



Children & Young People's
Mental Health Coalition



A DUAL CRISIS

The hidden link between poverty
and children's mental health

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EXECUTIVE SUMMARY

Children are being failed by the state's inability to combat the dual crises of poverty and mental health. Money and mental health are inextricably linked; not having enough money leads to parental stress and guilt, which has a knock-on impact on children in the here and now, and over the course of their life.

Mental health problems affect about one in five young people aged 8-25, a figure that has been rising for the past decade (NHS Digital, 2023). Poverty, a critical risk factor, has surged alongside this rise in mental ill health. In 2022/23, an estimated 4.3 million children in the UK were living in poverty after housing costs, a sharp increase from 3.6 million in 2010/11 (DWP, 2024a).

Poverty at any age can have a devastating mental health impact but can be especially pernicious for children and young people. It is "impossible to overestimate how important poverty is as a driver" for so many of the social challenges experienced by children and young people (Commission on Young Lives, 2023).

Young people describe feelings of shame and embarrassment related to poverty and mental ill health, and a sense of social isolation at not being able to talk to their friends, family, or professionals about their financial hardship. Parents and carers also face serious difficulty when it comes to the impact of financial inequality and poverty on their mental health.



"The strain of feeling excluded from society on so many levels and knowing your children experience that is a torture in itself"

(Parent from Save the Children's parent panel)

The crumbling systems of support in place for children, young people and families can enhance their stress rather than reduce it. The social security system was designed to offer families a safety net. However, the inadequacy of benefit levels, the caps in place which divert money away from families, and an increase in the use of sanctions and conditionality has meant that the social security system is often a cause, rather than a cure, for parental financial stress.

Given the strong links between poverty and mental health, it is crucial that effective community-based mental health support is easily accessible for people on low incomes. Successive governments have introduced varying policy initiatives to improve access to mental health support for children and young people over recent years. However, rising demand for support and under-resourced services means that many children struggle to access the support they need with their mental health, and there are often additional barriers for children growing up in poverty.

For children in poverty, the education system can create further stress and anxiety. Young people feel shame and embarrassment about not being able to afford the correct uniform or access extracurricular activities as well as about being in receipt of free school meals.

This joint report by Centre for Mental Health, the Children and Young People's Mental Health Coalition and Save the Children UK explores the impact of poverty on the mental health of families in the UK and examines if systems of support provide families with the security they need to thrive. We gathered first-hand insights from young people and parents and conducted a review of the evidence base. This evidence was gathered in collaboration with Priority 1-54, Make Good Trouble, and Participation People.

The research presented in this paper represents the diverse experiences of children and families across the four nations of the UK. In our report, we make recommendations to the UK Government on social security measures, which are primarily determined on a UK-wide basis. We also review the state of mental health and education provision in England and make specific recommendations for policymakers in England.

This paper forms part of a series of reports from Save the Children UK calling for a 'child lock' to protect children's futures, by introducing a double lock on children's benefits and investing in key systems and services that matter to children, young people and their families: housing, education and mental health provision.

WHAT NEEDS TO CHANGE?

Actions that enhance household earnings for families in poverty not only safeguard their mental health, but also improve it. But support services are vital too, and these need investment and reform to ensure they reverse or mitigate, rather than exacerbate, mental health challenges.

To tackle the family mental health crisis, we're calling on the UK Government to:

- 1. Tackle the root causes of mental ill health:** Commit to a cross-government strategy for mental health in England that addresses the underlying causes of mental ill health, such as poverty. This strategy should align with cross-governmental strategies to address child poverty.
- 2. Increase financial support for families:** Introduce a 'child lock' by double-locking children's social security entitlements to increase either by earnings or inflation (if inflation exceeds earnings). This will ensure children are protected during periods of high inflation and stand to benefit during periods of growth.
- 3. Reform conditionality and employment support:** Lock in protections for families by exempting claimants with health conditions, single parents, and parents of young children from sanctions.
- 4. Increase and lock in available support:** Ensure the full roll out of family hubs across all local authority areas. All family hubs should have access to financial support, employment support, and welfare advice for families.
- 5. Fund the mental health system:** Provide £1.7 billion in increased investment to Integrated Care Systems to deliver a comprehensive pathway of mental health support for all children and young people.
- 6. Roll out mental health support in schools:** Commit to, and fund, the full roll out of Mental Health Support Teams across all schools and colleges in England.

A full roadmap of recommendations can be found at the end of this report.



INTRODUCTION: THE STATE OF CHILD AND PARENTAL MENTAL HEALTH AND POVERTY

THE MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE

There has been a significant rise in the prevalence of mental health needs amongst children and young people in the last decade. In 2004, one in ten children had a mental health need. This increased to one in nine in 2017, and one in six in 2020 (NHS Digital, 2020). In 2023, about one in five 8 to 25 year olds had a diagnosable mental health problem (NHS Digital, 2023).

CHILD POVERTY

Poverty is a key risk factor for poor mental health. The prevalence of mental ill health among children and young people has increased in tandem with rising rates of poverty. According to the latest data, an estimated 4.3 million children were living in relative poverty in 2022-23 in the UK after housing costs, up from 3.6 million in 2010-11 (DWP, 2024a). Child poverty is expected to reach its highest levels since the late 1990s by 2028 (Safeguarding Network, 2023). Poverty places strain on family life and excludes children from the everyday activities of their peers (Safeguarding Network, 2023). It is “impossible to overestimate how important poverty is as a driver” for so many of the social challenges experienced by children and young people (Commission on Young Lives, 2023).

Some groups of children and young people and their families are disproportionately affected by poverty and its impacts. For example, 34% of children in poverty live in lone parent households, 43% of children in poverty live in a household where someone has a disability, and 35% of children in poverty live in a household headed by someone from a racialised community (DWP, 2024a).

WHY WE NEED TO FIX IT

There are substantial financial and human costs associated with child poverty and mental ill health that necessitate urgent and coordinated action. Child Poverty Action Group estimates that child poverty costs the country £39 billion a year. The projected increase in child poverty over the next five years means this will continue rising in real terms to over £40 billion by 2027 (Hirsch, 2023). Recent analysis by Centre for Mental Health suggests that the economic and social cost of mental ill health in England had risen to £300 billion in 2022 and this is unlikely to be reversed without concerted and sustained action (Cardoso and McHayle, 2024).

Save the Children UK have launched a campaign for a ‘child lock’ to protect children and families from poverty and secure their futures. The campaign is calling for a double lock on spending on children’s social security entitlements. This means that money allocated to children would increase either by earnings or by inflation (if inflation exceeds earnings). This approach ensures that children are better protected during periods of high inflation and benefit during periods of economic growth.

Alongside protecting children via social security, Save the Children is calling for children's futures to be secured more broadly. Families they work with have pointed to the importance of better mental health support to mitigate the impacts of poverty on their children's lives. Centre for Mental Health and the Children and Young People's Mental Health Coalition have partnered with Save the Children UK on this paper exploring the mental health impacts of child poverty, and suggested steps to take alongside the 'child lock' to tackle this growing problem.

OUTLINE OF THIS PAPER

Chapter 1 brings together the latest research on children's, young people's, and parents' and carers'¹ mental health, as well as evidence on the state of child poverty in the UK. It draws on insights around the links between these, including research findings from further afield. Chapter 2 explores the systems of support that sit around families (social security, universal and targeted family support, mental health, and education), and sets out opportunities to improve outcomes in both the short and long term to safeguard children and young people's life chances. The conclusion then lays out a five-year roadmap to address the challenges set out in this paper.

