

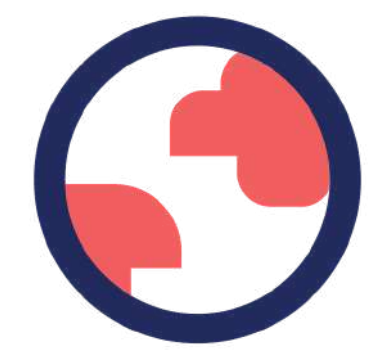
Policy Briefing:

Reducing Inequalities in Children and Young People's Mental Health Services in England

Dr Sarah Parry, Dr Paul Gray and Sue Wood



Key Messages



Inequalities in access to, and experiences of, mental health care for children and young people in England are widening, particularly for marginalised groups.



Current services and digital innovations risk reinforcing exclusion unless explicitly designed for equity.



Co-produced, community-based, and culturally responsive approaches are essential to improve access, engagement, and outcomes in mental health research and practice.



Policymakers should prioritise inclusive system redesign, equity-focused data use, and meaningful involvement of young people in all aspects of research, service planning, development, and review.

Executive Summary

This brief sets out simple, practical steps to make research with young people more inclusive, meaningful, and impactful to better inform the development of mental health services. At its core is a clear message:

When young people are involved early, included as equal partners, and supported in ways that reflect their realities, research becomes more relevant, ethical, and effective, which leads to more inclusive and effective mental healthcare, and better outcomes for children and young people.

Inclusion requires more than inviting participation. It means creating safe, welcoming environments; communicating clearly; and offering flexible, creative ways to engage. Removing practical and structural barriers, valuing contributions, and being transparent about impact are essential to building trust and sustaining involvement.

Developing cultural competence, working with all communities fairly, and recognising the complexity of young people's identities ensures research truly reflects diverse experiences. Just as importantly, building long-term relationships rather than one-off engagement, strengthens both participation and outcomes.

By taking these actions now, commissioners, practitioners, and researchers can move beyond tokenism towards genuine partnership. The result is better research, stronger insights, and services and policies that truly meet the needs of all young people.

Read our Paper: [My Voice Matters in Research: Co-producing Inclusive Mental Health Research Approaches with Underrepresented Young People](#)

Contents

1. Policy Briefing: Reducing Inequalities in Children and Young People's Mental Health Services in England
2. Key Messages
3. Executive Summary
4. The Issue
8. Opportunities for Policy Transformation
7. Why It Matters Now
8. What the Evidence Shows
9. Recommendations for Policymakers
10. Policy Note
11. Who we are
12. Why this matters to us
13. What is not working
14. What helps and what could work better
15. What we want decision makers to do
16. What success would look like to us
17. Final message
18. What Commissioners, Practitioners and Researchers Can Do Now to Make Research More Inclusive and Representative
19. Acknowledgements
20. References

The Issue

Persistent and widening inequalities in access to, experience of, and outcomes from mental health services among children and young people in England represent a critical and unresolved public health challenge. Despite sustained national policy attention, disadvantaged and marginalised groups - including children and young people living in poverty, from racially minoritised communities, neurodiverse populations, LGBTQ+ young people, care-experienced young people, and those that are justice-involved - continue to face systemic barriers to timely, appropriate, and effective mental health support (Children's Society, 2023; Office for Health Improvement and Disparities, 2022; UK Health Security Agency, 2025).

These inequities are shaped by broader social determinants, including deprivation, discrimination, and structural exclusion, which both increase vulnerability to poor mental health and reduce access to appropriate care (OHID, 2022; UK Health Security Agency, 2025). Structural exclusion includes exclusion from the research that feeds into the evidence base that informs the design and development of mental health services. Without appropriate and proportionate representation at all stages of the research process, the research that underpins services for children and young people will not lead to inclusive services.

