



North Tyneside Specialist CAMHS Poverty Proofing© Case Study with Angela Brown and Theresa Maddison

Date: July 2025

Introduction

“The biggest impact of Poverty Proofing® has been that raised awareness within the staff workforce, to be a bit more curious and a bit more mindful.”

Children North East began the Poverty Proofing audit with North Tyneside Specialist Child and Adolescent Mental Health Service (CAMHS) in May 2023. The CAMHS service offers support to children and young people up to 18 years old, as well as their families, who are experiencing moderate to severe emotional, behavioural, developmental, and psychological difficulties. Referrals to North Tyneside Specialist CAMHS can be made by various professionals, including general practitioners, social workers and public health nurses in schools. The work included five separate service areas; Single Point of Access (SPA), ADHD Medication Service, Core Emotional Disorder Service, Eating Disorder Service and Neurodiversity Assessment Service. Angela Brown (North Tyneside Specialist CAMHS manager) and Theresa Maddison (North Tyneside Specialist CAMHS Nurse Consultant) spoke about the work.

Angela explained that awareness of the project came through the Trust’s public health team and as the Children North East team had recently done an audit with the Northumbria Healthcare NHS Foundation Trust’s Speech and Language Service, it was highlighted as something the CAMHS team could also participate in. Angela mentioned that one of the factors discussed in initial scoping with the Poverty Proofing team was the services ‘Did Not Attend’ (DNA) rates and that this led them to become curious about what might be preventing families from accessing the service and what could be done to resolve this.



North Tyneside Specialist Child and Adolescent Mental Health Service

In the last two decades, many of the indicators of health and wellbeing have improved significantly in North Tyneside, however they remain today on average worse than those for England. Health inequalities persist within the borough and as

a result the overall picture of health and wellbeing across North Tyneside is mixed (*North Tyneside Council, 2023*). In September 2024, the Social Mobility Commission classified North Tyneside in the 'middle group' for conditions of childhood, labour market opportunities for young people, and innovation and growth. However, it was placed in the 'unfavourable group' for promising prospects, indicating potential challenges in upward mobility for certain demographics.

Child mental health is a significant concern in North Tyneside with approximately one in eight adolescents diagnosed with mental health disorders such as anxiety, depression and behavioural issues. This prevalence underscores the need for accessible mental health services and early intervention strategies (*Anxious Minds, 2024*). The prevalence of mental illness among children and young people has increased over time, leading to a higher demand for mental health services (*Health Innovation NENC, 2024*).

Links between CAMHS and Poverty

Poverty is strongly linked to an increased risk of mental health issues in children and adolescents. Children living in low-income families are more likely to experience stress, anxiety, depression and other mental health disorders due to factors such as inadequate housing, food insecurity and living in an unstable environment. This, in turn, can lead to a higher need for mental health support through services like CAMHS.

It is well established that over half of all mental health problems manifest before the age of 14 years and 75% have developed before the age of 18 years. Mental illness affects all aspects of a child's development. Therefore, a delay in treating or untreated mental health problems in children and young people has a long lasting far-reaching impact (*North Tyneside Council, 2021-2026*).

1 in 6 children nationally now have a probable mental health condition (aged 0-19), this would equate to about 7,500 children in North Tyneside (out of the 0-19 population of 45,000 with a probable mental health condition (*North Tyneside Council, 2021-2026*).

When asked if they'd seen the first hand impact of poverty within their role, Theresa said;

“I think we probably were aware, but it wasn’t at the forefront of our thinking when bringing families in. Our first thoughts are around risk management and their mental health”. (Theresa)

“We’d not really considered those families that are reporting that they’d actually had to give up work because their child’s mental health needs are so significant, and then the impact of that on the families’ lifestyle”. (Theresa)

There is a strong link between poverty and parents having to stop work due to caring responsibilities for their children’s mental health. When parents reduce work hours or leave employment to care for their child, household income decreases, increasing the risk of financial hardship. Single parent households or families with low financial reserves are especially vulnerable. Parents in lower income jobs also often lack flexible work arrangements, sick leave or paid carers leave, making it difficult to balance work and caregiving. As a result, job insecurity can force parents to choose between earning an income and supporting their child’s needs.

Poverty Proofing© Process

74 individual staff members were trained and 38 staff interviews were conducted. Theresa said she thought the sessions were well offered as they were scheduled at different times on various days to accommodate different teams, part time staff, and those with varying commitments, ensuring that the majority of the workforce could attend.

“Training feedback from the team was positive. It was well pitched and raised awareness.” (Angela)

Theresa explained that the audit provided an insight, revealing that they may have not been advertising clearly enough that families could claim back travel expenses through the reimbursement scheme. While they believed the information was visible, feedback showed that many families were unaware of the process, found it confusing, or felt awkward about asking.

During the audit, changes were made to the travel cost reimbursement scheme. The process has been clarified and there are efforts to raise awareness, for example a poster on the window of the front reception office.

Overall, services offered a good level of flexibility in booking appointments, which reduced instances of families missing work to attend appointments, having to pay

for childcare or incurring other avoidable costs. It was common for appointment times to be decided collaboratively between the service and the family, either in person at appointments or over the phone. Families were frequently aware they could change their appointment times without incurring long waits and they commonly did so.

“Families can ring us and our phones are operated at all times during the service’s opening times, we’re also very central so families can walk in too, there’s options for virtual appointments to so families aren’t having to travel in all the time.” (Theresa)

Although each service received its own distinct report and recommendations, when analysed collectively there were a number of common themes and areas of overlap.