The paper also incorporates first-hand perspectives from children, young people and parents who sit on Save the Children UK's lived experience panels and focus groups. Save the Children conducted focus groups across the UK with a total of 38 parents and young people, facilitated by Participation People. Save the Children also hosted an online panel of 15 parents from across the UK who were regularly consulted between December 2023 and June 2024. They also held in-person youth panels in two schools in East Sussex with 23 children aged 12 to 16, in collaboration with Priority 1-54 and Make Good Trouble. The report also draws on insights from member organisations of the Children and Young People's Mental Health Coalition, who shared their experiences and ideas for change.

¹ From now on in this report, we use the terms 'parents' throughout but this is inclusive of all those who are the main caregivers within families.

1 THE RELATIONSHIP BETWEEN FINANCIAL INEQUALITY, POVERTY AND MENTAL HEALTH

In the first section of the report, we explore the relationship between financial inequality and poverty and the mental health of parents and children. Worries about money can impact the whole household, therefore we are particularly interested in exploring the impact of parental financial stress on the mental health of children and young people. This section combines the latest research in this area alongside the insights gathered from our youth and parent panels and focus groups.

Living on a low income increases parents' stress levels which negatively impacts family dynamics and relationships. This contrasts with increases in family income that have been shown to boost children's educational achievements, alongside physical and emotional wellbeing (Cooper and Stewart, 2013). According to Treanor *et al.*, there are two ways that socioeconomic advantage or disadvantage affects children's mental health: the family investment model – parents' capacity to invest money in their children; and the family stress model – the reduction in parents' and children's emotional health due to stress incurred by low income (Treanor *et al.*, 2023).



"So ultimately, I'm transferring the stress to my kids. We unconsciously be transferring that stress. And we don't want it. We want our kids to be happy. And we want to give them time but I'm always so busy. I feel so guilty. I don't have time to give her help for her homework, or to do some fun activities. She loves stories, but I'm so tired at night. I said yesterday, tomorrow I will tell you stories tomorrow, and then tomorrow never comes."

(Parent from Save the Children's parent panel)

Child poverty is impossible to separate from adult poverty, and the negative impacts of parental financial stress on children and young people's mental health are significant. Poverty leads to both parents and children experiencing economic pressures which impact their wellbeing, causing intra-family conflict around money (PhysOrg, 2022). Ongoing financial precarity contributes to parental stress, and limits parenting capacity. This may result in fewer future educational and employment opportunities for children (Kirkbride *et al.*, 2024). A recent report on the barriers to children's healthy development (Centre for Mental Health, 2023) found that financial instability was a key factor.

However, it is the effect of poverty on parents' and children's mental health that continues to have the largest impact and accrues throughout all of childhood, thus intensifying mental health problems for both children and parents over time (Treanor *et al.*, 2023). Parents told us that financial hardship and its impact on their mental health is "one of the big issues nowadays" as parents are "under so much pressure by struggling to provide everything their kids need".



"It's hard to think positively and plan ahead with financial issues weighing heavily on your mind, [and you have] major mum guilt if you feel kids are missing out."

(Parent from Save the Children's parent panel)

Parents we spoke to within our focus groups were acutely aware of the impact of financial hardship on their children, and there was overwhelming recognition that their stress can transfer to their child. In turn, this can make their child worry and start to make sacrifices in their own lives.



"Children are more aware than we think. They pick up on stress no matter how hard we try to hide it from them."

(Parent from Save the Children's parent panel)

"Kids pick up on your stress and what you can afford. They see you not being able to get what you need or having to choose and then they worry and start to make sacrifices like I don't want to go to club, I don't mind not going to that birthday party, and so on. They pick up your emotions and then live in fight or flight."

(Parent from Save the Children's parent panel)

Focus groups and interviews with young people also highlighted how young people are not shielded from the impacts that poverty has on their parents and vice versa. Young people recognised the financial stress their parents are under, and some young people also told us about the sacrifices they made.



"Young people worry about their parents not having any money and what they are going to do to put food on the table. I haven't had conversations about this with my parents because she doesn't really like talking about it."

(Young person from Save the Children's youth panel)



"My mum has not been able to top up my travel card or lunch money, so right now I've been using my birthday money for me and my brother to get to school. Which is not a lot, it was £30 and it's £2.20 for each of us just to get to school. I don't want to stress my mum out, but I ran out of money on my lunch account yesterday."

(Young person from Save the Children's youth panel)

The effects of financial inequality and poverty on mental health cannot be understated. As both the literature and personal accounts from parents and young people show, financial hardship and stress not only affect parents, but also deeply impact the mental health of children and young people. These financial strains create a toxic cycle of stress and anxiety that undermine mental health both in the short and long term.

THE IMPACT ON EARLY YEARS

The youngest children face the highest poverty rates, and in the past decade, poverty for children under five has risen faster than for children in any other age group (First 1001 Days Movement, 2021). Of the 4.3 million children living in poverty, 36% were in families where the youngest child was under five (DWP, 2024a).

Experiencing poverty at the start of life and in early childhood can have potentially profound effects on children's long-term wellbeing and opportunities. Poverty can impact babies' early brain development due to reduced opportunities for positive stimulation, increased exposure to stress, and because the stress associated with poverty can make it harder for parents to provide their babies with the nurturing care they need to thrive (First 1001 Days Movement, 2021). Previous work by Save the Children in Scotland highlights how poverty hampers a baby's wellbeing and development directly through lack of material goods and resources, and indirectly through creating parental stress and depression, which can affect the care and quality of the home environment parents can provide (Save the Children, 2023). These early disadvantages can go on to affect children's cognitive skills and their physical, social and emotional outcomes throughout childhood and adulthood (Oppenheim and Milton, 2023). For example, poverty is associated with poorer academic attainment and social and emotional adjustment in early childhood (ibid).



THE IMPACT ON CHILDREN AND YOUNG PEOPLE

Research consistently shows that children from lower-income backgrounds face increased risk of poor mental health outcomes. For instance, studies indicate that children in the least well-off 20% of households are four times more likely to experience serious mental health difficulties by age 11 compared to those from the wealthiest 20% (Gutman *et al.*, 2015). Additionally, children living in debt-ridden households are five times more likely to be unhappy than their wealthier peers, and a significant proportion of children from low-income households report being bullied due to their parents' inability to afford associated school costs (The Children's Society, 2023).

At the same time, children and young people with identified mental health problems are significantly more likely to live in households facing financial pressures. For instance, children with mental health problems are more than twice as likely to live in households that have fallen behind on rent, bills, or mortgage payments compared to their peers without mental health problems (NHS Digital, 2023). They are also more likely to live in households that struggle to keep their homes adequately warm (ibid).

Young people told us about their feelings of shame, embarrassment, social isolation, and low self-esteem related to the stigma around poverty and mental health, echoing the findings from the literature. Many discussed how their aspirations for the future are impacted by poverty. Financial hardship has caused anxiety and anger for young people, with many telling us about how they worry about providing for their parents, or don't want to go to school. Consistently, they expressed anxiety about bills, a lack of focus due to hunger and fatigue, and feeling upset because they miss out on opportunities enjoyed by their peers.



"Things really stress me out, it's not like my mum's got a pot of gold lying around."

(Young person from Save the Children's youth panel)



"I don't want to tell my mum that I'm not eating because it just piles on more pressure at home."

