to support access – particularly for groups who may already have low trust in statutory services.

There was a clear view that effective engagement requires long-term relationship building and collaboration with trusted community organisations, who have greater reach and credibility in communities. However, limited resources and capacity often prevent services from investing in this work.

Practitioners also highlighted that inflexible, standardised service models can further reduce accessibility. A lack of capacity to tailor approaches to individual or local community needs means that services do not always reflect the realities of the children and families they are intended to support. These challenges reflect broader structural and cultural inequities, which shape both how services are delivered and who is able to access them.

"To work with global majority communities, it's not really appropriate to treat it as a short fix … it takes time to build those relationships and trust." – Practitioner

Children and young people from under-served groups are disproportionately falling through the 'missing middle' gap between early support and crisis services

Children and young people are repeatedly described as 'too well' for crisis services but 'too unwell' or 'too complex' for early support or lower thresholds services. Practitioners consistently highlighted that this leaves many children and young people without access to appropriate support, often for extended periods while on waiting lists. During this time,

needs can escalate significantly and lead to intervention occurring once a child or young person reaches crisis point. This ‘missing middle’ is not experienced equally: practitioners highlighted that children from under-served groups are particularly likely to fall through this gap, as their needs are more likely to be misunderstood, underestimated, or compounded by structural barriers to access.

“Young people are constantly told they’re too well for one service and too unwell for another. In reality, nothing changes about their needs – it’s just the system that can’t hold them.” – Practitioner

A key issue identified was the misalignment between how need is assessed and how it presents in practice. Needs are often initially misidentified as ‘early’ or ‘low to moderate’, which can mask underlying complexity, only becoming visible over time or when a practitioner is able to see beneath the surface following sustained engagement. As a result, what is labelled as ‘early support’ frequently comes too late to prevent escalation, particularly for those groups least likely to have their needs recognised or consistently met. Practitioners suggested that the issue is not only due to a lack of provision at higher levels of need, but also that early support is not sufficiently equipped, targeted, or sustained long enough to identify and respond to complexity at an earlier stage, particularly for under-served groups.

Practitioners described the significant consequences arising from this gap, including escalating emotional distress, exclusions, school avoidance, and engagement in criminal activity. Staff also reported informally holding levels of risk for children which are beyond the remit of their role or service, as they continue to support young people who do not meet service thresholds but cannot be safely discharged.

There was strong agreement that current provision is not well designed to meet the full spectrum of need. Services exist but may not be fully accessible for children and young people with low to moderate need and for those in acute crisis, but the moderate to high needs are missed entirely – the ‘missing middle’. This leads to practitioners holding children and young people with higher needs than a service is designed to provide whilst they wait for further support. This ‘missing middle’ is system-wide and reflects not only individual service thresholds, but also how systems as a whole fail to flex around children whose needs do not fit neatly into predefined categories.

As a result, services offering early support can become overstretched and driven towards higher-risk cases, undermining their preventative function. Practitioners described ongoing tension within services that are designed for lower levels of need but are increasingly supporting children with more complex presentations due to a lack of alternative and more suitable provision. This reinforces a reactive system, rather than one that intervenes early and effectively.

There is an over-reliance on clinical pathways and rigid referral criteria that can limit the opportunities for early identification of need and lead to delays in accessing support – particularly for those whose needs do not present in ways that align with clinical thresholds. Transitional points – such as aging out of services, moving between areas, or experiencing house instability – were identified as particularly vulnerable moments for children and young people who are under-served, where continuity of care is insufficient or absent.

Practitioners shared that interventions are frequently too brief and often don't provide enough tailored support for children and young people, especially when their needs can be more complex. This leads to a lack of consistency and fragmented engagement over time. In addition, they shared that they fear co-dependence can influence children and young people's decisions to continue or end support. Practitioners also said that they worry about closing cases where follow-up provision is limited or non-existent (including step-up or step-down services).

On a practical level, long waiting lists, lack of capacity, high thresholds, and specific eligibility criteria for Child and Adolescent Mental Health Services (CAMHS) and other specialist services exclude many children and young people from accessing support. Practitioners told us that there is a mismatch between what services are offering and the levels of need that children are presenting with. Services are trying to fit children into existing models rather than adapting the provision to meet their needs – particularly for those with overlapping or less clearly defined needs.

Taken together, this points to a wider system challenge: early support is not consistently implemented as an effective mechanism for reaching and supporting under-served groups before needs escalate.