Barriers identified in the summary report:

- Cost of travel
- Parents needing to reduce their work hours or stop working altogether to support their child
- Cost of technology, clothing etc for children with additional needs
- Some families struggling to navigate and negotiate appointments because the appointment to meet their needs is not available
- The lack of patient participation opportunities

Addressing Barriers

Theresa and Angela commented that the actions required to address most of the barriers focused on making information more visible to their patients.

“We’ve got our television screen in the waiting room which we keep updated with information about services if they need that additional support.” (Theresa)

This information involves guidance to benefits advice, the travel reimbursement scheme and other support. It is displayed discreetly, allowing individuals to take notes or pictures if they choose. Maintaining discretion is crucial, as Poverty Proofing audits have shown that many individuals and families may feel embarrassed or ashamed when seeking support. The fear of judgment or social

repercussions can discourage them from accessing resources. Additionally, by making this support visible to everyone, it ensures that no one feels excluded.

“We have leaflets around the area too, particularly when we hear of places putting on free play schemes at Christmas or in the summer holidays that families can take children and young people along to in the local area.”

(Theresa)

Free play schemes are crucial for families and children on lower incomes because they provide accessible opportunities for play, learning and social development that might otherwise be limited due to financial constraints.

“We’ve put sanitary products in all toilets that are free and we keep them regularly stocked.” (Angela)

Period poverty refers to the inability to access or afford menstrual products such as pads, tampons or menstrual cups, which affects a person’s ability to manage their menstruation with dignity and hygiene. Period poverty disproportionately affects low-income individuals, people experiencing homelessness, and marginalised communities. Providing free products helps level the playing field and ensures all people have access to the basic necessities required to manage their menstrual health.

“Some staff have changed working hours too so we’re trying to put more flexibility in, having earlier appointments and later ones, which means that children/young people don’t always have to come out of school but also parents can come out of work hours.” (Theresa)

Theresa emphasised the importance of being mindful about the equipment and resources used with children and young people, ensuring they are accessible to families regardless of financial constraints. She noted that services should avoid using specialised or expensive kit that parents may not be able to afford.

“None of our therapy rooms have got any expensive resources in them, we’re very mindful about what resources we do use and take in or make available.”

(Theresa)

The service have also set up a patient participation forum which is key for getting direct feedback from young people and working in co-production to learn from their experiences, address potential health inequalities and make changes based on that learning.

A really important first step in being able to provide person-centred, poverty proofed care is to be able to identify who needs additional support. We know that

the NHS is responsible for only around 15% of a person's health outcomes, the rest being decided by the 'social' or 'core' determinants of health (Sinha, 2022). These include a person's housing, socio-economic status and food environment. As these factors have such a monumental impact on a person's health, we believe it is the duty of every healthcare professional to understand this environment and shape care round this knowledge. A first step is normalising having conversations about finances and poverty with every patient.

Theresa explained that clinicians are now more mindful of various factors when scheduling appointments, such as whether families need to take time off work or if parents have had to quit their jobs due to their child's mental health needs. She also highlighted the importance of being aware of children on free school meals, ensuring appointments do not coincide with mealtimes, and approaching the topic sensitively so that families do not feel judged or uncomfortable. Overall, she emphasised that there is a greater awareness of these considerations in current practice.

Wider Reach

When asked what role healthcare organisations play in addressing social inequalities, Angela said "We all have a part to play." She explained that there are gaps between services that need bridging, and the Trust is committed to addressing this, by working with Citizens Advice to offer support and advice to patients and families. She also emphasised the importance of flexibility, promoting digital inclusion and being mindful of ways to support individuals without overstepping core responsibilities.

"Poverty Proofing is definitely worth doing as a service." (Theresa)

Theresa emphasised the importance of dedicating time to think, review what's happening, reflect on incoming reports, and take necessary actions as part of the Poverty Proofing process. She noted that it's easy to get caught up in other directions after starting a project, so it's important to make time and stay engaged and see it through.

"It's key for us to get direct feedback from the young people and do things in co-production." (Theresa)

Patient empowerment is a key common theme within Poverty Proofing work. Many low income communities experience generational health disparities. Empowering individuals with knowledge and tools to manage their health can lead to long-term improvements for families and communities. Patients who are actively involved in their care tend to have better health outcomes, as they feel empowered to manage their conditions effectively. Co-production in healthcare leads to more effective, patient centred care that improves experiences, outcomes and system efficiency.

Conclusion

The Poverty Proofing audit with North Tyneside Specialist CAMHS has highlighted the significant impact that financial hardship can have on families accessing mental health services. Through this process, key barriers – such as travel costs, work-related challenges, and access to essential resources – were identified and addressed with practical solutions, increased service flexibility, and the provision of free essential items.

By embedding poverty awareness into everyday practice, the service has taken meaningful steps towards reducing health inequalities and ensuring that all children and young people, regardless of financial situation, can access the support they need. The introduction of a patient participation group, collaboration with external support services and continued reflection on policies demonstrate an ongoing commitment to making CAMHS more accessible.

References:

Child & Adolescent Mental Health (CAMHS) Service [Child & Adolescent Mental Health \(CAMHS\) Service](#)

North Tyneside Overview of Health and Wellbeing (2023) [North Tyneside health and wellbeing profile \(edit\)_0.pdf](#)

North Tyneside – Social Mobility Commission State of the Nation (2024) [North Tyneside - Social Mobility Commission State of the Nation - GOV.UK](#)

Population Needs Assessment Report (2024) [NEQOS-Mental-Health-population-needs-report-Final-March-2024.pdf](#)

Anxious Minds – Youth Mental Health [Youth Mental Health Support in North Tyneside](#)