OXFORDSHIRE
PARENT CARERS FORUM
The Voice of Parent Carers in Oxfordshire

Oxfordshire Parent Carers Forum
Child and Adolescent Mental Health Services in Oxfordshire 2022

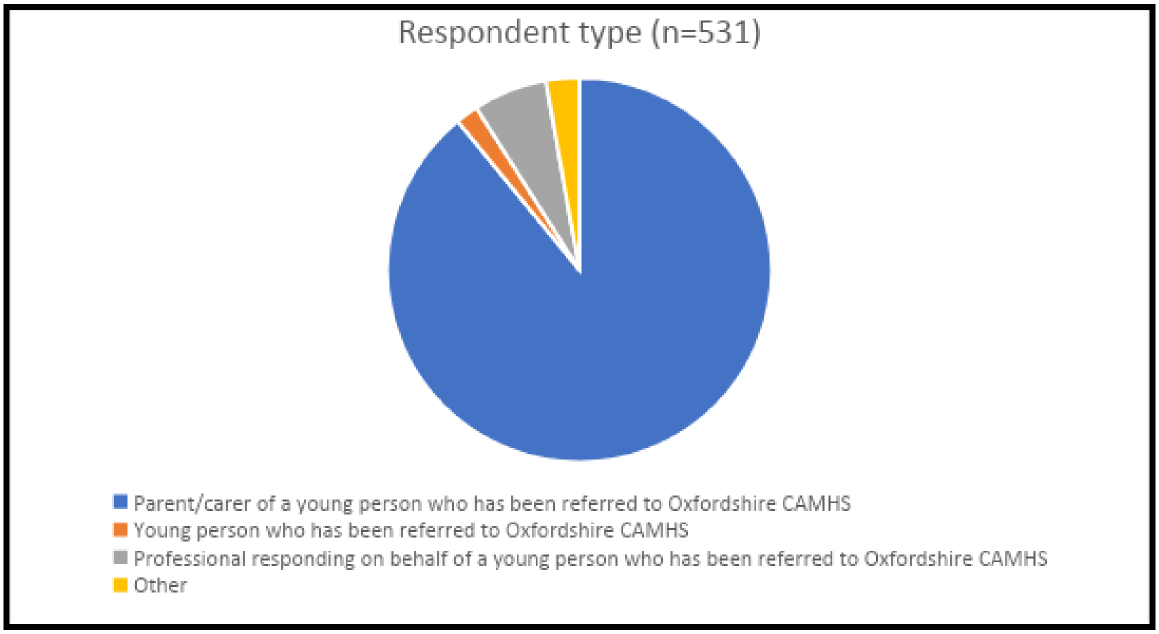
Background and Methodology

This survey and its content was developed by the Oxfordshire Parent Carers Forum in partnership with professionals from the Oxfordshire CAMHS service. The survey was run through online platform Survey Monkey from 7th February through 10th March 2022. The survey was advertised through the OxPCF network, Health service providers and School news. The results from this survey add to findings from an earlier survey of CAMHS services conducted by OxPCF in 2020. The report and response from the 2020 CAMHS survey can be viewed **here**.

Survey Respondents

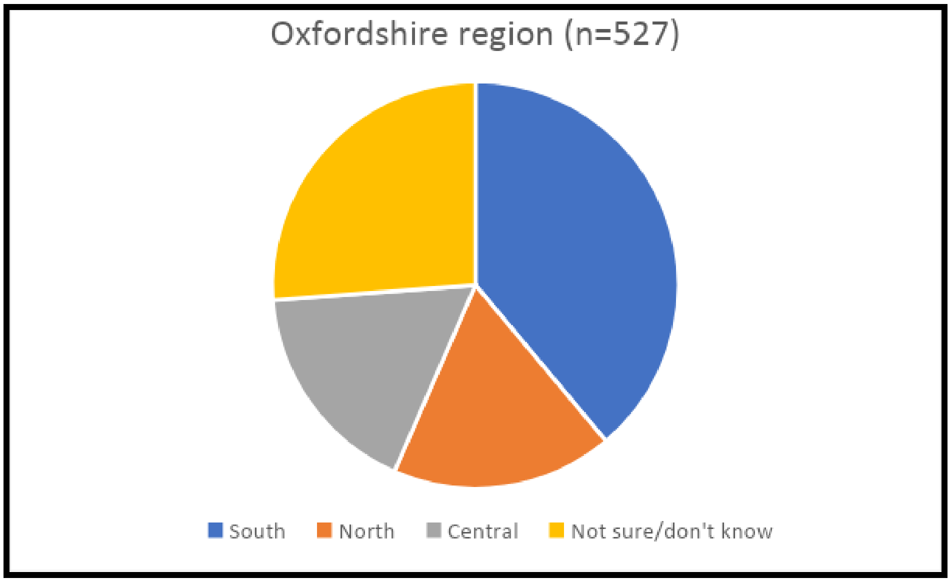
A total of 748 responses to the survey were received. Initial analysis showed a high number of substantially incomplete responses (from 154 parents/carers, 41 professionals, 2 young people, and 17 others), where no answers were given beyond the first two questions on respondent type and region. These substantially incomplete responses were removed from the dataset, for a sample size of 532 respondents for analysis.

Further analysis showed an increase in missing data with later survey questions, with approximately 20% of responses missing from question 11 onwards. The pattern of missing data suggests survey fatigue, where respondents discontinued the survey part way through. Results are reported for the number of people who actually answered each question, with the sample size indicated.