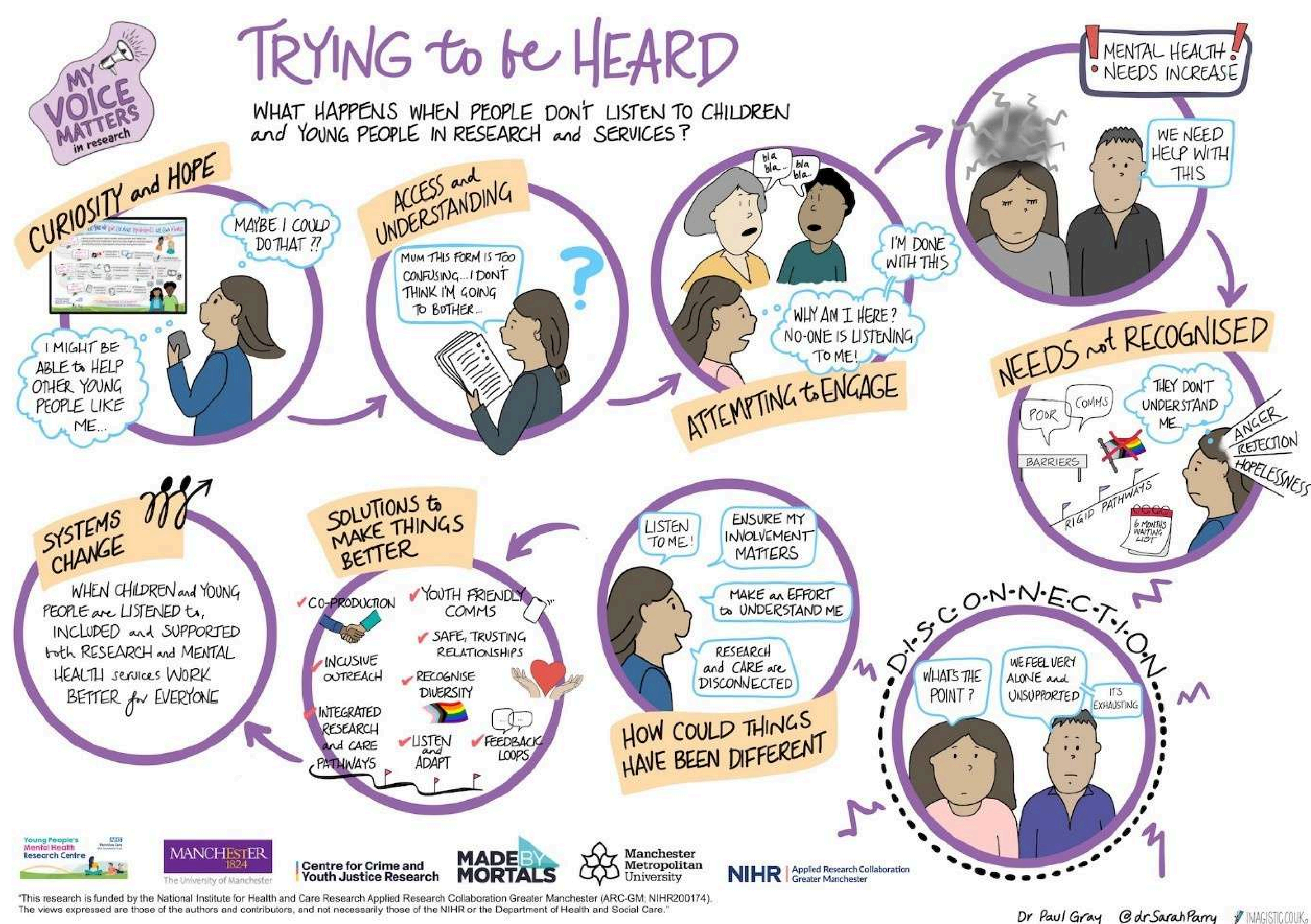
Evidence shows that children and young people in the most deprived communities experience significantly higher exposure to risk factors for mental ill-health, yet are less likely to benefit from early intervention and preventative services (UK Health Security Agency, 2025). In practice, mental health systems remain fragmented and insufficiently responsive to the complex and intersecting needs of under-represented populations.

For example, racially minoritised young people report experiences of cultural misunderstanding and disengagement within Child and Adolescent Mental Health Services (CAMHS) (Sarr, 2024), while autistic children and young people and their families encounter inflexible systems that lack neuroinclusive approaches (Memmott, 2024). These barriers contribute to delays in access, poorer therapeutic relationships, and inequitable outcomes.



National reviews further confirm that current service models are poorly integrated and inadequately equipped to meet the needs of diverse children and young people (Children and Young People's Mental Health Coalition, 2023). While policy frameworks such as Core20PLUS5 and the Patient and Carer Race Equality Framework (PCREF) represent important progress in embedding equity within NHS priorities (NHS England, 2019, 2025), their development has largely relied on epidemiological evidence and adult perspectives, with limited direct co-production with young people, particularly those from marginalised groups. Additionally, data gaps, including insufficient disaggregation by age and intersecting characteristics, continue to limit understanding of inequalities, rendering children and young people comparatively “invisible” in key datasets.

Simultaneously, the rapid expansion of digital and AI-enabled models of care is transforming mental health provision. These approaches offer potential benefits, including improved access, remote delivery, and more personalised pathways. However, they also risk exacerbating existing inequalities if implementation does not explicitly address equity. Barriers such as digital poverty, language and literacy challenges, accessibility limitations, and algorithmic bias may disproportionately exclude already marginalised children and young people, thereby reinforcing existing disparities (The King's Fund, 2023). Without careful design and evaluation, digital transformation may deepen structural inequities rather than reduce them.



The current policy context, including the NHS Long-Term Plan, the Fit for the Future: 10-Year Health Plan for England, and the Patient Safety Healthcare Inequalities Reduction Framework, emphasises prevention, community-based care, and digital innovation as central to system reform (NHS England, 2019, 2025a, 2025b). However, a substantial gap remains between these strategic ambitions and the lived realities of children and young people, particularly those experiencing multiple and intersecting disadvantages. There is limited evidence on how to operationalise equity in practice, especially in ways that are developmentally appropriate, culturally responsive, and co-produced with young people.