(Young person from Save the Children's youth panel)

Parents we spoke to also recognised the impact of financial hardship on children's mental health. They referenced how not having enough money limits their child's ability to access activities and opportunities in the same way as other children, and expressed concern about how this would impact their mental health.



"Not being able to afford hobbies that would really help the mental health of my child is really tough!"

(Parent from Save the Children's parent panel)



"They start to see the difference between them and other children who haven't got the same hardships."

(Parent from Save the Children's parent panel)

THE IMPACT ON PARENTS

Poverty impacts the mental health of parents. Analysis conducted by The Children's Society found that a larger proportion of parents who reported low wellbeing were from households that were facing financial hardship, with 54% of parents in households in financial strain reporting low wellbeing compared to 17% of those not in financial strain (The Children's Society, 2023).

Research from 2021 found that over 70% of parents of young children reported that being a parent was stressful and that they felt judged by others, often fuelling feelings of anger and guilt at the life that they see their children experiencing. Parents do the best job they can to minimise the impacts of poverty on their children. However, in 2023, one parent in every seven reported that their child or children had to share a bed because they could not afford another one (Cooper, 2023). This can often create poor self-esteem and emotional health issues (for children and parents alike) (Safeguarding Network, 2023). Persistent poverty has also been shown to have a strong association with decreasing parental mental health over time (Treanor *et al.*, 2023),

In the Save the Children UK focus groups for this project, parents both in and out of work spoke of how they felt guilty and stressed, and described a sense of "helplessness" at not being able to provide food and basic daily needs.



"You worry and can live in fight or flight worrying about how to pay for things for children and making sure you have a roof over your head, food and electricity/gas."

(Parent from Save the Children's parent panel)



"The strain of feeling excluded from society on so many levels and knowing your children experience that is a torture in itself"

(Parent from Save the Children's parent panel)

The dual impacts of the Covid-19 crisis and subsequent cost-of-living crisis have exacerbated inequalities for households with the lowest incomes, with an associated mental health fallout (Hackett *et al.*, 2020; Lawson *et al.*, 2023). Adults facing financial pressures due to the increased cost of living are twice as likely to report lower levels of happiness (ONS, 2023). The financial precarity and stress among parents impacts their children, often through having fewer resources to invest in their upbringing and increasing financial insecurity across generations (Anders, Jerrim and Macmillan, 2023).

Poverty also makes living in overcrowded and insecure housing more likely (Davie, 2022). Children living in poor housing conditions are at higher risk of mental health problems and are more likely to have lower academic achievement (Singh *et al.*, 2019). Both parents and young people told us of their worry and stress about affording a roof over their head and the impact of poor quality and temporary housing on their mental health and wellbeing.



"During COVID my mum's cleaning business went under and then my mum and dad split and we ended up not being able to pay the rent. For the last two years we've been in temporary accommodation. We don't talk about it, but I know it's hard for my mum."

(Young person from Save the Children's youth panel)

THE IMPACT ON MARGINALISED GROUPS

Research by the Runnymede Trust reveals that children from racialised backgrounds are significantly more likely to experience poverty compared to their white peers (Khan, 2020). 47% of children from Asian and British Asian families, and 51% of children in Black/African/Caribbean and Black British families, live in poverty, compared to 24% of white families (DWP, 2024a). Children and young people from racialised backgrounds often face stark mental health inequalities, including overrepresentation in acute mental health settings, and encounter barriers to preventative and early mental health support (Le *et al.*, 2022).

Families with 'no recourse to public funds' (NRPF) as a result of their immigration status are unable to access most social security and welfare benefits, meaning they lack a safety net in the event of financial hardship (Work and Pensions Committee, 2022). A recent House of Commons Work and Pensions Committee inquiry examining the impact of poverty on families with NRPF, many of whom are from racialised communities, found the condition had severe impacts on the physical and mental health of children in these households (*ibid*).

There is also a link between child poverty and being a care-experienced child or young person. Research from 2022 demonstrates that a 1% increase in UK child poverty is associated with an additional five children per 100,000 entering care, often due to neglect and abuse (Bennett *et al.*, 2022). According to a 2021 review, care-experienced children and young people report a much greater prevalence of mental health difficulties (45% of children and young people aged 5 to 15 compared to 10% in the general population - NICE, 2021).

Research highlights that 38% of young carers experience mental health problems (Sempik and Becker, 2013). Their mental health outcomes are significantly influenced by their socioeconomic background, which differs significantly from that of other children (Vizard *et al.*, 2019). These findings underscore the importance of addressing poverty-related disparities to support children and promote better mental health outcomes.

Research demonstrates that the longer a child lives in poverty, the deeper and longer lasting its impacts will be. With figures showing a rise in child poverty, and young people increasingly living in persistent poverty, the long-term impacts on their mental health are likely to compound and become worse.

Tackling poverty is therefore one of, if not the most, central objective in tackling poor mental health among both parents and children. Living in poverty, for any length of time, is detrimental to a child's mental health, particularly for prolonged periods.

Support for children and families must be locked in and bolstered to protect and prevent children from experiencing poverty. Unless action is taken across a range of systems and services, the financial pressures which negatively impact parental mental health will continue to negatively impact children's mental health as well.



2 THE SYSTEMS OF SUPPORT FOR CHILDREN AND FAMILIES LIVING IN POVERTY

There are systems that should sit around children, young people and families when they need additional support. In this section of the report, we will explore the extent to which universal family services, social security, mental health and education systems support and protect children and families in poverty, versus the extent to which they are exacerbating or creating mental health issues. Given the strong links between poverty and mental health, it is crucial that these systems are safe and supportive for children, young people and families.

SOCIAL SECURITY

The social security system was designed to offer families a safety net. In 2013, Universal Credit was introduced, replacing six welfare benefits covering living costs and housing for people facing unemployment, with disabilities and in low-paid jobs, into one payment. It was designed to ensure "work always pays" (DWP, 2015). As of January 2024, there were 6.4 million people on Universal Credit, and Universal Credit households with children accounted for half of all households with a payment in November 2023 (Department for Work and Pensions, 2024b).

Successive UK governments have carried out broad reforms to social security policies over the last two decades, impacting families across the whole of the UK. Relying on evidence that work can be good for health and wellbeing as well as the key route out of poverty, governments have sought to increase employment rates by making social security less generous (via cuts and changes to the taper rate) and increasing conditionality. We explore these below.

ADEQUACY

Overall, over the past decade, social security support has become increasingly inadequate, with the real-terms value of payments reaching a 40-year low at the same time inflation hit a 40-year high. This has pushed people deeper into financial hardship (Joseph Rowntree Foundation, 2024). Furthermore, the taper rate, which reduces Universal Credit payments as a claimant's earnings through work rise, has also created additional pressures for many families. The rate is currently set at 55%, meaning that claimants lose 55p for every additional £1 they earn through work (Department for Work and Pensions, 2023b). The system is not meeting families' essential needs, let alone giving children the opportunity to play, learn and develop. In 2018, the Children's Commissioner estimated that total benefit spending per child will see a 17% cut between 2010 and 2020 (Children's Commissioner, 2018). Parents are unable to make ends meet, placing undue pressure on their mental health and wellbeing, and that of their children.

The design of the system has created hardship for many families. The two-child limit restricts eligibility for certain child-related benefits to the first two children in a household. Families with three or more children have consistently faced a higher rate of poverty: 43% of children in families with three or more children were in poverty in 2021/22 (JRF, 2024).