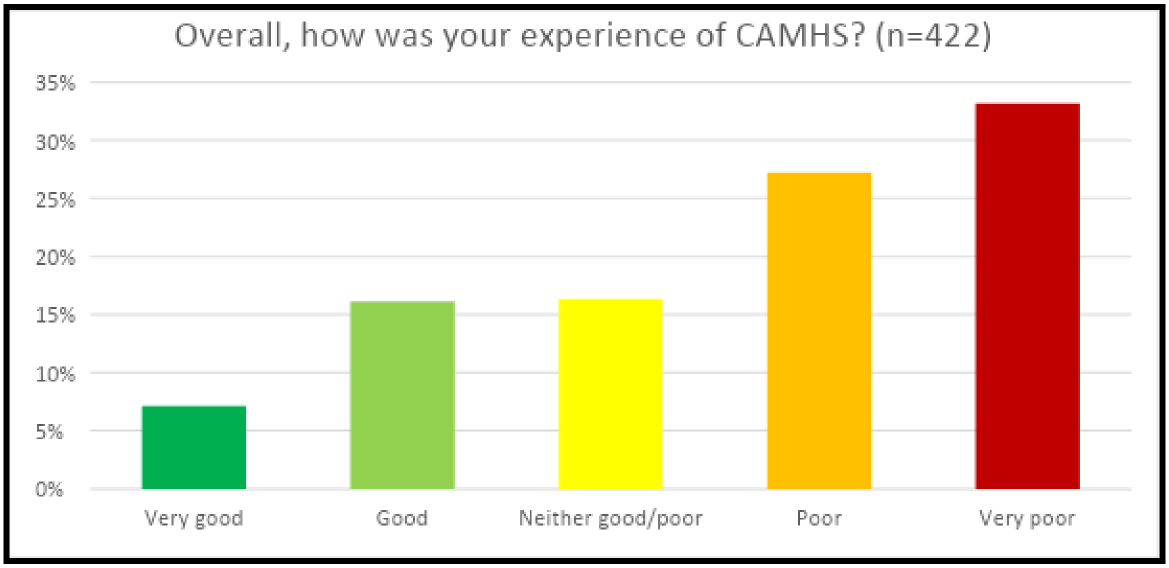


The vast majority of survey respondents (89%, n=473) were a parent or carer of a young person who has been referred to Oxfordshire CAMHS. A further 6% (n=33) were professionals responding on behalf of a young person who has been referred. The sample included 10 young people (2%) who responded on their own behalf. Fifteen people (3%) described themselves as 'other', which included parents whose child had not yet been referred or had been discharged from the service (6), different types of professionals (5), grandparents (2), and a parent who is also a professional (1).

All regions of Oxfordshire were represented, with a larger proportion from the South (39%) and a significant minority who were not sure which region they were in (26%).



Overall experience of CAMHS



A majority of respondents (60%) reported a poor or very poor experience of CAMHS, compared to 23% who reported a good or very good experience of CAMHS. Initial qualitative analysis indicates that long waiting times, leading to worsening of symptoms and loss of hope that someone will help, as a significant factor for those with poor experience of CAMHS.

Indicative comments: [1]

- "My son has learnt that there is little support out there and that when he needed it most he was dropped by them. He does not believe that anyone can help."
- "No effect on my child, hasn't been seen by CAMHS yet. My stress levels are through the roof trying to cope on my own with the guilt of feeling like I am letting my son down by not being able to get him the answers and the help he deserves. I am now taking anti anxiety medication myself."
- "Only by accessing medication in the last two months has CAMHS made a difference to my son. As a parent, it has been negative, isolating and felt abandoned."

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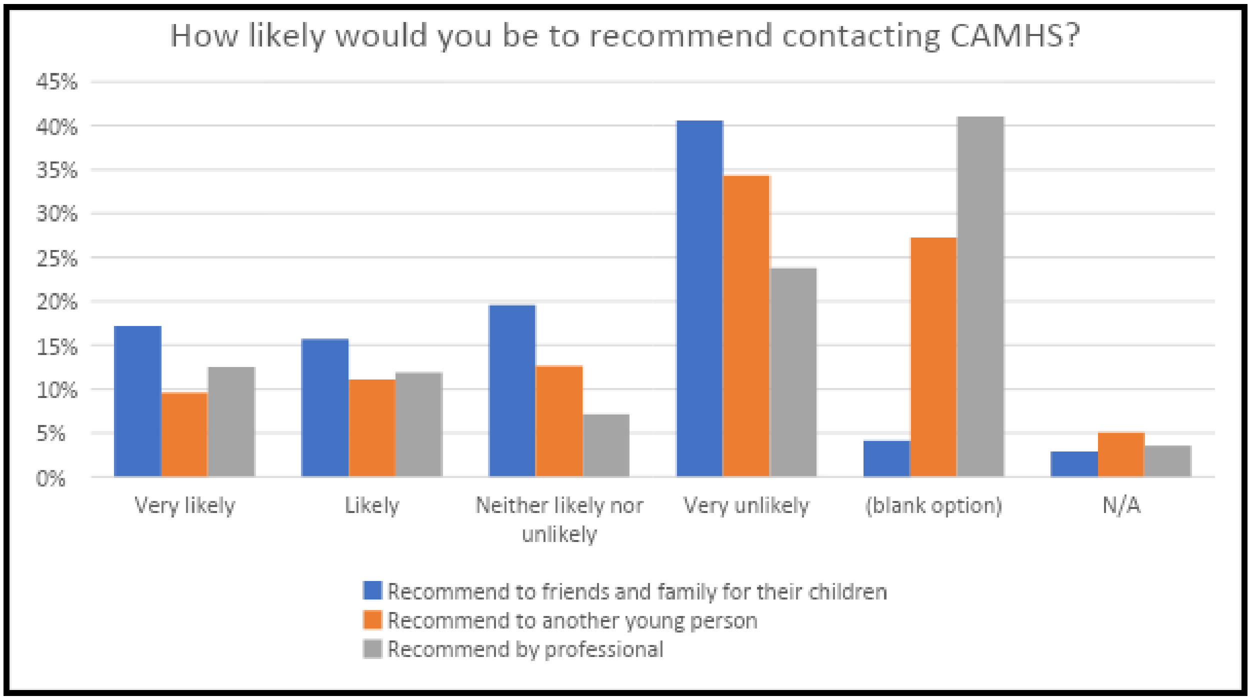
[1] All quotes are verbatim

In contrast, respondents with a positive experience of CAMHS felt that, once accessed, professionals were supportive and helped families to better understand their child's needs.[2]

- "It helped me (parent) and young person to know that there is someone to contact; our problems were taken very seriously"
- "Huge positive impact - my daughter is constantly looking for labels, and the clinician has always had a friendly ear, providing psychoeducation and support"
- "Now I know what I'm working with and have all the information about how my son manages/ functions I feel much calmer and more equipt to be able to support him"

The overall experience of CAMHS mirrored how likely respondents were to recommend contacting CAMHS for help, with the largest group (40% of parent/carer respondents) very unlikely to recommend contacting CAMHS.