Opportunities for Policy Transformation

Addressing these challenges requires a shift from high-level commitments to actionable, equity-driven system transformation, focused on the following priorities:

1. Embedding Co-Production with Children and Young People

Mandate meaningful involvement of diverse communities of children and young people – particularly those from under-represented groups – in the design, implementation, and evaluation of mental health policies and services, thereby ensuring that frameworks such as Core20PLUS5 and PCREF reflect lived experiences and developmental needs.

2. Strengthening Community-Based and Preventative Care

Place-based research co-led by young people from under-represented communities could help to equitably scale-up early intervention and mental health promotion in schools' programmes, community settings, and voluntary sector partnerships to reduce reliance on crisis and specialist services.

3. Advancing Culturally Responsive and Inclusive Care Models

Support the adaptation and implementation of culturally tailored, trauma-responsive, and neurodiversity-affirming interventions, building on emerging evidence of their effectiveness in improving engagement and outcomes, in parallel with ongoing review and evaluation with the young people experiencing the services.

4. Ensuring Equitable Digital Transformation

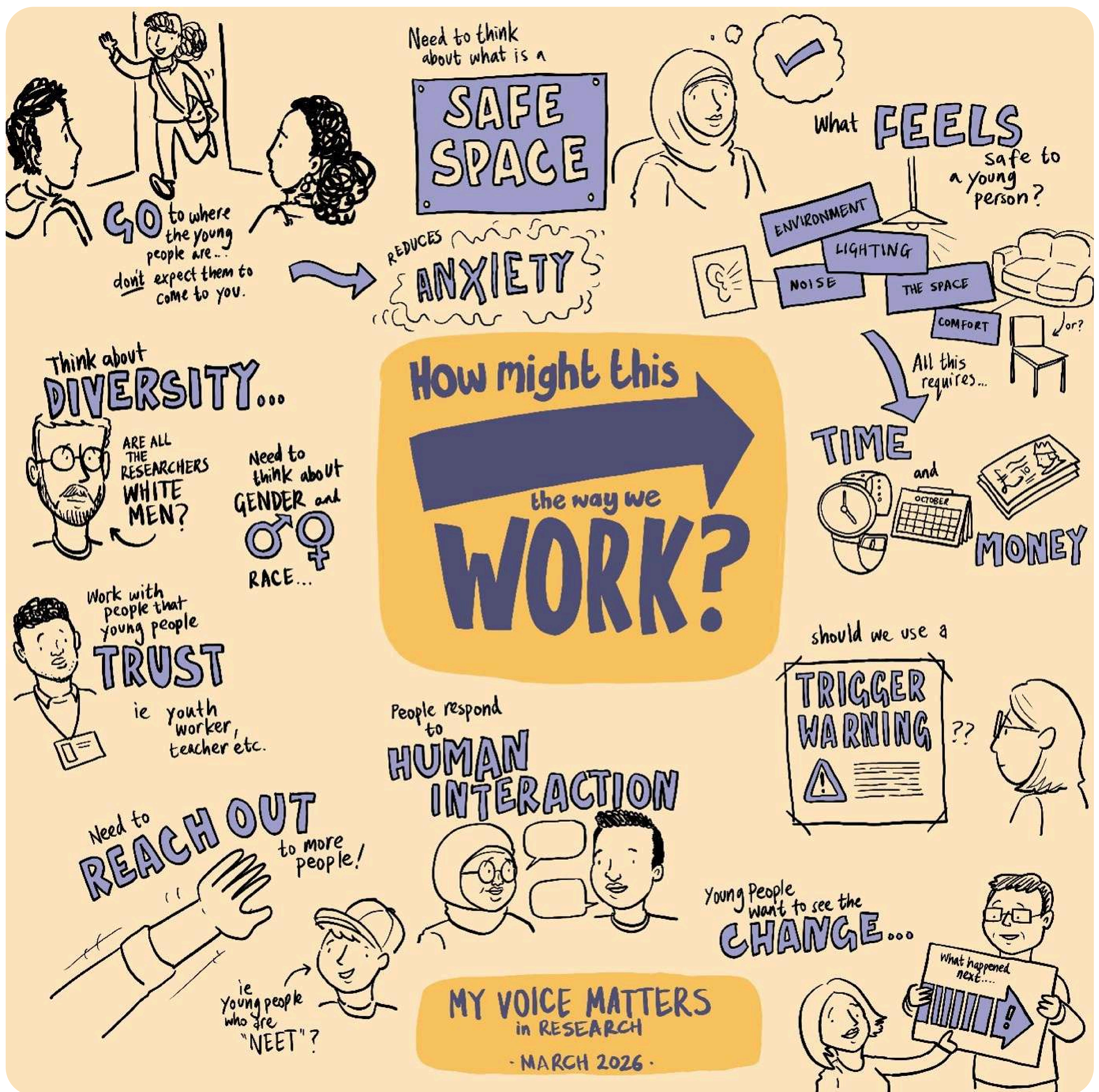
Develop and regulate digital and AI-enabled mental health tools with explicit equity standards, including inclusive design, bias mitigation, accessibility, and targeted support for digitally excluded populations.