Children are also disproportionately impacted by the benefit cap, which limits the total income support a household can receive if they are out of work or earn less than £793 per month. Recent work by University of Oxford, University of York and London School of Economics found that the benefit cap may be leading to "increased economic inactivity by pushing claimants towards disability benefits that create an exemption from the cap, and through increased mental health problems" (Action for Children, 2023).

CONDITIONALITY AND SANCTIONS

A stated aim of successive UK government policies has been to reduce 'welfare dependency' through rising use of conditionality and cutting real-terms financial support. Proponents of conditionality claim that it is trying to 'correct' claimants' behaviour and increase motivation to find employment through a mix of support and sanctions (Wright, 2020). Some social security claimants who are not in paid work can be sanctioned for missing appointments, or other minor breaches of the Claimant Commitment or Work-Related Requirements.



"The benefits system is extremely stressful to navigate, and this causes me great anxiety. The review processes means that I have had benefits temporarily sanctioned and consequently my rent has been unpaid for three months and [I'm] faced with eviction!"

(Parent from Save the Children's parent panel)

People with mental health problems are disproportionately affected by sanctions and conditionality, and concerns have been raised about the use of sanctions for people with mental health problems. Tight thresholds for Personal Independent Payments (PIP) have disproportionately impacted people living with mental health problems. In 2019 it was estimated that since PIP was introduced in 2013, more than 425,000 people with conditions classed as 'psychiatric disorders' have been turned down for the benefit (Mind, 2019).

The Work Capability Assessment (WCA) has also been shown to be inadequate in considering the needs of claimants with mental health difficulties. The WCA is viewed as stressful for people with mental health problems (Wright, 2020), who have reported feeling like their personal experiences were questioned and often disregarded. They spoke of increased fear, anxiety and mental distress being triggered by either attending assessments or the appeals process (Dwyer *et al.*, 2020).

WHAT IS THE WORK CAPABILITY ASSESSMENT?

The Work Capability Assessment (WCA) is a test issued by the Department of Work and Pensions (DWP). The WCA enables the DWP to assess people's capabilities to work and what level of financial and other forms of support they require based on their health condition or disability. The WCA helps the DWP decide whether someone has 'limited capability for work' (LCW) or someone has 'limited capability for work-related activity' (LCWRA).

One of the key motivations and drivers behind the notion of conditionality was to incentivise people into work and reduce social security payments. However, research has found conditionality was largely ineffective in moving people with mental health problems into, or even closer to, paid work (Dwyer *et al.*, 2020). DWP's own research echoes this, having found that sanctions have limited impact in encouraging people into work, and reduce the likelihood of claimants moving into higher-paid work (DWP, 2023a). What is more, evidence compiled by Rethink demonstrates how a wide range of issues across the benefits system has resulted in deaths, including deaths by suicide, as well as causing self-harm and mental health crises (Rethink Mental Illness, 2021).

THE IMPACT OF CONDITIONALITY AND SANCTIONS ON PARENTS

A key driver of parental financial stress for households in poverty and in receipt of social security is the effect of sanctions and conditionality. Parents painted a bleak picture of the mental health effects of the Universal Credit system.



"You're made to feel like you're a liar. They are just so not human. I don't know how to describe it... even now, it's like you get a text message saying you've got to sign in and do this or I've got to jump through hoops when I don't understand why I need to jump through the hoop because it's irrelevant. Then they made mistakes moving me over, then I'm getting sanctioned for the mistakes that's happened."

(Parent from Save the Children's parent panel)

When claiming Universal Credit, claimants are often assigned a work coach at their local job centre to provide employment support. However, claimants often state that they find the relationship with their work coach difficult. Parents' descriptions of the relationship echoes The Institute for Public Policy Research's (IPPR) assessment of mainstream employment support as "characterised by an unequal power dynamic, and generic advice" (IPPR, 2024) that does not take account of caring responsibilities, health conditions or other legitimate barriers to seeking work (Action for Children, 2023). Families with children face additional challenges if childcare responsibilities limit their ability to undertake well-paid, flexible, and high-quality work, particularly in families with younger children and lone parents (JRF, 2024).



"I feel like when I go to the job centre, they are basically asking me why I had kids, and judging me for it. And they say that in front of my kids. What am I supposed to say to my children?"

(Parent from Save the Children's parent panel)



"It took me years to even apply for [Universal Credit] because I was that anxious that I was not going to get believed, and just the whole stress of having to sit there with them and go through everything. I think my assessment with them was nearly three hours long on the phone and going through all my medical conditions and having them asking questions and then asking the same questions over and over again, to try and trip you up."

(Parent from Save the Children's parent panel)

THE IMPACT OF CONDITIONALITY AND SANCTIONS ON CHILDREN AND YOUNG PEOPLE

Some of the more hidden outcomes of a punitive social security system are the impacts on children and young people. A lack of money places huge strain on the lives of children and forces them to assume responsibility they should not have to bear at such a young age.



"Children miss getting social experiences, like just being out as a person and doing things and learning what the world is like, they miss out on that because you can't afford to do things. It's like you lack cultural richness."

(Young person from Save the Children's youth panel)

Conditionality and sanctions are associated with an increase in child maltreatment, behavioural problems and poorer cognitive development, while also having negative impacts on family relations and child wellbeing (Pattaro *et al.*, 2022). The impact of sanctions on adults also has a detrimental impact on the children in that household. This is because sanctions can increase parental stress, having a knock-on effect on the children, and can have long-term adverse impacts on the parents in the labour market, with further effects on their children.

The introduction of Universal Credit and the threat of sanctions more specifically led to "an increase in psychological distress" and "a measure of mental health difficulties, among those affected by the policy" (Wickham *et al.*, 2020). Evidence from our focus groups shed light on some of the issues that parents were experiencing with Universal Credit, and the mental health impact this was having on them and their children. Parents spoke about how, by the end of the month, "you are always skint" and "you've literally spent it all on bills". Planning ahead then becomes much harder and this has a knock-on effect on their ability to provide for their children.

REFORMING SOCIAL SECURITY: WHAT CHANGE IS NEEDED?

The combination of what the literature tells us and what we have heard from parents and young people suggests the social security system is failing to support the mental health of children and parents, or to help provide a route out of poverty. The application of conditionality for people with mental health difficulties is too harmful to continue without significant reform.

Furthermore, evidence suggests that expanding social security payments can improve mental health. A review from 2021, based on 38 observational studies in eight different countries, found that policies that "expand social security benefits are associated with positive mental health outcomes and lower inequalities, whereas policies that reduce or limit benefits tend to have negative effects" (Simpson *et al.*, 2021).

The inadequacy of financial support from social security must be addressed, starting with the introduction of a 'child lock' on children's social security, in order to guarantee the wellbeing of the whole family.

RECOMMENDATIONS

The UK Government must increase families' incomes by improving the way the social security system operates to remove barriers that cause additional financial hardship.

- ⦿ Introduce a 'child lock' by double-locking children's social security entitlements to increase by earnings or inflation (if inflation exceeds earnings)
- ⦿ Scrap the two-child limit and benefit cap in order to ensure all children receive their benefit entitlements
- ⦿ Reform conditionality within Universal Credit:
 - ◆ Claimants with health conditions, single parents, and parents of young children should be exempt from sanctions



- ◆ Trial a grace period for those moving onto Universal Credit, where claimants are not sanctioned for the first six months
 - ◆ Introduce a 'yellow card' sanctions system so claimants are given a second chance before being sanctioned for missed appointments
 - ◆ Undertake a comprehensive review of the use of conditionality and follow the evidence about its effectiveness
- ◎ Improve employment support for families by introducing specialist work coaches for parents, especially lone parents.