For all three recommendation types, statistically significant relationships were observed between the likelihood of recommending CAMHS and the overall experience of CAMHS; those with poor experience were less likely to make a recommendation. The correlation was moderately strong for recommendations to friends or family with a child experiencing

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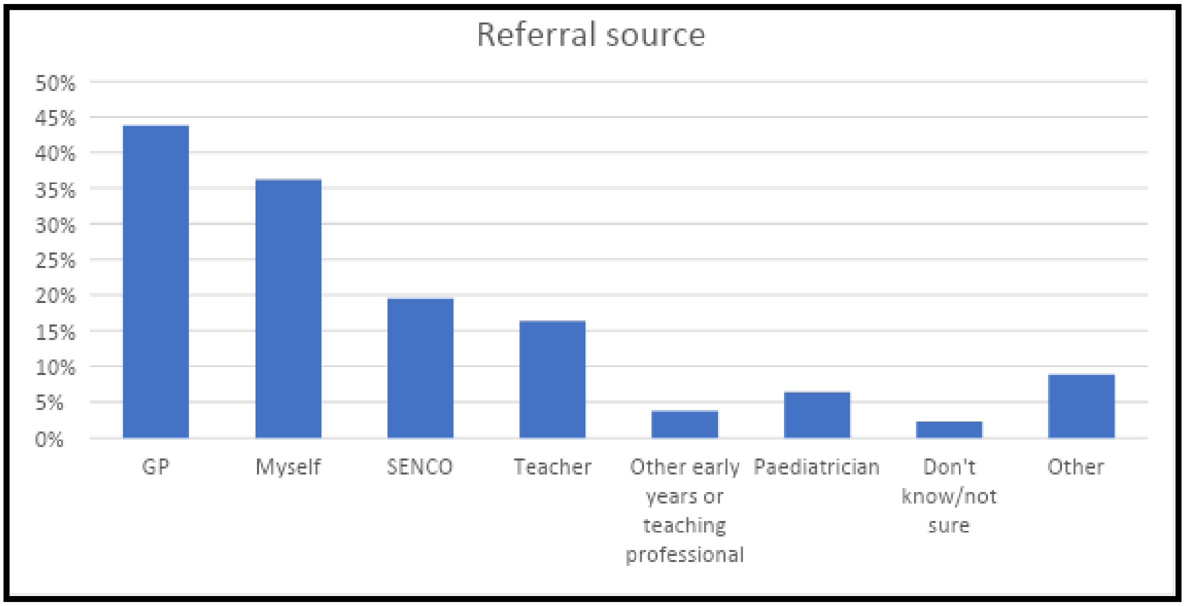
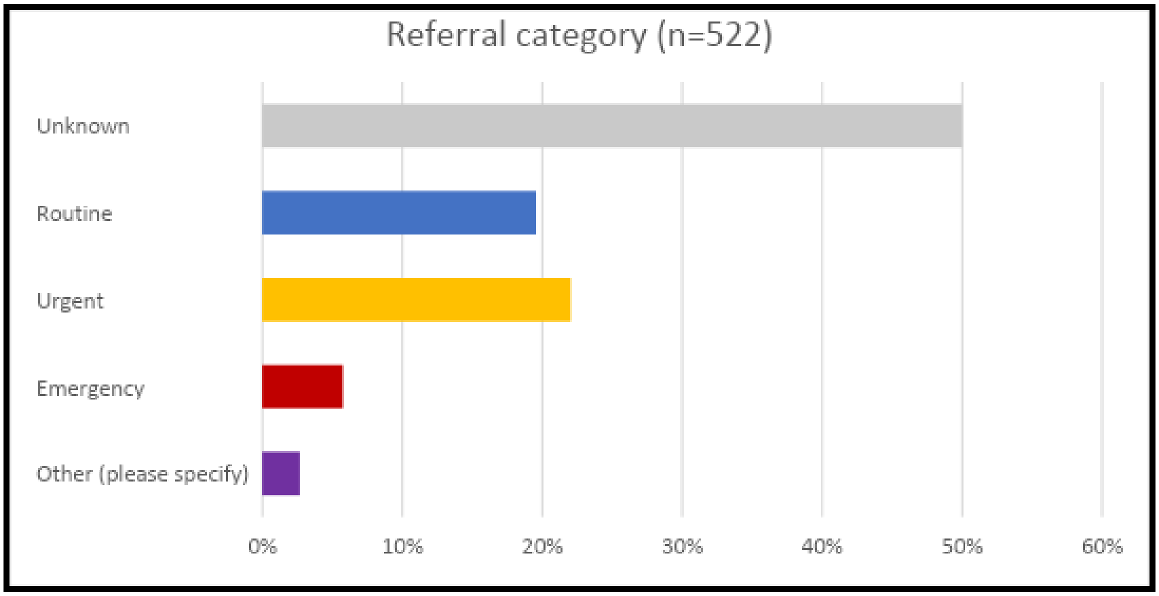
[2] All quotes are verbatim

mental health difficulties (r=0.67, p<0.000), but weaker for recommendations to another young person (r=0.39, p<0.000) and for recommendations by a professional (r=0.35, p<0.000).

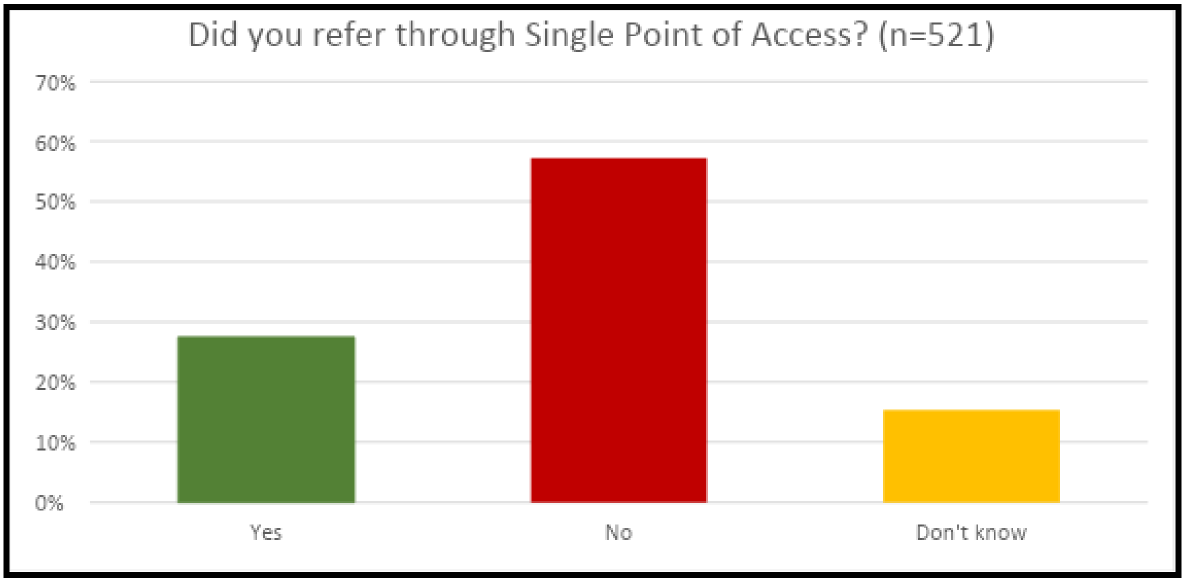
Referral Routes



The most frequent sources of referral were the GP (44%), self-referral (36%), and education sector referrals including SENCO (20%) or a teacher (16%).