Funding instability is a barrier to equitable mental health support

Practitioners identified funding models as a fundamental driver of inequity within the mental health support system. Under-served children and young people often rely most heavily on consistent, relational support. Practitioners consistently spoke about the challenges with short-term funding cycles as children and young people – especially those with complex needs or histories of mistrust in the system – need continuity of care and the ability to build trusted, sustained relationships. Short-term funding not only disrupts services but actively undermines trust with communities, as families and schools are reluctant to engage with support that may not be sustained.

"You spend years building trust, and just as the service works, the funding runs out – young people feel abandoned all over again." – Practitioner

For children and young people who have experienced repeated instability or inconsistent support, this pattern can reinforce feelings of exclusion and confirm perceptions that services are not designed for them.

There is often a desire by government to undertake new and innovative pilot projects rather than focusing on investing in sustained, established provision that is already trusted by under-served communities. While innovation can be valuable, this approach can lead to fragmented delivery and a lack of follow-through from projects, limiting the long-term impact. For under-served groups, who may require more support to engage, this churn of short-term initiatives can create additional barriers to access and continuity.

Government funding requirements can constrain a service's ability to respond flexibly to local needs in a community and ensure the delivery of consistently high-quality services. This can disproportionately disadvantage under-served children and young people, whose support needs are often more complex and less suited to standardised outputs. Time for relationship-building is rarely recognised or resourced within funding models, limiting the quality and depth of engagement, despite being essential for reaching those least likely to access traditional services.

"One consistent relationship can be more impactful than dozens of brief, disconnected interventions." – Practitioner

There was strong concern about the increasing reliance on the voluntary and community sector to fill gaps in provision left by statutory services. These organisations often play a vital frontline role in facilitating under-served communities to access support, and are frequently better trusted by children and their families and more likely to engage children and young people from under-served groups. However, the voluntary and community sector is facing significant funding constraints and workforce challenges. This creates a paradox in which the most accessible and effective forms of provision are also the most financially fragile.

As a result, provision can become inconsistent and short-lived, with reduced reach and limited ability to provide long-term support. This fragility disproportionately affects children and young people who are under-served by the wider system, deepening existing inequalities in access to mental health support and outcomes.

Fragmented systems and complex pathways limit access to support

Practitioners told us that the mental health support system can often feel fragmented and difficult for children and their parents and carers to navigate. Many reported that families are often unclear about where to go for help, with multiple entry points to the system. While a range of provision exists in some areas, this complexity can itself become a barrier.

Schools were widely identified as the primary route through which children and young people access support, and can therefore become a major bottleneck, particularly as the education system is already under considerable strain. There was a strong view that schools are not adequately resourced to function as the main gateway to mental health support, despite increasingly being expected to fulfil this role. This reliance on schools means that access is uneven and dependent on individual school capability, resource, and approach.

"School is often the only way into support, but if school doesn't recognise the need, or is overwhelmed, the young person is effectively locked out." – Practitioner

The reliance on schools has important implications for access. Where needs are not recognised, or where schools lack capacity, children and young people may experience delays or be unable to access support altogether. Limited direct referral routes for families further restricts access, reinforcing reliance on school-based identification and referral and leading to children and young people struggling to access the right support at the right time. Schools often find a tension between their responsibilities to the child and to the parent, with earlier identification of need being vital.

Practitioners also highlighted a range of structural and systemic barriers within education settings that can prevent needs from being recognised or addressed effectively. These include:

- over-reliance on behaviour as a diagnostic lens
- punitive responses (such as exclusion and isolation) masking unmet needs
- inconsistent SEND understanding and provision across schools
- difficulties in external practitioners accessing schools to provide support without removing children from core subjects
- attendance needs not being identified or addressed early enough
- misalignment between service hours, school timetables and family lives.

Schools often face competing pressures, particularly the prioritisation of academic attainment, which can limit time and space for wellbeing support. At the same time, teachers and staff are increasingly expected to respond to complex needs without sufficient training, capacity, or specialist input. Exclusions further exacerbate inequalities, as children and young people who are removed from school may lose their primary route into support. School holidays can also be a particular time of strain for children who do not have easy access to support through other routes or services.

Beyond education settings, access to support is also shaped by practical and structural constraints. Geographic and financial barriers can limit engagement, particularly for families in areas of deprivation who may struggle to afford travel to services or pay for private care. Health-based pathways, such as through GPs or A&E, were described as underdeveloped

and not always appropriate or accessible for children and young people. Support often depends on systems that are themselves under-resourced.