FAMILY HUB

Social security should provide a bedrock for families that sits alongside other support. Although fixing the social security system will go some way to supporting children and families, holistic, joined-up support is also beneficial to help those experiencing financial hardship. Family hubs have become the main mechanism to provide this kind of support to families in England.

WHAT ARE FAMILY HUBS?


Family hubs provide a single space for families to access support and advice from a variety of services, including parenting support, health visiting and perinatal mental health support (Department for Education, 2024). Family hubs are a central component of the Best Start for Life programme and aim to provide integrated support to families with children aged 0-19. *Best Start for Life: a vision for the first 1,001 days* sets out six actions to improve the services offered to families in England between conception and age two, and has become a key priority for the Government in England.

A key aim of the programme is to reduce inequalities in health and education outcomes for babies, children, and families across England by ensuring that all parents are aware of the support available, including those who are labelled as 'hardest to reach' or most in need of support (Department of Health and Social Care and Department for Education, 2023).

The roll out of family hubs provides an opportunity to develop improved, joined-up support for families. They have also been found to offer good value for money by enabling support to be provided earlier, preventing the need for more costly interventions later. Analysis conducted by Barnardo's of its family support service offered through family hubs in the Isle of Wight found that every £1 invested in the service saved £2.60 in costs to the state (Smith, 2021).

IMPROVING FAMILY HUBS: WHAT CHANGE IS NEEDED?

The roll out of family hubs has suffered from patchy provision and lack of investment. Family hubs are not yet universally distributed throughout England, with only 75 local authorities so far funded to deliver them. Funding constraints on local authorities also make it increasingly challenging for local areas to fund services of this kind themselves. Evidence indicates a significant reduction in spending on early intervention services such as family hubs in recent years. For example, data shows that local authority spending on early intervention services decreased by 46% between 2010-11 and 2021-22, while late intervention services now account for 81% of all children's services spending (Frankin *et al.*, 2023).



It is vital that there is a rapid and comprehensive roll out of the family hub model to ensure that all families can access timely support. Additionally, all family hubs should be linked into organisations providing financial and employment support and welfare advice to support those in financial hardship.

Academic evidence identifies support for positive parenting skills as an effective buffer for children against the worst effects of poverty (Parsonage *et al.*, 2012; Kim-Cohen *et al.*, 2004). Parenting programmes are low-cost interventions with major benefits for children, families, schools and communities. It has been suggested that evidence-based parenting interventions (such as the Triple P positive parenting programme, Incredible Years, and Strengthening Families, Strengthening Communities programmes) have a positive impact on the mental health of both the caregivers and their children (UNICEF, 2023). While parenting programmes are in place in some areas of the country, provision remains patchy and further investment is needed to ensure a comprehensive offer of support.

Additionally, wider investment is needed for services that support parents and families at an early stage. Austerity measures implemented over the last decade have drastically reduced the provision of services offering preventative or early intervention support. This is reflected in cuts to funding for prevention work, such as the Public Health Grant. Analysis by the Health Foundation shows that the Public Health Grant has been cut by 26% on a real terms per person basis since 2015/16 (Finch, 2023). As a result, there are fewer services in place to support families and have an impact in the early years. For example, there is currently an estimated shortage of 5,000 health visitors in England, which has led to a reduction in the level of support that health visiting services are able to offer to families (Institute of Health Visiting, 2024). This means that for many children and young people, their needs will escalate before they are able to access support, if at all.

RECOMMENDATIONS

The UK Government must increase available support to families to ensure needs are identified and met at an early stage.

- ⦿ The Government should ensure the full roll out of family hubs across all local authority areas in England. It should be ensured that all family hubs have access to financial support, employment support, and welfare advice for families
- ⦿ The Government should invest in evidence-based parenting programmes to ensure parents receive early support
- ⦿ The Government should restore the Public Health Grant to 2015 levels over the course of the next Parliament.



IMPROVING INFORMATION SHARING

Developing better data sharing and feedback loops to support targeted health interventions and reduce health inequalities is an important role for Integrated Care Systems (ICSs). However, it is often unclear what this means for children's health (National Children's Bureau, 2024). There have been growing calls across the sector for the Government to introduce a consistent child identifier as a solution to improving data sharing across services in health and social care. Introducing a consistent child identifier would allow different agencies to identify the same child confidently, consistently and effectively in sharing data or records. As a result, professionals would be able to work with families to identify need at an early stage, identify multiple risk factors, provide timely targeted support, and improve multi-agency working and integrated care (Health Policy Influencing Group, 2024).

RECOMMENDATIONS

The Government should make a firm commitment to introduce a consistent child identifier across England to enable improved information sharing between services at a local level.

THE MENTAL HEALTH SYSTEM

When children and young people need support for their mental health, it's vital that effective help is accessible quickly. Children and young people's mental health services provide a range of support to children and young people through support in schools, through charities in the local community, or through specialist NHS children and young people's mental health services (CYPMHS). Integrated Care Boards (ICBs) are responsible for the planning and commissioning of services at a local level.

Over recent years, successive governments have focused on expanding access to mental health support for children and young people. While some progress has been made in improving access to support, many children and young people still face high access thresholds and rejected referrals, followed by long waits for support if they do get accepted into treatment. Evidence from the Children's Commissioner for England shows that of the 1.4 million children estimated to have a mental health problem, less than half (49%) received at least one contact with CYPMHS in 2022/23 (Children's Commissioner, 2024). In the meantime, estimates show that waiting times for NHS CYPMHS have increased by two-thirds in two years in England, meaning that children are waiting on average 21 weeks for a first appointment (Smith, 2023).

Rising demand has also placed additional pressure on services, and there are concerns that existing NHS capacity and infrastructure may be unable to cope with growing mental health needs, and are at risk of going backwards (Health and Social Care Select Committee, 2021).

What is more, it has been widely recognised that while children and young people living in poverty have a higher incidence of mental health problems, they are less likely to receive the support and treatment they need from services. Research suggests that local commissioners and providers of mental health services often fail to engage with the most vulnerable children and young people, resulting in patchy provision of support (Crenna-Jennings and Hutchinson, 2020). For example, only 11% of mental health trusts view children affected by poverty as a priority group for accessing services (Youth Access, 2021).

THE IMPACT ON CHILDREN, YOUNG PEOPLE AND FAMILIES

As part of our panel sessions, young people described the challenges in talking about their mental health and experiences of financial hardship. In particular, young people described fears of feeling judged or different to their peers, feeling embarrassed, and feeling overwhelmed, highlighting how stigma can create barriers to seeking support. Consequently, when asked who they would turn to for support, many shared they would not talk to anyone and would try to deal with their problems themselves.



"People don't talk about their mental health because it's not anonymous or confidential. Teachers are obliged to call home. But there's already too much stress at home so you don't want to bring more."

(Young person from Save the Children's youth panel)

Parents further emphasised that poverty is not seen as a priority for access to mental health services, and noted how their child was left to reach crisis point with their mental health before they were able to access support.



"My daughter was self-harming and so that became an emergency then, they agreed to see us. But because they were convinced that she wasn't going to do anything ridiculously stupid that day, they sent us off packing again. And that's the way they look at things. Is the child suicidal? Yes or no? If they're not, they can wait."