5. Improving Data Infrastructure and Accountability

Enhance routine data collection and disaggregation by age, ethnicity, socioeconomic status, and other relevant characteristics to enable monitoring of inequalities, inform local decision-making, and strengthen accountability mechanisms.

6. Integrating and Aligning Policy Frameworks

Align existing national initiatives (e.g. Core20PLUS5, PCREF, NHS equality objectives) to create a coherent, children and young people-focused strategy for reducing mental health inequalities, supported by clear implementation guidance and resourcing, co-produced with children, young people, and families.



In summary, without targeted, co-produced, and system-level action, inequalities in children and young people's mental health will continue to widen, undermining both individual life chances and wider public health goals. However, the current policy and digital landscape present a critical opportunity to embed equity at the centre of mental health system transformation, ensuring that all young people, regardless of background, can access timely, appropriate, and effective support.

Why It Matters Now

Addressing inequalities in children and young people's mental health research aligns with national NHS priorities, including:

- prevention over crisis care.
- community-based provision.
- digital transformation of services.

However: Services remain poorly integrated and struggle to meet complex, intersectional needs.

National frameworks (e.g. Core20PLUS5, PCREF) have not been co-produced with young people and may not reflect their lived realities. Digital and AI-enabled care, while promising, can widen inequalities through digital poverty, biased data informing algorithms, and inaccessible design.

Without targeted intervention, these issues risk:

- worsening mental health outcomes.
- increasing crisis demand.
- deepening long-term inequalities in health and life chances.

What the Evidence Shows

1. Barriers are structural, relational, and cultural

- Young people report that barriers to accessing care and participating in research include:
- lack of trust in institutions.
- unclear communication.
- stigma and fear of judgement.
- inaccessible or unsafe environments.

2. Engagement improves with inclusive approaches

- Effective engagement is supported by:
- creative and participatory approaches.
- culturally safe, flexible environments.
- clear communication and relationship-building.

3. Tailored interventions work better

- Emerging evidence highlights that:
- culturally adapted therapies improve outcomes.
- school- and community-based interventions increase access.
- trauma-informed and identity-affirming approaches enhance engagement.

4. Digital innovation is a double-edged sword

Digital tools can:

- improve access and personalisation.

... but may also:

- • exclude those without access or trust.
- • reinforce bias through drawing upon existing data and algorithms.

Recommendations for Policymakers

1. Embed co-production and collaboration with young people

- Enhance existing NHS initiatives (e.g. Core20PLUS5, PCREF) with better data and implementation reviews that include stories from experience from children, young people and families under-represented in research and services.
- Require meaningful involvement of marginalised children and young people in policy and service design.
- Fund participatory and creative engagement approaches with artists and facilitators to support young people through their participation, not only vouchers for advisory groups.
- Include youth advisors on Research Ethics Committees and pathways through which young people can actively shape how research is designed and reviewed.

2. Prioritise equity in digital innovation

- Develop national standards for inclusive and ethical digital mental health tools.
- Address digital poverty and accessibility barriers.
- Ensure transparency and oversight of AI systems.
- Proactively evaluate and refine machine learning systems to mitigate embedded biases and structural inequities in large language models, particularly where these may shape or influence outputs in digital mental health applications.
- Digital mental health applications can generate outputs such as chatbot-based supportive responses, personalised coping strategies, automated screening scores, risk alerts, mood trend visualisations, and tailored prompts or activity recommendations. However, much more research in collaboration with children and young people is needed to develop these outputs fairly and sensitively for children and young people.

3. Strengthen community-based provision

- Invest in school and voluntary sector partnerships.
- Scale culturally responsive and trauma-responsive interventions.
- Support local innovation through targeted funding.

4. Improve data and accountability

- Disaggregate data by age, ethnicity, and other characteristics.
- Ensure children and young people are visible in health system data to inform robust evaluation .
- Align and integrate existing frameworks (e.g. Core20PLUS5 and PCREF), enhanced through rigorous evaluation that includes real world case studies from children, young people and families under-represented in research and services.

Policy Note

Written by: Beatrice and Ashgan Mahyoub



Ashgan

I am currently a Research Assistant at The University of Manchester with a background in Health Psychology. I have also been a member of the NIHR Applied Research Collaboration Greater Manchester (ARC-GM) Young Person Advisory Group and a Research Champion for several years, actively contributing to a wide range of projects in both contributor and co-researcher roles to support more inclusive and meaningful research. It is important to me to champion the involvement of young people and under-represented voices in research.

I am a third-year medical student and a member of the Young Person Advisory Group within the NIHR Applied Research Collaboration Greater Manchester. I am also a Research Champion. Through these experiences, I have worked with researchers and other young people to help improve the design and communication of research. Being involved has shown me how important it is for young people to have a real voice in decisions that affect their health and future.



Beatrice

Why this matters to us

It's important to us to amplify young people's voices in research, especially those from underserved groups such as global majority, neurodiverse, youth justice, and LGBTQIA+ communities. Often, young people are talked about in research without being genuinely listened to, even though decisions about healthcare, education, and wellbeing directly affect our lives.