Bureaucracy and complex referral processes were also identified as significant barriers. Practitioners noted that formal systems often have high thresholds and administrative requirements that can delay or prevent access. These processes can disproportionately affect families who are less familiar with systems or who do not receive appropriate advocacy support, reinforcing existing inequalities.

Finally, practitioners emphasised that access is not only about reaching services, but also about how children and young people experience and move through them. The availability of youth-friendly, trusted spaces was highlighted as critical, particularly in the context of significant cuts to youth services. Practitioners reported poor coordination between education, health, and statutory services and community organisations, resulting in fragmented pathways and gaps in support. Children and young people may move between services without continuity, or struggle to transition effectively at key points, particularly those with more complex or evolving needs.

"Using spaces where young people and families already feel secure and safe … that's what allows engagement to happen." – Practitioner

System assumptions about families create barriers to access and engagement

Across interviews, practitioners shared that effective support depends heavily on parents and carers, placing significant and often unrealistic expectations on them. The system assumes a high level of confidence, literacy, digital access, and procedural knowledge. These assumptions create structural barriers for many families, particularly those already facing disadvantage.

"Parents are expected to understand complex systems, legal rights, and processes, often while they're exhausted and worried, and that's just not realistic." – Practitioner

A lack of awareness about available services and how to access them was identified as a major barrier. Many families do not know what support exists or where to go for help, and limited access to advocacy further compounds this issue. Navigating fragmented systems can be particularly difficult for families with low confidence, limited literacy, or language barriers, as well as for those encountering cultural differences in how mental health is understood and discussed. Accessibility for parents and carers is just as important as for children and young people.

Fear and mistrust of services also act as significant barriers to engagement. Practitioners reported that some families are reluctant to seek support due to concerns about escalation

to social care or wider consequences of engaging with statutory services. These concerns can delay or prevent help-seeking altogether.

Administrative processes were highlighted as a barrier to access, with complex forms deterring families, and practitioners spending increasing time on admin rather than delivery. Where programmes are tied to strict reporting or performance targets, this can reinforce bureaucratic barriers rather than improve accessibility.

> "Sometimes it's as simple as parents not wanting to fill in the form – and then we lose the young person." – Practitioner

Administrative processes were also identified as a point of friction, with many parents and carers finding them difficult to navigate and time-consuming to complete. This can create delays in accessing support, particularly where families are already overwhelmed. As part of this, requirements such as formal consent processes can present additional hurdles. In addition, some children and young people may actively avoid services due to concerns about parental involvement or lack of privacy, creating further barriers to support.

Practical constraints also affect engagement. Limited service hours, typically aligned to standard working hours of 9am to 5pm, may not fit with family life or school schedules, restricting opportunities for access. These structural misalignments can disproportionately affect families with less flexibility or additional responsibilities.

Practitioners also noted that parents and carers may not recognise their children's mental health needs and may also have their own unmet needs or mental health challenges that make them hesitant to engage with services.

Practitioners shared that it is vital to listen to families directly, rather than assuming their needs. Wider contextual pressures can intensify barriers, such as poverty, housing instability, and exposure to violence and online harms, as well as caring responsibilities. Services have reported working with children and young people with significant exposure to violence that is creating fear and anxiety, limiting their sense of safety and presenting barriers to everyday participation, such as travelling independently.

Reliance on family engagement as a primary route to access can reinforce inequalities. Children and young people whose families are less able or less willing to seek support are at greater risk of being excluded. In this way, access is not only determined by need, but by a family's capacity to navigate and engage with the system.

Mental health support needs to meet children and young people where they are

Overall, practitioners described a system that is not consistently designed around the needs of children and young people, but is instead shaped by fragmented structures, constrained resources, and rigid models of delivery. While individual services and professionals are often working effectively within these constraints, the overall system produces uneven and inequitable access to support. Children and young people are frequently required to adapt to services, rather than services adapting to them. This not only delays access to support but can also contribute to escalating need and poorer outcomes over time.

Spotlight on Space to Grow

The Space to Grow programme, funded[3] through BBC Children in Need's A Million and Me award, aims to address inequalities in children and young people's emotional health and wellbeing by providing targeted, community-based support for under-served groups in 13 locations across England, Wales, Scotland and Northern Ireland. It is run by The Children's Society in partnership with Children First, who deliver Space to Grow in Glasgow and Edinburgh, and MACS, who deliver the programme in Belfast.