(Parent from Save the Children's parent panel)

Research from UNICEF UK highlights the impact that challenges accessing professional support for their child's health can have on parents. In a survey of parents, over three in four of those struggling to access support for their children reported feeling frustrated, with more than 40% feeling angry or anxious, and over a third feeling abandoned (UNICEF UK, 2023). Parents we spoke to also reflected the impact that accessing support for their child had on them, particularly when they reported poor experiences of care.



"We are already going through so much stress and so much in our mind... we are just walking with struggle, but with this type of situation, these types of people when we have encounters like this, where people are rude or discriminate, they break us... sometimes you go and seek support and the way that they treat you actually makes it worse, which is sad."

(Parent from Save the Children's parent panel)



"We went to CAMHS with my daughter who had leukaemia and she was having a really angry reaction to being in that situation. She was struggling. When we went along my daughter, she had ripped holes in her tights and I was just looking like death, just terrible that day. We staggered into the place and immediately he took us in. I could just see him take a screenshot of what was going on and he immediately stereotyped us and was condescending, poor bedside manner, arrogant, spoke down to us... You're waiting endlessly for really scant support."

(Parent from Save the Children's parent panel)

Other parents reflected how they had relied on local charities to access support due to the gaps in mental health provision. It was also noted how statutory services like NHS Children and Young People's Mental Health Services also rely on signposting to charities for further support, particularly in relation to poverty.



"I managed to find a local charity to help fund counselling sessions for [my son]. So I've had to struggle. There's not any structured way to get counselling or mental health [services] involved for him. It's just been sort of grabbing at this and that and we've struggled through, but it's not been ideal. It's not an ideal system."

(Parent from Save the Children's parent panel)

ADDRESSING MENTAL HEALTH: WHAT CHANGE IS NEEDED?

Addressing the known risk factors for poor mental health, such as poverty, should be central to government thinking across all departmental decisions that impact on the lives of children, young people and families. In the UK, there are few policy efforts designed to address both poverty and mental health difficulties simultaneously and systemically (Knifton and Inglis, 2020). Instead, there is a siloed approach to policy development where mental health is separate from work to support families and their finances. As a result, policies are developed (particularly in relation to the social security system) that often cause harm and contradict the work taking place to improve mental health outcomes.



A long-term, comprehensive, cross-government strategy for mental health is needed, that addresses the social determinants of poor mental health, especially poverty, and sets out the actions to improve the mental health of children and families. A strategy of this kind should consider the following areas:

1. Investing greater resource
2. Addressing inequalities in accessing support
3. Increasing early intervention support
4. Developing clear implementation and accountability frameworks.

1. INVESTING GREATER RESOURCE IN THE MENTAL HEALTH SYSTEM

Young people we spoke to emphasised that further work is needed to improve the mental health support available, including action to address waiting times, to expand mental health services, and to increase funding. Delivering improved mental health outcomes for children and families in poverty will require significant investment in the mental health system in order to improve the quality and effectiveness of mental health care and support. This should mean more money for Integrated Care Systems (ICSs) to deliver a comprehensive pathway of mental health support for all children and young people, spanning health, education, and the voluntary and community sector. We estimate an additional £1.7 billion should be made available to ICSs to deliver this pathway of support (CYPMHC, 2023b).

Effective change also cannot be made without the workforce to deliver it. It is crucial that action is taken to properly invest in the workforce and to create an integrated and comprehensive workforce strategy for children and young people's mental health. This should include strategies to support staff wellbeing and development, and create safe and thriving cultures for all (Centre for Mental Health, 2024).

2. ADDRESSING INEQUALITIES IN ACCESSING SUPPORT

Our findings underscore the need for more prioritisation of children and families living in poverty in local support services, and the development of ICSs creates a key opportunity to do this. ICSs comprise two main bodies: Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs). ICBs are responsible for commissioning and hold responsibility for planning NHS services; while ICPs are responsible for assessing the health, public health and social care needs of the areas they serve and producing a strategy (the integrated care strategy) to address them.

Positively, recent analysis of ICP strategies and ICB plans shows that ICSs recognise the importance of addressing the specific needs of babies, children and young people as a core part of achieving their overarching health objectives for the local population (National Children's Bureau, 2024). While economic inequality featured heavily in strategies, the analysis found that this did not translate to a greater focus on child poverty and children on free school meals. In addition, many plans did not look at addressing specific barriers to accessing services, nor did they take an intersectional approach to addressing inequalities (ibid).

Integrated Care Boards and Partnerships should therefore take a more comprehensive approach to addressing inequalities, in particular setting out actions to remove barriers to services at a local level. Metrics should be introduced within each ICS that track access to mental health support for vulnerable groups, including children living in poverty, in order to improve access and better understand barriers to support. Additionally, commissioners should listen to and work with children and families in poverty to co-design effective pathways to ensure they do not fall through the gaps in support.



"Adults don't always know what it's like for children in poverty. They like to act like they know what's going on, but they can only do this if young people share their stories."

(Young person from Save the Children's youth panel)



"I feel it is important to have young people included and have [a] say on issues like these [child poverty] as some of us will know what it's like to live in unsafe condition[s] and know what it is like to have a poor quality of life growing up"

(Young person from Save the Children's youth panel)

3. INCREASING EARLY INTERVENTION SUPPORT

Gaps in provision still exist, particularly in relation to early intervention support. Spending in this area has been dwindling over the past decade or so, and there has been no specific strategy to increase the availability of early intervention support.

Early support hubs

There have been growing calls for the comprehensive expansion of early intervention support within community settings, and the early support hub model has been recognised as a way to achieve this.

WHAT ARE EARLY SUPPORT HUBS?

Early support hubs offer easy to access, drop in support on a self-referral basis for young people with emerging mental health needs, up to age 25. They are community based and are often delivered in partnership between the NHS, local authorities or the voluntary sector. A mix of clinical staff, counsellors, youth workers, advice workers and volunteers provide support on a range of issues related to mental health while additional services can be co-located under one roof, including counselling and psychological therapies, employment and financial advice, youth services, sexual health and housing support.

Evidence shows that early support hubs can help to reduce pressure on the NHS and improve young people's health and life chances by providing a community space to access flexible support for mental health and wellbeing. It has been recognised that services delivered in the community provide cost-effective support while reaching underserved communities due to their universal, non-stigmatising and culturally responsive approach (Health and Social Care Select Committee, 2021).

Early support hubs also support those who face the greatest mental health disparities. For example, young people accessing support from these services report comparable clinical outcomes to those accessing therapy through NHS CYPMHS or school, whilst also reporting significantly higher satisfaction (Malangone, 2020). Further evidence highlights that the wider help provided by existing early support hubs through advice services is highly effective at improving young people's mental health, and prevents escalation of mental health problems related to issues such as housing, debt and employment (Youth Access, 2012).

Early support hubs provide a clear opportunity to bridge the gap in early intervention support that currently exists within community spaces. The holistic offer of support provided by these services also seeks to improve long-term outcomes for young people, such as long-term economic inactivity.

Social prescribing

In recent years, social prescribing has been recognised as an alternative approach to support mental health. So far, the model has largely focused on support for adults, and services for children and young people remain largely undeveloped, with no dedicated funding or strategy in place for children and young people's social prescribing (Rice, 2023). In order to ensure they can access a range of community support for their mental health and wellbeing, social prescribing initiatives should be extended to children and young people.

WHAT IS SOCIAL PRESCRIBING?

Social prescribing is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing (Rice, 2023). Social prescribing recognises that health and wellbeing is determined by social, economic, and environmental factors, and that clinical interventions are not always effective at addressing people's needs (ibid). The model can meet many different types of non-clinical needs, ranging from support and advice for debt, unemployment or housing to tackling loneliness through building social connections (Headstart, 2020).