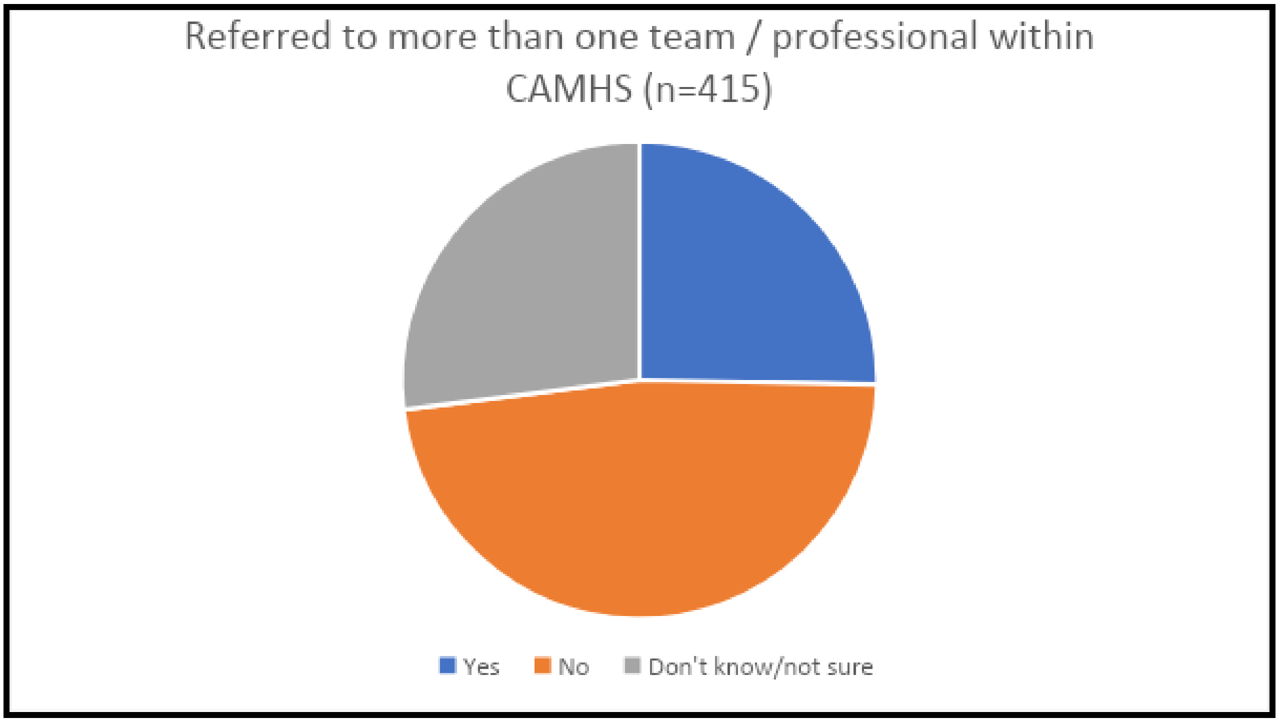
Most respondents (50%) did not know what category is given to the most recent referral made to Oxfordshire CAMHS. Known referral categories were mainly balanced between Urgent (22%) and Routine (20%), with 6% of respondents reporting an Emergency referral.



Most respondents (57%) did not refer through Single Point of Access, although 27% reported using the service with a further 15% unsure.

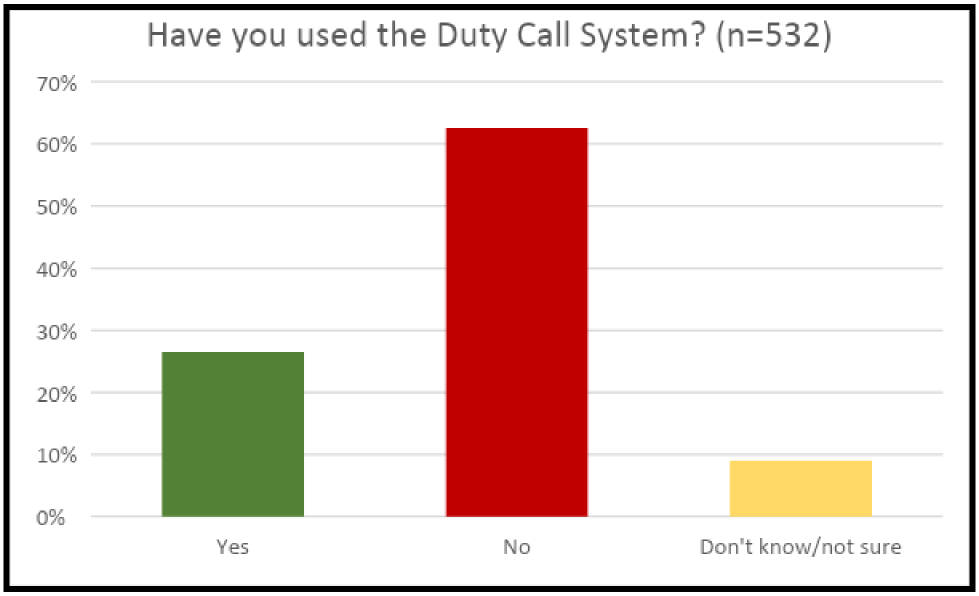
When prompted on the referral pathway, the largest group of respondents (37%) did not know which pathway they had been referred to. The largest groups of known referral pathways were for Neuro-Developmental Conditions (26%), Getting Help (14%), Getting More Help (14%), and Eating Disorder Service (7%).