Space to Grow provides structured, non-clinical support for children aged 8 to 13 through one-to-one or small group sessions. It primarily aims to support with low to moderate difficulties, including worry or mild to moderate anxiety, low mood, academic or school stress, isolation, identity exploration, relationship difficulties, and bullying.

In addition, Space to Grow is focused on reaching children who, ordinarily, may not be well represented within emotional health and wellbeing services. Examples of these groups include children:

- from the global majority[4]
- from LGBTQ+ communities
- who are refugees or seeking asylum
- at risk of homelessness
- with additional learning needs or neurodiversity
- who are young carers
- at risk of disengaging with education or being excluded from education
- engaged in the youth justice system
- who are care experienced or under the supervision of children's services
- with chronic illnesses
- from Gypsy, Roma and Traveller communities
- experiencing poverty.

From October 2024 to March 2026, the Space to Grow programme reached over 9,950 children and young people, alongside over 1,700 parents and carers.

82% of children who completed direct support through the Space to Grow programme showed an improvement in their wellbeing and mental health[5].

[3] Space to Grow is funded by BBC Children in Need, The Health Foundation, Impact on Urban Health and is match funded by The Children's Society.

[4] We have used the term global majority in this report in line with our commitment to anti-racism. Please note, though, that we have referenced reports where different terminology is used.

[5] Data for children and young people supported through 1-2-1 or groupwork from year 1 of delivery (Oct 2024 to Sept 2025) with two outcome measures, this relates to 353 paired outcomes tools.

Children aged 13 to 15 were the largest group accessing mental health services in 2023/24.[2] The Space to Grow programme is focused on supporting children aged 8 to 13. The table[6] below shows the breakdown of ages accessing the programme by percentage. The percentages do not add up to 100% as there were a few children accessing the programme at age 7 and others between ages 14 and 17.

Age of child	Percentage accessing the Space to Grow programme in Oct 2024-March 2026
8	15%
9	19%
10	18%
11	14%
12	17%
13	12%

This data shows that Space to Grow primarily supported those aged 8 to 10, with over half of the children and young people accessing the programme falling into this age group.

Regarding gender, 56% of children accessing mental health support in 2023/24 were girls,[2] and this is reflected in the Space to Grow data where 55% of those accessing the programme were girls.

For ethnicity, we can compare the Census 2021 data for the population of England and Wales,[3] the 2023/24 data on children accessing mental health support compiled by the Children's Commissioner's office,[2] and the Space to Grow data on children accessing the programme in Oct 2024-March 2026, as shown in the table[7] below.

Ethnicity	Census 2021[3]	Accessing NHS mental health services (2023/24)[2]	Accessing Space to Grow programme in Oct 2024-March 2026
White	75%	81%	67%
Asian	9%	5%	9%
Black	4%	4%	7%
Mixed	3%	7%	9%
Other	2%	3%	2%

The Space to Grow programme was able to reach a representative proportion of children with Asian backgrounds and overrepresented in reach for children with black and mixed backgrounds.

[6] Data from delivery in England and Wales for 490 children and young people supported through 1-2-1s and groupwork from Oct 2024-March 2026.

[7] Data from delivery in England and Wales for 490 children and young people supported through 1-2-1s and groupwork from Oct 2024-March 2026.

Implications for policy

In this section, we set out the key policy implications arising from the findings in this report. The evidence points to the need for a shift in how the system of mental health support is designed – moving away from short-term and fragmented approaches towards services that are long-term, integrated, and grounded in the lived experiences of children and families.

A consistent thread across the findings is that effective support depends on how it is delivered: through trusted relationships, within accessible and inclusive systems, and in ways that reflect the complexity of children's needs. The implications outlined below focus on how changes to policy can better enable access to mental health support for all children and young people.

Trust and continuity

A central implication of this work is the need to reorient policy around the importance of trusted relationships and long-term presence in a community. Engagement in mental health support is fundamentally shaped by whether children and young people feel safe and understood and can therefore build meaningful relationships with practitioners. These relationships cannot be developed or sustained effectively within short-term funding cycles.

Relationship continuity matters for children and young people. Providing them with access to a trusted adult who has a predictable presence is not only vital to sustain their engagement in mental health support, but also allows for clear and respectful transitions out of support when a child or young person is ready to move on from a service. Alongside this, enabling children and young people to build relationships with multiple trusted adults across different settings (including in universal provision and youth services) can strengthen their autonomy and resilience, helping to combat the challenge of co-dependence on one single practitioner. The time, resources and space required to build these relationships must be treated as core to a service and to the system itself.