Evidence shows that social prescribing is an effective early intervention for children and young people experiencing a range of symptoms including anxiety, social isolation and low mood (Rice, 2023). Other studies have highlighted the flexible nature of support and how this could be tailored to young people's specific needs, responding effectively to individuals' lived experiences and challenges (Headstart, 2020). Furthermore, social prescribing appears to be particularly effective for young people experiencing health inequalities, by forming a 'web of support' around children and families and breaking down the barriers to community assets (Rice, 2023).

4. DEVELOPING CLEAR IMPLEMENTATION AND ACCOUNTABILITY FRAMEWORKS

Previous plans and strategies to increase access to support have been thwarted by a lack of implementation frameworks or accountability mechanisms, meaning they have not been comprehensively delivered. Action to improve mental health outcomes for babies, children and young people must therefore be supported by a clear, national framework for implementation and accountability to ensure that commitments made translate into tangible improvements in the quality, equity and effectiveness of treatment at a local level.

Secondly, to ensure all government departments have a focus on the mental health impacts of their decisions, a mental health policy test should be introduced and applied to all government policies. This test should form part of the policy production process, enabling civil servants and decision makers to ensure their prospective policies will have a net-positive impact on mental health. Policy testing has been linked to positive mental health impacts and can prevent policies being developed which would have a detrimental impact on mental health (Bell and Young, 2024).

RECOMMENDATIONS

The UK Government must act to tackle the root causes of mental ill health and poverty through introducing a cross-government mental health strategy. This must include:

Greater resource and investment

- ⦿ The Government should deliver £1.7bn in increased investment to Integrated Care Systems to deliver a comprehensive pathway of mental health support for all children and young people
- ⦿ The Government should set out an integrated workforce plan for children and young people's mental health.

Address inequalities in accessing support

- ⦿ The Government should support Integrated Care Boards to introduce and use specific metrics to track access to mental health support for vulnerable groups, including children living in poverty. Action to address barriers to support for these groups should be made explicit in ICB and ICP plans and strategies to tackle health inequalities
- ⦿ Integrated Care Boards should listen to and work with children and families in poverty to co-design pathways of support.

Increase early intervention support

- ⦿ The Government should fund a full national roll out of early support hubs
- ⦿ The Government should extend social prescribing initiatives to children and young people to ensure this group can access a range of community support.

Clear implementation and accountability frameworks

- ⦿ The Government should introduce a clear national framework for implementation and accountability mechanisms for children's mental health
- ⦿ The Government should introduce a mental health policy test and this should be applied to all government policies.

CROSS-DEPARTMENTAL ACTION ON CHILD POVERTY

The evidence clearly demonstrates that poverty is inextricably linked to most social determinants of mental health. That is why urgent action is needed to address child poverty and the additional pressures it places on the mental health of babies, children and young people. Action to reduce child poverty should therefore be an explicit priority for the Government through the introduction of a cross-government, child poverty strategy.

Save the Children UK has set out how a future government could implement a **child poverty strategy**. A UK-wide child poverty strategy should be cross-departmental, led by the Prime Minister or Chancellor, and underpinned by a Child Poverty Act which sets legally binding targets over a ten-year period.

Any UK-wide child poverty strategy should align with both cross-departmental action to address mental ill health and national, regional and local strategies to tackle child poverty.

Local anti-poverty strategies can also foster greater partnership working between services and systems, such as ICSs, and ensure there is alignment within wider strategies and initiatives. The Local Government Association has collated the latest examples of local authority-led anti-poverty and cost of living strategies (Local Government Association, 2024).

RECOMMENDATIONS

The Government should develop a cross-departmental child poverty strategy, including action on social security, health, housing and education. This should be underpinned by a Child Poverty Act with legally binding targets. This should align with a cross-government strategy to tackle mental ill health and the establishment of a mental health policy test.

THE EDUCATION SYSTEM

Education settings play a crucial role in supporting the mental health and wellbeing of children and young people. For many children, the education system is a key place they seek support, and many schools are increasingly supporting the entire family with issues related to poverty and mental health. Yet poverty can also impact a child's experience of school and add to the pressures children, young people and families face. Education professionals report that rising financial hardship is presenting itself in many ways – for example, seeing more families struggling with uniform and PE kit requirements, and more children struggling to concentrate on learning due to hunger and fatigue (CPAG, 2023).

THE IMPACT ON CHILDREN, YOUNG PEOPLE AND FAMILIES

For many children in poverty, school is not a supportive environment for their mental health and wellbeing. Young people spoke to the growing concerns that they have about school due to poverty and the knock-on impacts on their mental health. Young people told us about the shame, stigma and embarrassment they feel due to not being able to afford the correct uniform, being in receipt of free school meals, and a subsequent lack of motivation at school. When asked how financial hardship affects their mental health, children and young people spoke about the “constant pressure at school”, of “not wanting to go to school” and having “lots of things I want to tell her [mum] about school” but that they “don’t really have time” because of the financial pressures.

Research suggests that that children from deprived backgrounds are more likely to feel anxious, unconfident and reluctant about school (Just for Kids Law *et al.*, 2020). A survey of young people conducted by Children in Wales about poverty and bullying found that not being able to afford the right equipment led to young people feeling isolated and anxious about what they wear, leaving them feeling self-conscious about themselves and affecting their mental health (Children in Wales, 2022).

A lack of equipment, not having the correct uniform or ability to engage in the school day can lead to children from low-income backgrounds being disproportionately sanctioned by schools for not meeting the required expectations (CYPMHC, 2023a). Sanctions for not meeting school expectations are often the same as those applied for poor behaviour. This can lead to young people feeling unjustly treated, in some cases causing them to resist punishment, which in turn escalates to more serious sanctions and a reputation for being ‘problematic’ (Just for Kids Law *et al.*, 2020). What is more, children who are on free school meals are four times more likely to be suspended from school than pupils not eligible for free school meals (GOV.UK, 2024).

Children on free school meals are also more likely to be absent or persistently absent from school than others. A report by the Education Select Committee identified low income as a driver for low attendance and recommended that measures to tackle child poverty should be considered in the approach to improving attendance (Education Select Committee, 2023). Research by Centre for Mental Health and the Children and Young People’s Mental Health Coalition further advocates for action to address poverty in order to improve school attendance (Shafan-Azhar and Bottomley, 2024).

INCREASING SUPPORT IN EDUCATION: WHAT NEEDS TO CHANGE?

1. Embed whole education approaches to mental health and wellbeing

Whole educational approaches to mental health and wellbeing need to be fully embedded across all education settings. This approach aims to place mental health as foundational to all aspects of educational life, for all students and staff. Steps have been made over recent years to create and implement whole education approaches to mental health and wellbeing, yet they are not routinely embedded in all settings and remain optional. Creating a sense of belonging in schools and promoting inclusivity through whole educational approaches has many positive benefits, including increased student motivation, improved health and wellbeing, reductions in absenteeism and improved academic achievement (National Education Union, 2020). This is particularly important given that children from disadvantaged communities are twice as likely as their peers to feel like they don't belong in school (ibid).

2. Full roll out of Mental Health Support Teams in schools

Over recent years, the Government has worked to improve the availability of mental health support in schools and colleges through the *Transforming Children and Young People's Mental Health Provision* green paper, which was published in 2018. The green paper included proposals to increase early intervention support in schools and colleges, including rolling out Mental Health Support Teams (MHSTs) in schools and colleges.