When these perspectives are missing, research may fail to reflect the realities of diverse experiences, leading to policies and services that do not adequately meet young people's needs.

Including young people in research helps make studies more meaningful, inclusive, and representative. Young people can offer honest insights into what works well, what barriers exist, and what changes could make services more accessible and supportive. Their involvement also helps build trust in research and ensures that policies are shaped by the people most affected by them.

Meaningful participation benefits young people as well. Being heard can boost confidence and reinforce that our experiences and opinions matter. When research reflects real populations and includes a wide range of voices, it becomes more responsive, effective, and capable of creating positive change.

What is not working

From our experience, young people are sometimes excluded from research or consulted in tokenistic ways, with assumptions being made about what we want or need instead of asking us directly. This can create a lack of trust and leave young people feeling that their involvement is more for appearance than genuine impact. There can also be a gap between asking for young people's opinions and actually acting on them, so people want reassurance that their contributions will help shape real outcomes.

Also, opportunities for involvement are not always easy to access. They can be poorly advertised or shared in spaces that do not reach a diverse range of young people, meaning the same voices are often heard while others are overlooked.

Communication can also be a barrier, as research language is sometimes too formal or academic, which may make young people feel excluded or unsure about contributing. Meetings can move quickly, assume prior knowledge or use jargon and acronyms, making it harder for people to feel confident speaking up.

Practical barriers are another important factor. Travel to workshops, fixed timings, and commitments such as education, work, or caring responsibilities can make participation difficult.

Financial pressures, disabilities, accessibility needs, and cultural considerations, such as travelling with a companion, may also affect whether young people are able to take part. When involvement activities do not take these realities into account, the process can feel inaccessible and unwelcoming.



What helps and what could work better

One thing that has really helped us is being part of supportive environments where researchers genuinely listened and welcomed questions. Feeling comfortable, accepted, and able to contribute openly makes a huge difference to participation and confidence.

Clear communication is also really important. Using straightforward language, explaining research clearly, and giving people time to ask questions or reflect helps young people feel more confident sharing their views. We've found that interactive activities and more creative ways of communicating can make involvement feel much more engaging and accessible. Flexibility has also been key, particularly when balancing research involvement with study, placements, work, or other responsibilities. Options such as online or hybrid meetings make it easier for us and other young people to stay involved consistently.

Feeling recognised and valued for contributions has had a positive impact on us as well. Opportunities to develop skills, gain experience, and take on responsibilities have helped build our confidence and supported our future career goals. One thing that really stood out to us was being awarded AQA qualifications for the skills we developed and applied throughout the project. It showed that recognition goes beyond financial reimbursement and that there are meaningful ways to value young people's contributions while also benefiting them personally and professionally.



What we want decision makers to do

We would like decision makers to involve young people earlier in the research process, rather than only asking for feedback after key decisions have already been made. Young people should be seen as active contributors whose experiences, perspectives, and ideas can strengthen research and improve outcomes.

Researchers should also be open to receiving more guidance on how to communicate with and support young people from different backgrounds. This includes making opportunities more accessible, flexible, and inclusive, while recognising that young people have different circumstances and needs. It is also important that researchers either have lived experience of the communities they are working with or have a strong understanding of them through proper engagement, training, and cultural awareness, so that involvement is meaningful and respectful.

Another important change would be improving transparency. Young people should be kept informed about how their feedback has influenced projects and what impact their involvement has had. This helps build trust, shows that contributions are genuinely valued, and encourages ongoing participation.

In the long-term, we would like to see research environments become more diverse, representative, and welcoming, so that all young people feel comfortable contributing and feel that they genuinely belong within these spaces.