Trust must also be built at a community level, especially in areas where services are new or there has been historical mistrust in statutory provision. This requires sustained presence and visibility alongside workforce stability with low staff turnover to maintain relationships and a consistent community presence. Services can gain trust by working through existing community networks and organisations.

Sustainable funding

The current commissioning and funding environment undermines the aim for sustained trust in, and continuity of, services for children and young people. Short-term funding cycles limit services' ability to embed themselves locally and maintain a stable workforce. Ensuring

adequate and sustainable long-term funding is vital for services to be able to develop the necessary trust and continuity for children and young people to engage.

A clear shift is therefore required towards long-term, flexible funding that covers at least five years of delivery (rather than the typical one- or two-year funding). This should work alongside commissioning frameworks that explicitly recognise outreach and trust-building as core elements of delivery. Without this, the system will continue to prioritise short-term outputs over meaningful, sustained impact.

Integrated, accessible and inclusive systems

The findings highlight the need for more coherent and integrated systems that are easier for children and families to navigate. Fragmentation across services leads to confusion and can delay access, ultimately resulting in children and young people with unmet needs. Moving towards place-based, multi-agency models – that bring together schools, statutory services and the voluntary and community sector – would support more coordinated and holistic provision of support.

Within this, there is a need to balance integration with accessibility. Simplified and clearly communicated, open-access referral pathways are essential, including for self-referral. While single points of access can help reduce complexity, to avoid becoming additional barriers, they must be designed principally for children and families. They should also be considered in parallel with system capacity, as single points of access do not work to reduce waiting lists but rather simplify access routes. Services should also be more visible within communities through outreach in schools and local settings, and through partnering with trusted organisations in the community. This approach helps to reduce reliance on professional gatekeeping and supports earlier, more equitable access to support.

Inclusion must be designed into these systems right from the start. Practical barriers such as cost, transport and opening hours, alongside cultural and communication barriers, continue to exclude many children and families. Government policy should prioritise adapting eligibility criteria to ensure that services can support children with complex needs. Investment in culturally competent and accessible communication is also needed alongside supporting the development of help-seeking skills through outreach and engagement.

Early support and the ‘missing middle’

A persistent gap within current provision is the lack of support for children and young people whose needs fall between low to moderate and specialist crisis care. Addressing this ‘missing middle’ requires targeted investment in robust middle-tier services that can provide sustained, relationship-based support without requiring escalation to crisis thresholds. This support could also provide a needed step-up and step-down service for support on either side.

More broadly, there is a need to strengthen early support for children and young people. This includes providing services that deliver beyond one-off or low-intensity support and that instead provide continuity and follow-through over time. Schools are a critical delivery setting and partner within this, both in expanding wellbeing provision and in addressing key transition points such as the move from primary to secondary education.

Delivering this effectively requires a shift away from rigid service models, taking services to communities rather than expecting communities to navigate complicated systems. Children's needs are diverse and often complex, and policy must enable services to respond flexibly in terms of timing, location and approach. Support should be tailored to the individual and the needs within the community. Providing support in familiar settings (such as schools and community spaces) alongside more informal and activity-based approaches can significantly improve engagement. Increased visibility and outreach, again, further support this and help to normalise help-seeking behaviour and build trust.

Whole-family approaches

The findings also underline the importance of taking a holistic, whole-family approach to wellbeing and mental health support. Children's wellbeing cannot be addressed in isolation from their wider family context. Engaging parents and carers early and consistently is critical to building trust and sustaining outcomes over time.

This includes providing support with advocacy and helping families navigate complex systems (especially for children with SEND), as well as addressing practical barriers such as financial pressures that may limit engagement. Recognising the link between parental wellbeing and children's outcomes should be a key consideration in both service design and funding decisions.

Participation, co-production and meaningful outcomes

The findings also highlight the need to embed participation and co-production more consistently across the system. Children and young people must be actively involved in shaping the services they use, as this ensures that provision reflects their needs and their lived experiences. This requires inclusive approaches to engagement as well as support for developing help-seeking skills and confidence. All children and young people should be equally listened to and included, embedding equity into system design and into decision-making processes.

Alongside this, there is a need to rethink how success is defined and measured. Current frameworks often prioritise quantitative outputs over the quality and impact of support. A shift is needed towards more holistic measures that capture long-term change, including feedback from children, families and professional partners, and outcomes related to engagement and relationship-building.