Referral Pathway	**Percentage**
Don't know/Not sure	37%
Neuro Developmental Conditions including Neuropsychiatry (NDC)	26%
Getting Help (GH)	14%
Getting More Help (GMH)	14%
Eating Disorder Service	7%
Mental Health Support Team (MHST)	6%
Learning Disability Service (LD CAMHS)	5%
Child and Adolescent Harmful Behaviour Service (CAHBS)	4%
Family Assessment and Safeguarding Service (FASS), Horizon Service, Inpatient Service (Highfield Unit), Outreach Service for Children and Adolescents (OSCA), Crisis at Home (CRHT)	2% or less
Community In-Reach Service, Youth Justice Liaison and Diversion, Key Worker Team, Forensic CAMHS	No referrals to these pathways reported

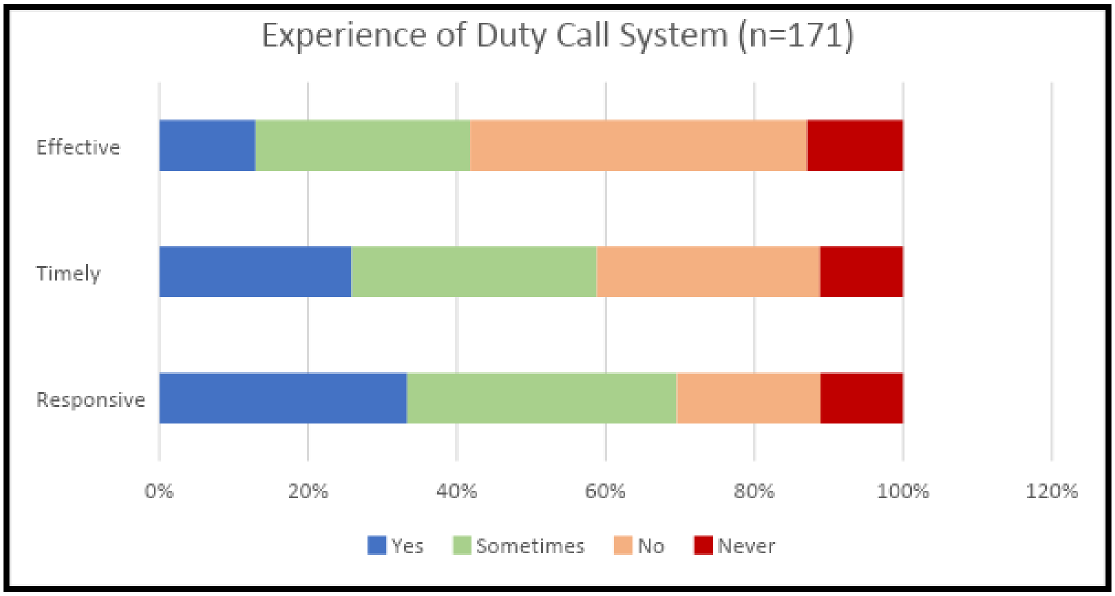


25% of respondents reported that they / their child was referred to more than one team or professional within CAMHS, with a further 27% unsure if they were referred to multiple teams/professionals.

Use and experience of Duty Call System

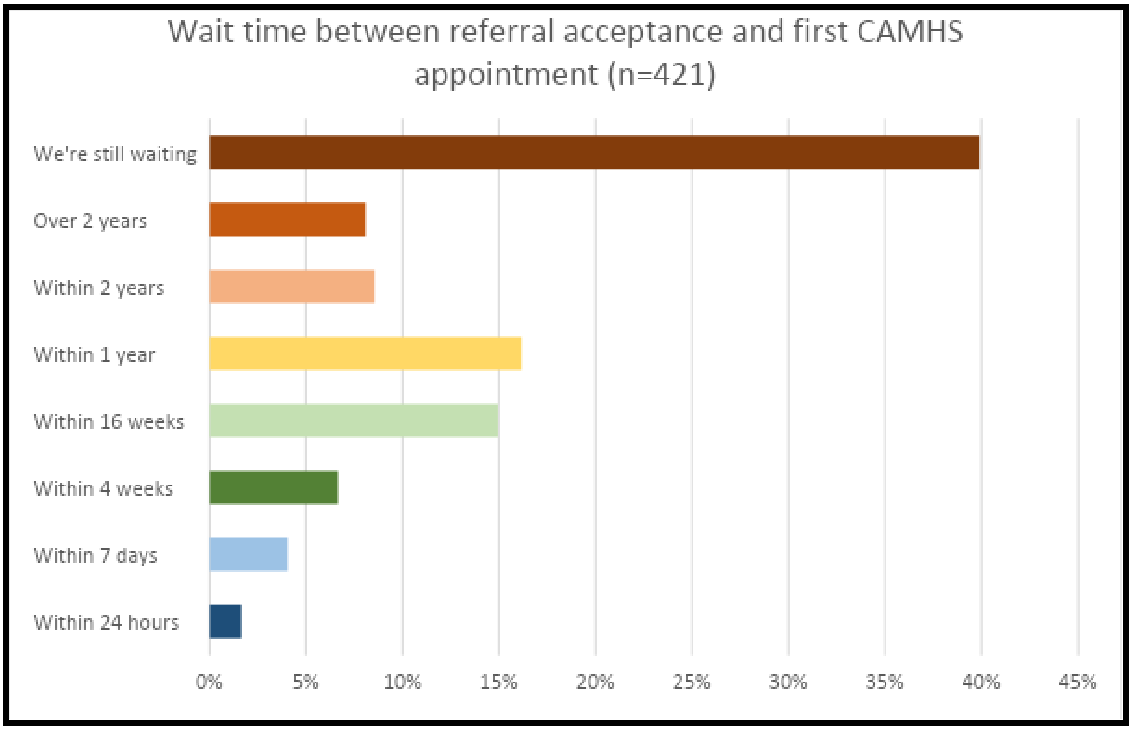


Around a quarter of respondents (27%) said that they had used the Duty Call System, with a further 9% unsure if they had used it.

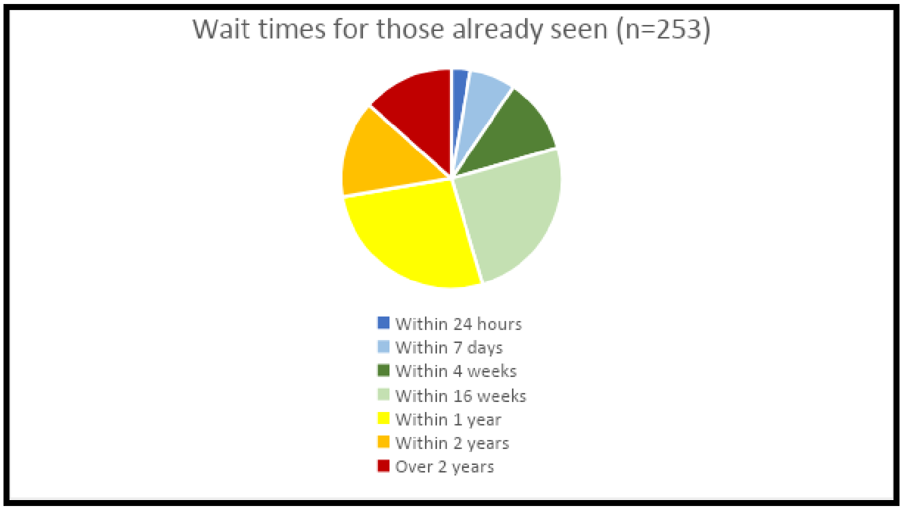


Around a third of the sample (32%) gave feedback on whether the Duty Call System was responsive, timely, and/or effective. A majority of these respondents (69%) found it responsive or sometimes responsive, and 59% found it timely or sometimes timely. However, only 42% of these respondents found the Duty Call System effective or sometimes effective.