While the green paper set out an initial target for MHSTs to reach a fifth to a quarter of the country by the end of 2022/23, this target has since been surpassed. The latest data from the Department for Education shows that there will be around 600 MHSTs up and running by March 2025, covering 54% of pupils in schools and colleges (Department for Education, 2024). However, there have been significant concerns about the implementation and ambition of the green paper proposals and the speed at which all areas of the country will have access to this additional support. Findings from Barnardo's suggest that the current timetable for the roll out of MHSTs leaves around 6.5 million children without access in the medium term (Barnardo's, 2022).

To end the postcode lottery in MHST provision, the Government should commit to full national roll out of MHSTs to ensure all children and young people can access support for their mental health within schools and colleges. The Government must also act to address the fact that some groups of children and young people are underserved by MHSTs, including those with special educational needs or neurodiversity, those from racialised communities and some religious backgrounds, and those with challenging family or social circumstances (Ellins *et al.*, 2023).

Children and young people with special educational needs face additional barriers due to decades of underfunding of SEND provision in schools. Many children are being excluded from engaging in school fully, which can have a detrimental impact on their mental health as well. This will be explored further in a Save the Children report examining how the principles of the 'child lock' could be applied to build a better, safer, and more secure learning environment for all children.

2. Direct support via schools for children in poverty

Young people we spoke to recognised that schools need increased resources to support students facing financial and mental health challenges effectively. Addressing child poverty must be central to the Government's thinking on education, and there are practical steps which can be taken to alleviate hardship among children and improve educational outcomes for all.

Firstly, free school meal entitlement should be expanded to children in households in receipt of Universal Credit. Current eligibility criteria for free school meals are too stringent, with analysis from the Child Poverty Action Group showing that 900,000 children in poverty in England do not currently qualify for either of the two nationally provided free school meals schemes (CPAG, 2023). Existing evidence on the benefits of free school meals indicates that they have significant and lasting benefits to individuals and society, including positive impacts on educational attainment, mental health and physical health, and productivity improvements over the short, medium and long term (Impact on Urban Health, 2022).

Secondly, the cost of school uniform can be a source of financial stress to families. In 2021, legislation was passed for statutory guidance to be put in place to ensure school uniform costs do not become excessive. However, a poll of 2,000 parents conducted by The Children's Society in 2023 found that total costs had actually increased, with parents of secondary school pupils paying on average £422 per year for uniform (Walker, 2023). While the introduction of the guidance is a welcome first step, it is clear that this needs to be strengthened by introducing a uniform price cap and a national school uniform grant.

RECOMMENDATIONS

The UK Government must expand mental health support to all schools and colleges, and improve support provided in the education system for children living in poverty.

- ⦿ The Government should commit to, and fund, the full roll out of Mental Health Support Teams across all schools and colleges in England, with a specific focus on underserved groups
- ⦿ The Government should fully embed whole education approaches to mental health and wellbeing across all education settings
- ⦿ The Government should expand free school meals provision to all children in households in receipt of Universal Credit and lock the yearly increase of the free school meals allowance in line with inflation
- ⦿ The Government should strengthen existing statutory guidance on school uniform by introducing a uniform price cap and a national school uniform grant.



CONCLUSION

Children and young people living in families facing financial hardship and poverty are at increased risk of developing mental health problems. Money and mental health are inextricably linked; not having enough money leads to parental stress and guilt, which has a knock-on impact on children, both in the here and now and over the course of their lives.

As child poverty continues to rise and the cost-of-living crisis further stretches family budgets, it is unsurprising that mental health difficulties are also increasing. And while the cost-of-living crisis has exacerbated child poverty, many of the conditions were evident before it began.

The systems around families can either mitigate or exacerbate difficulties. We have found that, too often, they do the latter. The inadequacy of the social security system, which should offer people a financial safety net, places additional strain and pressure on families, while the complexity and fragmentation of the mental health system makes it challenging for young people to access support, if at all.

Parents told us how the social security system damages their mental health due to its complexity, the insufficiency of benefits for families to live on, and the impact of conditionality and sanctions. Young people were also acutely aware of the financial pressures their parents face, and many spoke about not wanting to add further stress, including worries about their mental health. As a result, families are left trapped in a cycle of financial hardship and worsening mental health.

More work is needed to support the mental health of people living in poverty. Far too many children living in poverty are struggling to access the support they need, and poverty is not yet routinely identified as a priority for access to services.

Several policy initiatives have been put in place to improve mental health outcomes for children and young people, but the emphasis on conditionality and sanctions in the social security system is undermining these efforts. A more coordinated approach to policy is required across government that recognises and addresses the determinants of poor mental health. But change cannot be made without increased investment in the mental health system and the financial and community support available to families.

An approach to poverty and its countless impacts on mental health must take a whole family approach that recognises the indivisibility of parental and child mental health (Treanor *et al.*, 2023). Ultimately, any interventions aimed at addressing child and parental mental health that do not also effectively tackle the impacts of poverty will have limited success.

It is crucial that action on poverty and mental health is prioritised by the Government. Overleaf, we have set out a roadmap to lock in protections for children's mental health over the next parliamentary session.

A ROADMAP FOR LOCKING IN PROTECTIONS FOR CHILDREN'S MENTAL HEALTH

RECOMMENDATIONS FOR CHANGE

ENGLAND

- ⊙ Establish a programme to roll out early support hubs across all areas of the country.
- ⊙ Expand free school meals provision to all children in households in receipt of universal credit and lock the yearly increase of the free school meal allowance in line in with inflation.
- ⊙ Strengthen existing statutory guidance on school uniform by introducing a uniform price cap and a national school uniform grant.
- ⊙ Set out an integrated workforce plan for children's mental health.

In the first year, the Government should:

- ⊙ Complete the full roll out of Mental Health Support Teams across all schools and colleges in England.
- ⊙ Begin implementation of the workforce plan.

In years 2-3, the Government should:

- ⊙ Built up to sustained investment of £1.7bn per year in the children's mental health system.
- ⊙ Completed full roll out of family hubs and invested in evidence-based parenting programmes.
- ⊙ Completed the full roll out of early support hubs in every local area.
- ⊙ Established a programme to fully embed whole education approaches to mental health and wellbeing across all education settings.
- ⊙ Extended social prescribing initiatives to all children and young people.
- ⊙ Restored the Public Health Grant to 2015 levels.

By the end of the parliament, the Government should have:

UK WIDE

- ⊙ Scrap the two child limit and benefit cap to ensure all children receive their benefit entitlements.
- ⊙ Undertake a comprehensive review of the use of conditionality and follow the evidence about its effectiveness.
- ⊙ Publish both a mental health strategy and child poverty strategy with clear interim and final targets, a plan for implementation, and accountability mechanisms. This should include the introduction of a mental health policy test.

- ⊙ Reform conditionality within Universal Credit.
- ⊙ Claimants with health conditions, single parents, and parents of young children should be exempt from sanctions.
- ⊙ Trial a grace period for those moving onto Universal Credit, where claimants are not sanctioned for the first six months.
- ⊙ Introduce a 'yellow card' sanctions system so claimants are given a second chance before being sanctioned for missed appointments.

- ⊙ Introduced a 'child lock' by double-locking children's social security entitlements to increase by the highest of earnings or inflation.
- ⊙ Sustained action on a mental health and child poverty strategy, reviewed against targets via accountability mechanisms.

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