Conclusion

Access to mental health support remains uneven and many children and young people continue to face significant challenges in accessing the right support at the right time.

The evidence presented here shows that the barriers extend beyond the availability of, and investment into, services. Access is shaped by a wide range of interconnecting issues, such as trust, system navigation, communication, and family support. For many children and young people, these barriers compound over time to create sustained patterns of unmet need and feelings of being left behind by traditional mental health support services.

The current system is not designed around children and young people's lives and realities. It is characterised by fragmentation, high thresholds to access, and short-term approaches that leave little time for relationships. This has contributed to a system where children and young people are left to navigate complex pathways and too frequently fall into the 'missing middle' gap between early support and crisis services.

At the same time, the findings point clearly to what works. Children and young people emphasised the importance of trust and consistency alongside feeling understood by professionals. Practitioners highlighted the need for flexibility and for early support services that reflect the realities of the communities they serve.

This has important implications for policy. There is a need to move beyond a narrow focus on expanding traditional service models to instead address the underlying structural and design of services that limit access. This includes shifting towards long-term, preventative approaches, investing in early, community-based and relational models of support, and ensuring that systems are coordinated and easier to navigate.

Crucially, improving access requires recognising and addressing the social determinants that shape children and young people's mental health. Without action to address inequality linked to poverty, discrimination and wider societal factors, inequities in access will persist. The government must adopt a more holistic, cross-governmental approach.

This report demonstrates both the urgency of the change that is needed and the opportunity we have to do things differently. By listening to children, young people and practitioners, and by embedding their insights into policy and service design, there is a clear pathway towards a system that is more equitable and better able to support all children and young people to thrive.

References

[1] Rodriguez K, Franklin J. Prevention That Pays: The Economic Case for Early Support for Children's Mental Health and Wellbeing [Internet]. London: PBE; 2026 [cited 2026 Jul 1]. Available from: https://pbe.co.uk/publications/prevention-that-pays-the-economic-case-for-early-support-for-childrens-mental-health-and-wellbeing/

[2] Children's Commissioner for England. Children's Mental Health Services 2023–24 [Internet]. London: Children's Commissioner for England; 2025 [cited 2026 Feb 2]. Available from: https://www.childrenscommissioner.gov.uk/resource/childrens-mental-health-services-2023-24/

[3] Office for National Statistics. Census 2021: General Report for England and Wales [Internet]. London: Cabinet Office; 2025 [cited 2026 Jun 12]. Available from: https://www.gov.uk/government/publications/census-2021-general-report-for-england-and-wales

[4] The Children's Society. Waiting in Line: Stories of Young People Accessing Mental Health Support [Internet]. London: The Children's Society; 2020 [cited 2026 Feb 17]. Available from: https://www.childrenssociety.org.uk/sites/default/files/2020-12/waiting-in-line.pdf

[5] Somerville J, Ahmed F, Weir J, Abdinasir K. Unlocking Support: Hearing From Children and Young People About the Barriers to Mental Health and Wellbeing Support [Internet]. London: NPC; 2026 [cited 2026 Mar 13]. Available from: https://www.thinknpc.org/resource-hub/unlocking-support/

[6] Youth Endowment Fund. Access to Mental Health Support for Children and Young People Involved In or At-Risk of Serious Youth Violence Across England and Wales: Findings From a Multistrand Project [Internet]. London: Youth Endowment Fund; 2025 [cited 2026 Feb 2]. Available from: https://youthendowmentfund.org.uk/wp-content/uploads/2025/10/YEF-Access-to-Mental-Health-Support-Oct-25.pdf

[7] Vo S, Webb L. Support for Neurodivergent Children and Young People [Internet]. London: UK Parliamentary Office of Science and Technology; 2024 [cited 2026 Apr 10]. Available from: https://doi.org/10.58248/PN733

[8] Jakcon L, Keville S, Ludlow AK. Mothers' Experiences of Accessing Mental Health Care for Their Child With an Autism Spectrum Disorder [Internet]. Journal of Child and Family Studies; 2020;29:534–545 [cited 2026 Apr 13]. Available from: https://doi.org/10.1007/s10826-019-01662-8

[9] Friends, Families & Travellers. Tackling Mental Health Inequalities for Gypsy, Roma and Traveller People [Internet]. Brighton: Friends, Families & Travellers; 2024 [cited 2026 Feb