What success would look like to us

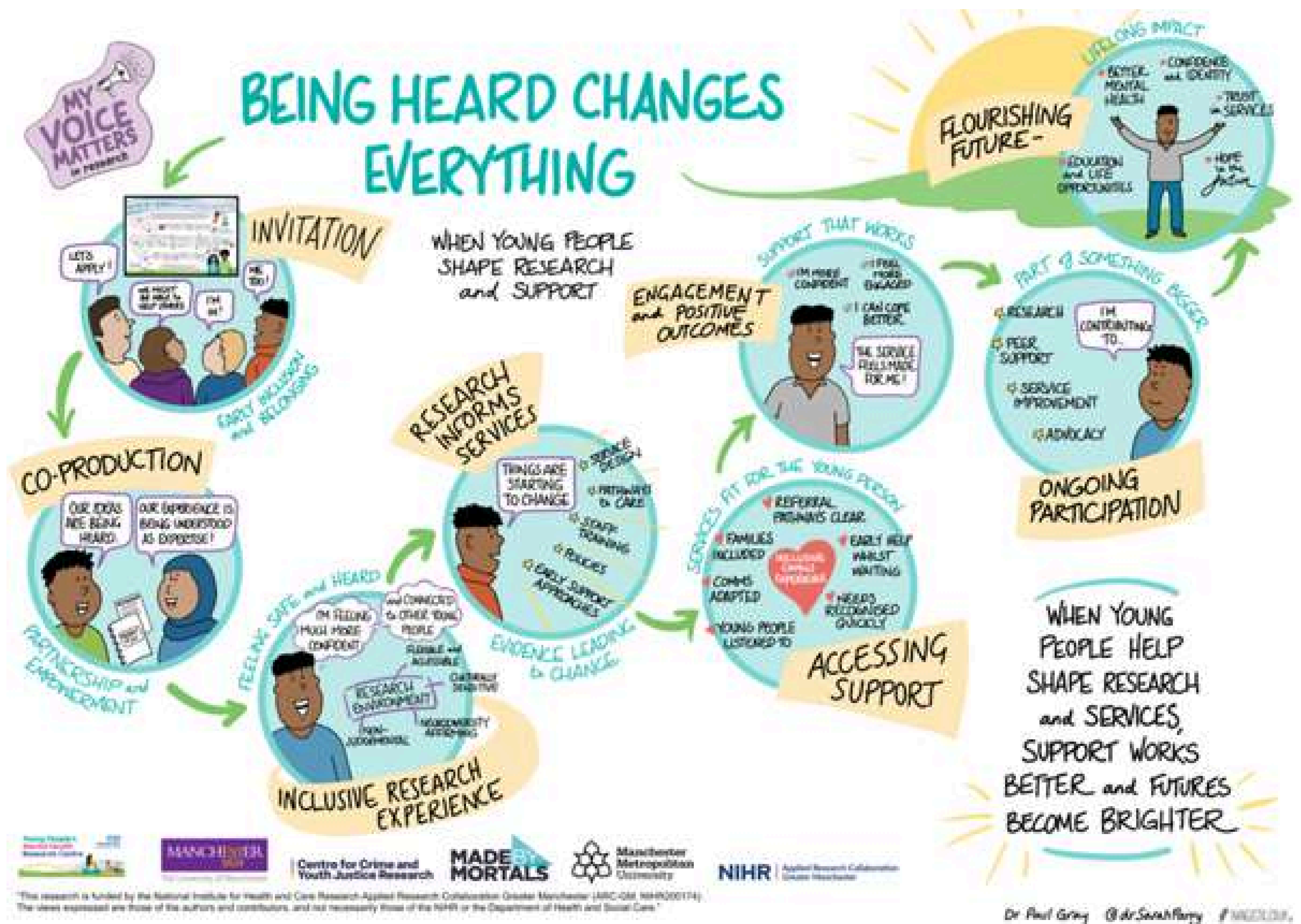
Success would look like more young people from a wide range of communities feeling confident, comfortable, and genuinely welcomed in research and PPIE opportunities. Opportunities would be easier to find, better advertised, more accessible, and designed with young people's needs and circumstances in mind, including flexibility around education, work, caring responsibilities, accessibility, and cultural considerations.

Young people would feel listened to, respected, and valued as equal contributors, rather than feeling that their involvement is tokenistic. They would be able to clearly see how their feedback and experiences have influenced decisions, projects, and outcomes.

Success would also mean research environments becoming more diverse and representative, with voices from underserved groups being meaningfully included from the beginning of projects. Researchers would communicate in ways that are clear, inclusive, and approachable, helping young people feel confident sharing their perspectives.

Successful involvement would lead to research that better reflects the realities of the communities it aims to support, resulting in more effective healthcare, services, and policies for current and future generations.

When young people are genuinely included, research becomes more inclusive, trustworthy, and reflective of the communities it is meant to serve.



What Commissioners, Practitioners and Researchers Can Do Now to Make Research More Inclusive and Representative

1. Involve Young People Early and as Equal Partners

Action:

- Engage children, young people and families at the **idea and design stage**, not just for feedback.
- Include children, young people and families in setting research priorities, methods, and outputs.

Why it matters:

- Late-stage consultation leads to tokenism and misses key insights, stifling research opportunities and representation.
- Early co-production ensures research reflects real needs and lived experience.

2. Create Safe, Supportive and Welcoming Environments

Action:

- Build spaces where young people feel **comfortable, respected, and able to ask questions**.
- Use smaller groups or one-to-one options where needed.
- Ensure environments are culturally safe and identity-affirming.
- Ask what reimbursement young people would like for their participation and consider certificates, recognised qualifications, references, catering, travel and childcare costs where possible, not only remuneration vouchers.

Why it matters:

- Trust, safety, and relational comfort are foundational to participation.
- Without this, many under-represented young people simply disengage.
- Taking part in research can offer a valuable opportunity to learn new skills and learn about career pathways.

3. Communicate Clearly and Accessibly

Action:

- Use plain English, avoid jargon and acronyms, and explain: the purpose of the research; what participation involves; how data will be used; and the importance of the role of children, young people and families.
- Allow time for questions and reflection.
- Where possible, provide information through translations and interpreters.
- Use visual, creative, or interactive formats (e.g. storytelling, diagrams, activities).

Why it matters:

- Poor communication is a major exclusion barrier.
- Clarity increases confidence, trust, and engagement.