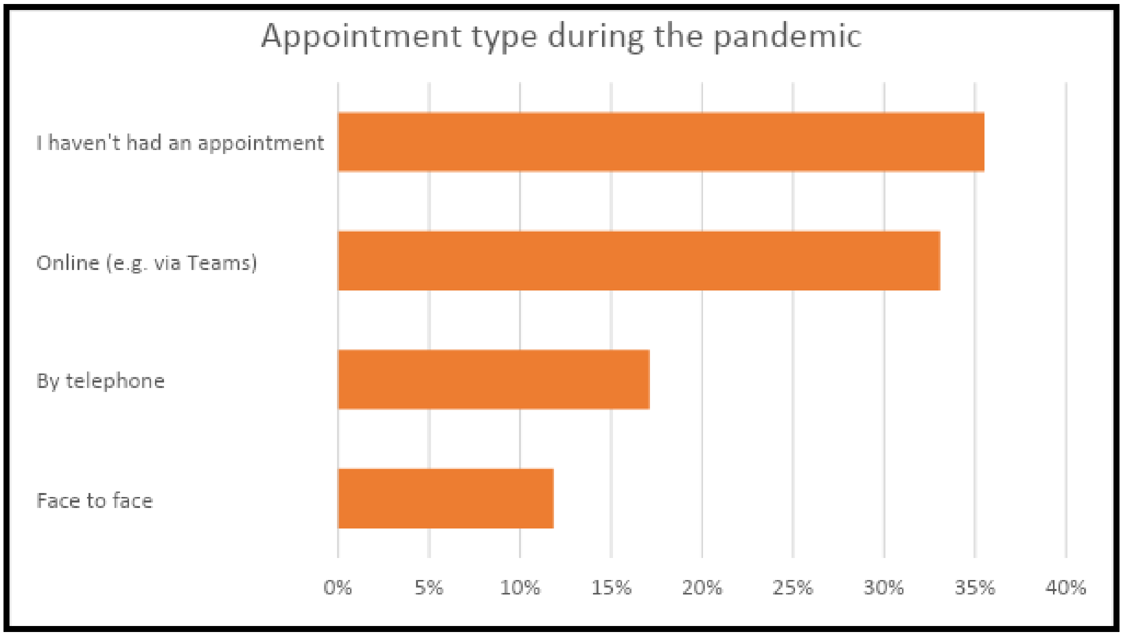
Waiting time remains a dominant concern



In spite of efforts to improve support services during wait times since the 2020 survey, long waits at different points of the process remained a key concern that affected people's perceptions of the service. The largest group of respondents (40%) reported currently waiting for an appointment for their most recent referral.

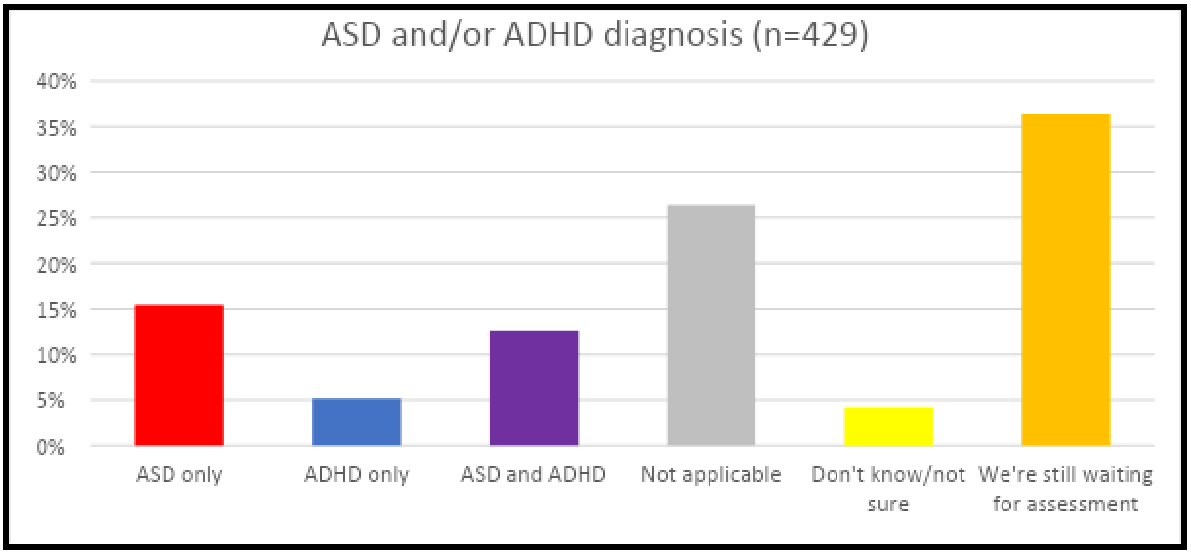


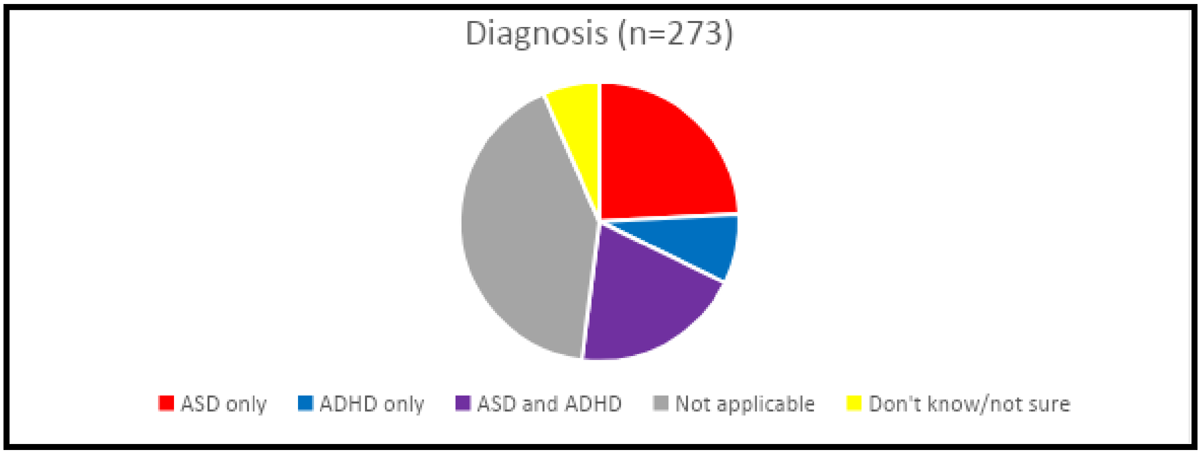
Of those who had an appointment since referral, most (72%) were seen within a year including 45% who were seen within 16 weeks. Only 20% were seen in 4 weeks or less.