2]. Available from: https://www.gypsy-traveller.org/wp-content/uploads/2024/08/Tackling-Mental-Health-Inequalities-for-Gypsy-Roma-and-Traveller-People-final-May-2024.pdf

[10] Mannes J, Coughlan B, Yoon Y, Morgan T, Drayak T, Crozier-Roche F, et al. A Call for Change: Tackling Inequalities in Access to Mental Health Support for Children With Social Work Involvement and Those Living in Poverty [Internet]. London: National Children's Bureau; 2024 [cited 2026 Feb 2]. Available from: https://www.ncb.org.uk/sites/default/files/uploads/files/240813%20A%20call%20for%20change%20-%20COACHES%20report.pdf

[11] Mental Health Foundation. The Mental Health of Asylum Seekers and Refugees in the UK: 2025 Edition [Internet]. London: Mental Health Foundation; 2025 [cited 2026 Feb 2]. Available from: https://www.mentalhealth.org.uk/sites/default/files/2025-04/MHF%20Mental%20health%20of%20asylum%20seekers%20and%20refugees%20-%202025%20report.pdf

[12] Obateru A, Abdinasir K, Anderson S, Le H, Bottomley B, Woodhead D. Empowering Minds: Transforming Young Women's Mental Health [Internet]. London: Centre for Mental Health; 2025 [cited 2026 Feb 2]. Available from: https://www.centreformentalhealth.org.uk/publications/empowering-minds/

[13] Totsika V, Liew A, Absoud M, Adnams C, Emerson E. Mental Health Problems in Children with Intellectual Disability [Internet]. The Lancet Child & Adolescent Health; 2022;6:432–444 [cited 2026 Apr 10]. Available from: https://doi.org/10.1016/S2352-4642(22)00067-0

[14] Silveri G, Schimmenti S, Prina E, Gios L, Mirandola M, Converti M, et al. Barriers in Care Pathways and Unmet Mental Health Needs in LGBTIQ+ Communities [Internet]. International Review of Psychiatry; 2022;34(3–4):215–229 [cited 2026 Mar 10]. Available from: https://doi.org/10.1080/09540261.2022.2075256

[15] Centrepoint. The Mental Health Needs of Homeless Young People [Internet]. London: Centrepoint; 2021 [cited 2026 Feb 2]. Available from: https://centrepoint.org.uk/research-and-reports/mental-health-needs-homeless-young-people

[16] Morgan T, Crozier-Roche F, Graham D, Smith J, Drayak T, Mary S, et al. The Social Must Be Stabilised: How Are the Social Needs of Young People With Social Work Involvement Characterized in Their Mental Health Case Notes? [Internet]. Social Science & Medicine; 2025;374 [cited 2026 Feb 2]. Available from: https://doi.org/10.1016/j.socscimed.2025.118052

[17] Edbrooke-Childs J, Patalay P. Ethnic Differences in Referral Routes to Youth Mental Health Services [Internet]. Journal of the American Academy of Child & Adolescent

Psychiatry; 2019;58(3):368–375 [cited 2026 Feb 17]. Available from: https://doi.org/10.1016/j.jaac.2018.07.906

[18] The Traveller Movement. Policy Briefing Addressing Mental Health and Suicide Among Gypsy, Roma and Traveller Communities in England [Internet]. London: The Traveller Movement; 2019 [cited 2026 Feb 2]. Available from: https://travellermovement.org.uk/policy-and-publications/policy-briefing-addressing-mental-health-and-suicide-among-gypsy-roma-and-traveller-communities-in-england

[19] Rainer C, Treloar N, Abdinasir K, Edwards P. A Dual Crisis: The Hidden Link Between Poverty and Children's Mental Health [Internet]. London: Centre for Mental Health; 2024 [cited 2026 Feb 2]. Available from: https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/07/CentreforMH_ADualCrisis.pdf

[20] Yim SH, Said G, King D. Practical Recommendations for Addressing the Psychological Needs of Unaccompanied Asylum-Seeking Children in England: A Literature and Service Review [Internet]. Clinical Child Psychology and Psychiatry; 2025;30(2):245–263 [cited 2026 Mar 12]. Available from: https://doi.org/10.1177/13591045241252858

[21] Place V, Nabb B, Gubi E, Assel K, Ahlen J, Hagstrom A, et al. Perceived Barriers to Care for Migrant Children and Young People With Mental Health Problems and/or Neurodevelopmental Differences in High Income Countries: A Meta-Ethnography [Internet]. BMJ Open; 2021;11 [cited 2026 Mar 12]. Available from: https://doi.org/10.1136/bmjopen-2020-045923