4. Use Creative and Participatory Methods

Action:

- Integrate participatory arts and interactive approaches (e.g. storytelling, visual mapping, music, character creation).
- Move beyond traditional interviews and surveys.
- Provide a space in which people can come together to explore similarities and differences in their experiences, step back, and consider new opportunities as to how to improve systems and services.

Why it matters:

- Creative methods: reduce anxiety; enable non-verbal expression; support inclusion of diverse communication styles; provide distance from one's own experiences to see new opportunities; and normalise and validate people's lived experiences.

5. Build Flexibility into Participation

Action:

- Offer multiple ways to engage, including: online, in-person, and hybrid options; flexible timing; and asynchronous participation where possible.
- Let young people know that ‘school rules’ don’t apply.
- Bring headphones to manage sensory processing, make calming toys and resources available, and invite transition objects (e.g., phones, teddies for younger children) to make participation more comfortable.
- Check accessible routes in and out of the space.

Why it matters:

- Young people balance study, work, placements, and caring roles.
- Rigid formats disproportionately exclude those already marginalised.
- Consider the sensory, emotional, physical and cognitive load of what is being asked of children, young people and families.

6. Recognise and Value Contributions Meaningfully

Action:

- Provide: fair payment or vouchers; skills development opportunities; formal recognition (e.g. certificates, qualifications); and fair and accurate recognition of people’s contributions.
- Offer roles with responsibility, not just “participant” status.

Why it matters:

- Recognition builds confidence, motivation, and future opportunities.
- Value should go beyond financial reimbursement.
- Children and young people will have skills the researchers may not (e.g. digital and creative skills), so the process and outputs can be enhanced through collaboration.

7. Be Transparent and Close the Feedback Loop

Action:

- Clearly show how young people's input has influenced decisions, and what changed as a result of their involvement.
- Offer updates throughout and after the project.

Why it matters:

- Transparency builds trust and sustained engagement.
- Lack of feedback reinforces feelings of tokenism.
- Some children, young people and families may not wish to be named in authorship or acknowledgements, but the option should always be available.

8. Develop Cultural Competence and Lived Understanding

Action:

- Ensure research teams: include people with lived experience where possible; receive training in cultural awareness, anti-racism, neurodiversity, and LGBTQ+ inclusion; and include an EDIA (Equality, Diversity, Inclusion and Accessibility) lead within the team to prioritise inclusion.
- Work closely with community organisations to learn from their expertise.

Why it matters:

- Misunderstanding communities leads to exclusion and poor research design.
- Cultural responsiveness improves relevance and ethical practice.

9. Actively Remove Structural Barriers

Action:

- Address practical barriers such as: transport; location accessibility; timing; digital access; catering; childcare; and language accessibility.
- Design participation around young people's realities, not institutional norms and convenience.

Why it matters:

- Barriers are often systemic, not individual.
- Inclusion requires structural change, not just invitations.

10. Design for Diversity and Intersectionality

Action:

- Involve different groups of children and young people at all stages of the research process.
- • One-size-fits-all approaches reinforce inequalities.
- • Intersectionality is essential to meaningful inclusion.

Why it matters:

If these actions are taken, research will:

- • Include diverse, representative voices from the outset.
- • Be accessible, flexible, and welcoming.
- • Enable young people to feel confident, respected and genuinely valued.
- • Produce findings that better reflect real-world experiences and lead to more effective services and policies.

11. Make Opportunities Visible and Accessible

Action:

- Improve outreach through: schools, youth groups, community networks; and social media using youth-friendly messaging.
- Simplify sign-up processes.
- Create a database of schools and youth groups who would like to engage in research to streamline, expedite and grow the research-ready ecosystem.
- Create mandatory training modules for researchers and practitioners in health, social care and education about how to inclusively collaborate with children, young people and families to advance inclusive research to better inform the mental health evidence base.

Why it matters:

- Many young people cannot participate in research they never see.
- Visibility is key to representation.
- Take research into the young people's spaces, with their invitation, consent and collaboration.