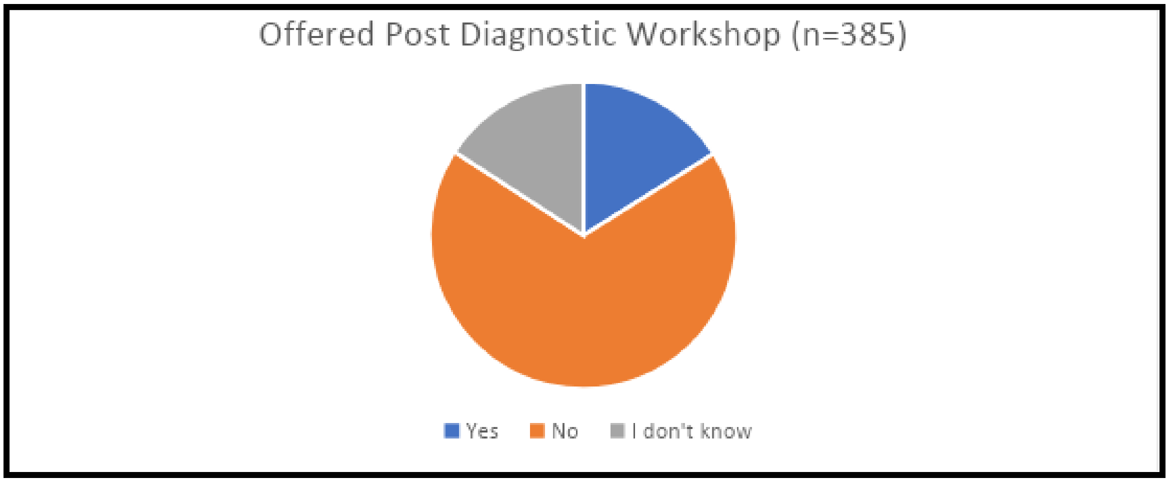
Consistent with the proportion who reported still waiting for an appointment since their last referral, 36% of respondents said that they had not had an appointment during the Covid-19 pandemic. During the pandemic, online appointments were most frequent (33%), followed by telephone appointments (17%). Only 12% of respondents had a face-to-face appointment during the pandemic.

Diagnosis and Treatment

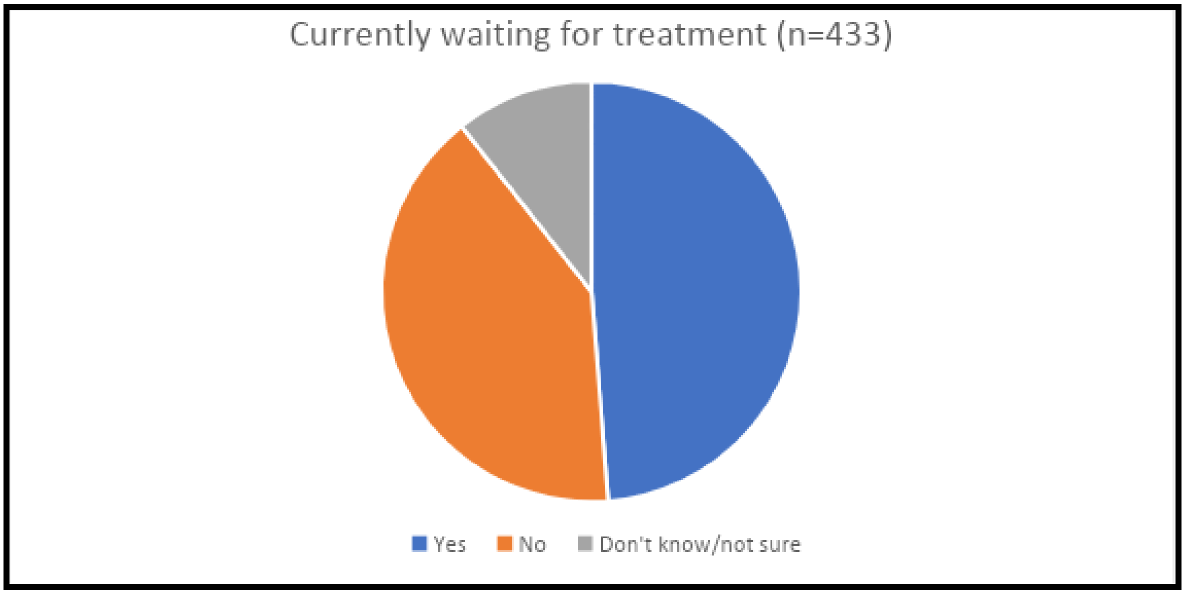




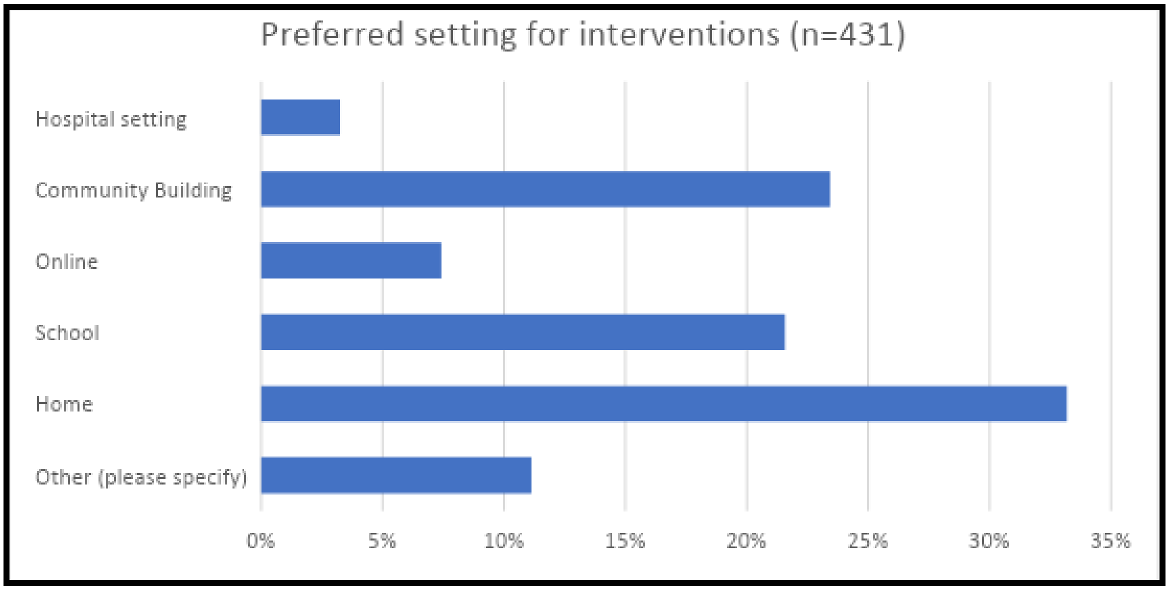
Of the young people who had received a diagnosis, around half (52%) had been diagnosed with one or both of Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD), and a further 4% were unsure if either of these diagnoses had been given.