[22] McCarthy R, Blackburn C, Mukherjee R, Fleming K, Allely C, Kirby L, et al. 'I'm Always Up Against a Brick Wall With Them': Parents' Experiences of Accessing Support for Their Child With a Newly Recognised Developmental Disorder [Internet]. British Journal of Special Education; 2022;49:41–63 [cited 2026 Apr 10]. Available from: https://doi.org/10.1111/1467-8578.12398

[23] Aguirre Valasco A, Cruz ISS, Billings J, Jimenez M, Rowe S. What Are the Barriers, Facilitators and Interventions Targeting Help-Seeking Behaviours for Common Mental Health Problems in Adolescents? A Systematic Review [Internet]. BMC Psychiatry; 2020;20(293) [cited 2026 Mar 13]. Available from: https://doi.org/10.1186/s12888-020-02659-0

[24] Radez J, Reardon T, Creswell C, Lawrence PJ, Evdoka-Burton G, Waite P. Why Do Children and Adolescents (Not) Seek and Access Professional Help for Their Mental Health Problems? A Systematic Review of Quantitative and Qualitative Studies [Internet]. European Child & Adolescent Psychiatry; 2021;30:183–211 [cited YYYY MMM DD]. Available from: https://doi.org/10.1007/s00787-019-01469-4

[25] Coelho H, Price A, Kiff F, Trigg L, Robinson S, Tompson Coon J, et al. Experiences of Children and Young People From Ethnic Minorities in Accessing Mental Health Care and Support: Rapid Scoping Review [Internet]. Health and Social Care Delivery Research; 2022;10(22) [cited 2026 Feb 17]. Available from: https://doi.org/10.3310/XKWE8437

[26] Fashina-Ayilara T, Byrne G. Care Before Crisis: How the UK Government Can Turn the Tide on Young People's Mental Health [Internet]. London: Mind; 2025 [cited 2026 Feb 2]. Available from: https://www.mind.org.uk/news-campaigns/campaigns/children-and-young-peoples-mental-health/care-before-crisis-our-report-on-young-peoples-mental-health/

[27] Higgins A, Downes C, Murphy R, Sharek D, Begley T, McCann E, et al. LGBT+ Young People's Perceptions of Barriers to Accessing Mental Health Services in Ireland [Internet]. Journal of Nursing Management; 2020;29(1):58–67 [cited 2026 Mar 10]. Available from: https://doi.org/10.1111/jonm.13186

[28] Davies Hayon T, Oates J. The Mental Health Service Needs and Experiences of Unaccompanied Asylum-Seeking Children in the UK: A Literature Review [Internet]. Mental Health Practice; 2019 [cited 2026 Mar 12]. Available from: https://doi.org/10.7748/mhp.2019.e1387

[29] Werlen L, Gjukaj D, Mohler-Kuo M, Puhan MA. Interventions to Improve Children's Access to Mental Health Care: A Systematic Review and Meta-Analysis [Internet]. Epidemiology and Psychiatric Services; 2020;29 [cited 2026 Mar 13]. Available from: https://doi.org/doi:10.1017/S2045796019000544

[30] Carter B, Shelton KH, Holmes LJ, Sprecher EA, Javen M, Macleod J, et al. The Mental Health and Wellbeing of Care-Experienced Young People During Early and Later Adolescence [Internet]. Clinical Child Psychology and Psychiatry; 2025;0(0):1–21 [cited 2026 Feb 2]. Available from: https://doi.org/10.1177/13591045251333028

[31] Udu SK, Chukwu JO, Muhammad R, Isiyaku S. Barriers and Disparities in Adolescent Mental Health Service Access in the UK: A Systematic Review [Internet]. Mental Health & Prevention; 2026;41 [cited 2026 Mar 6]. Available from: https://doi.org/10.1016/j.mhp.2026.200497

[32] Crane L, Adams F, Pellicano E. 'Something Needs to Change': Mental Health Experiences of Young Autistic Adults in England [Internet]. Autism; 2018;23(2):477–493 [cited 2026 Feb 17]. Available from: https://doi.org/10.1177/1362361318757048

Too many teenagers are struggling with challenges that affect their wellbeing, yet support often comes too late — only when problems have reached crisis point.

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For further information about the report, please contact **Kate Roberts Fox, Policy and Public Affairs Manager (Wellbeing and Mental Health)** at **Kate.Roberts@childrenssociety.org.uk**

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