12. Build Long-Term Relationships, Not One-Off Engagement

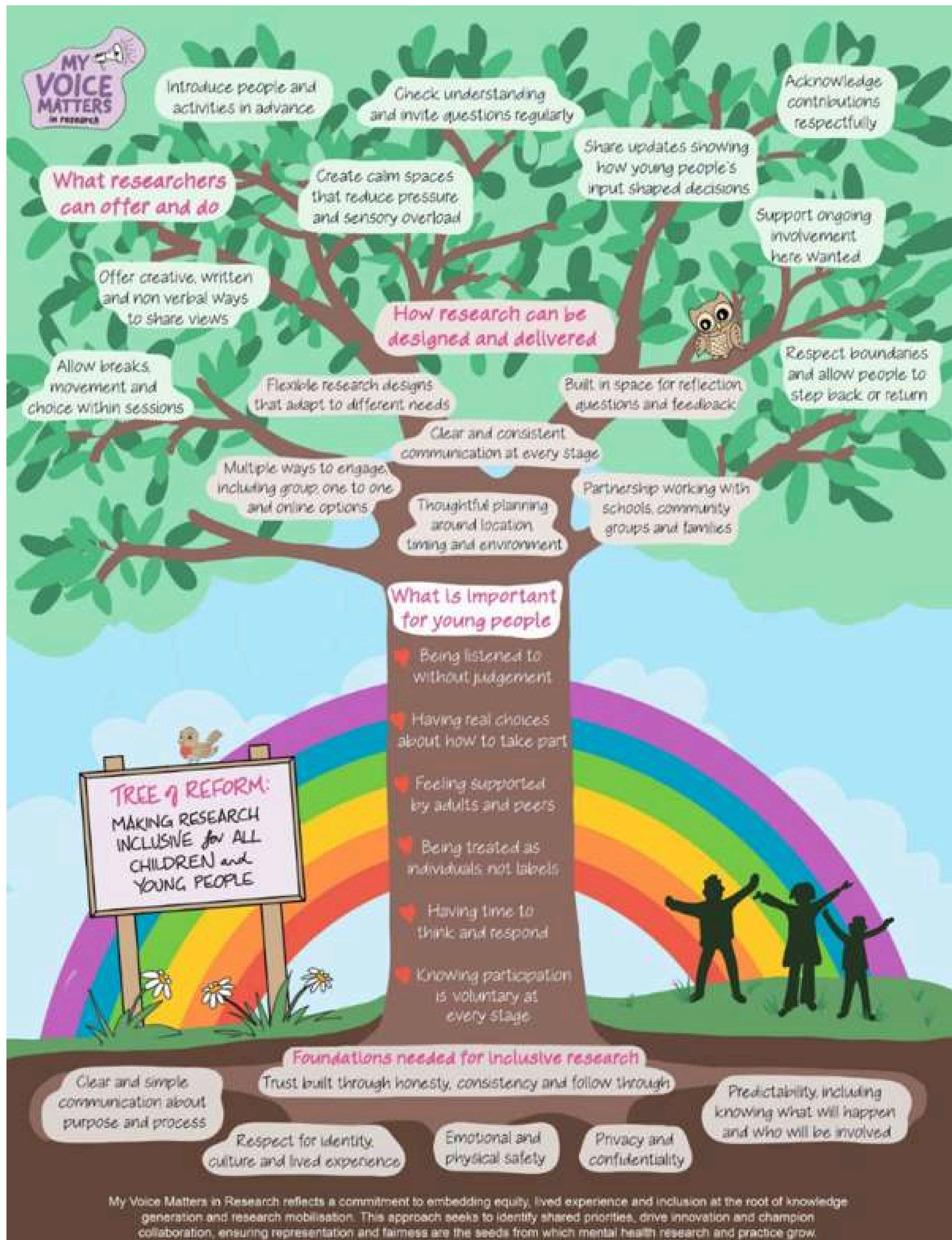
Action:

- Create ongoing advisory groups, youth panels and youth leadership champions.
- Support progression (e.g. from participant → advisor → co-researcher → mentor to other young people → Youth Research Leader).

Why it matters:

- Trust and inclusion develop over time.
- Sustained involvement improves research quality and impact.
- Implicit learning and expertise can be lost without suitable career progression pathways.

- To improve transparency and accessibility in the dissemination of academic publications, abstracts should include key participant demographics, country or countries of origin, and clearly state whether studies included adults only, or also represent children and young people. This would enable readers without access to the full publication to identify more easily where evidence relating to children and young people is absent.
- To promote equitable access to knowledge, all English-language publications should include a plain language summary translated into the most widely spoken global languages. In 2026, this would include Mandarin Chinese, Hindi, Spanish and Arabic, alongside the English version.
- Reviews should explicitly report where Equality, Diversity, Inclusion and Accessibility (EDIA) data are presented and where such data are absent. The availability or absence of EDIA information is an important finding in its own right and should be highlighted within review findings.
- Wherever possible, researchers should routinely ask about and report relevant demographic and participation characteristics. For example, just as employment status may be reported for adults, studies involving children and young people should consider reporting indicators such as school attendance, access to free school meals, educational placement, training participation, employment status, or whether the young person is care experienced, autistic, their gender identity, or youth justice experience. This would support a more nuanced understanding of who is represented within the evidence base and where important gaps remain.
- Journal editors and reviewers should encourage consistent reporting standards for demographic, EDIA and contextual information to improve the interpretability, inclusivity and generalisability of research findings across diverse populations.



You can find further resources and information here:

<https://arc-gm.nihr.ac.uk/my-voice-matters-in-research-2024-2026>

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The mission of the National Institute for Health and Care Research (NIHR) is to improve the health and wealth of the nation through research.

We do this by: Funding high quality, timely research that benefits the NHS, public health and social care investing in world-class expertise, facilities and a skilled delivery workforce to translate discoveries into improved treatments and services partnering with patients, service users, carers and communities, improving the relevance, quality and impact of our research attracting, training and supporting the best researchers to tackle complex health and social care challenges collaborating with other public funders, charities and industry to help shape a cohesive and globally competitive research system funding applied global health research and training to meet the needs of the poorest people in low and middle income countries NIHR is funded by the Department of Health and Social Care.

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