Most respondents (68%) said they had not been offered a Post Diagnostic Workshop, while 16% said they had been offered it and a further 16% did not know if they had been offered it.



Around half (49%) of respondents were currently waiting for treatment, with a further 9% not sure.

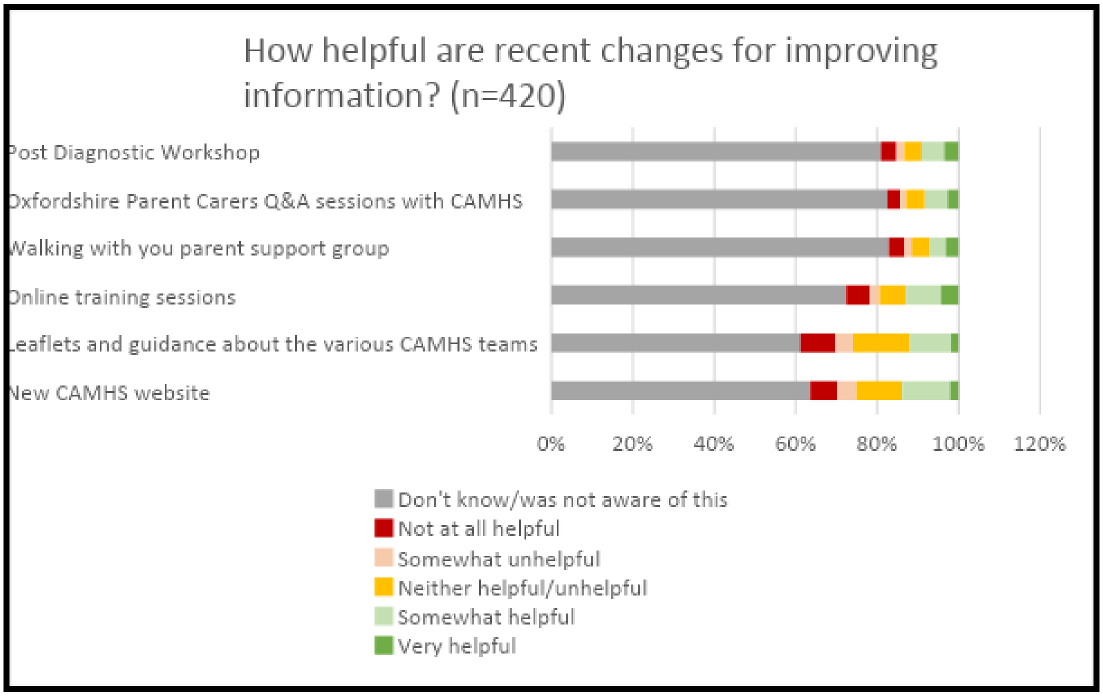


Respondents expressed clear preferences for receiving interventions within their local community, with 33% preferring interventions at home and a further 23% and 22% preferring interventions at a community building or school, respectively.

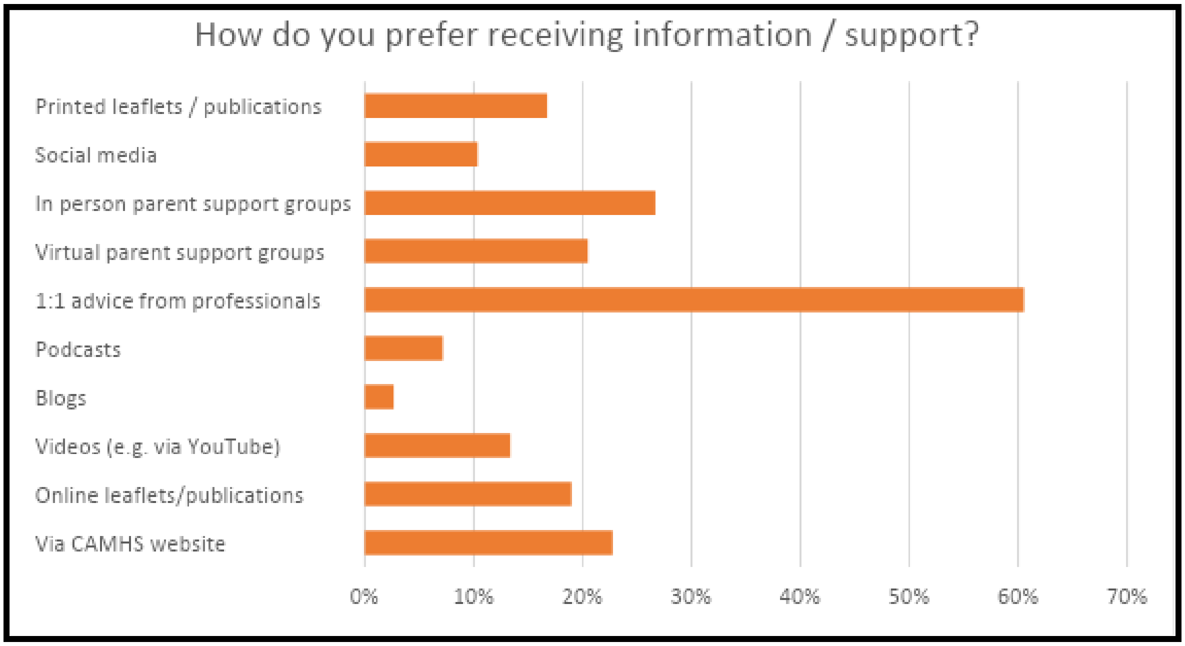
Over half (n=25) of the 11% (n=48) who chose ‘other’ settings indicated that being seen at all was a priority and they had no preference for the setting. Other suggestions on setting were to specify in-person/not online (n=6) and spaces that were safe, private (not necessarily at home) and without distraction.

Receiving information

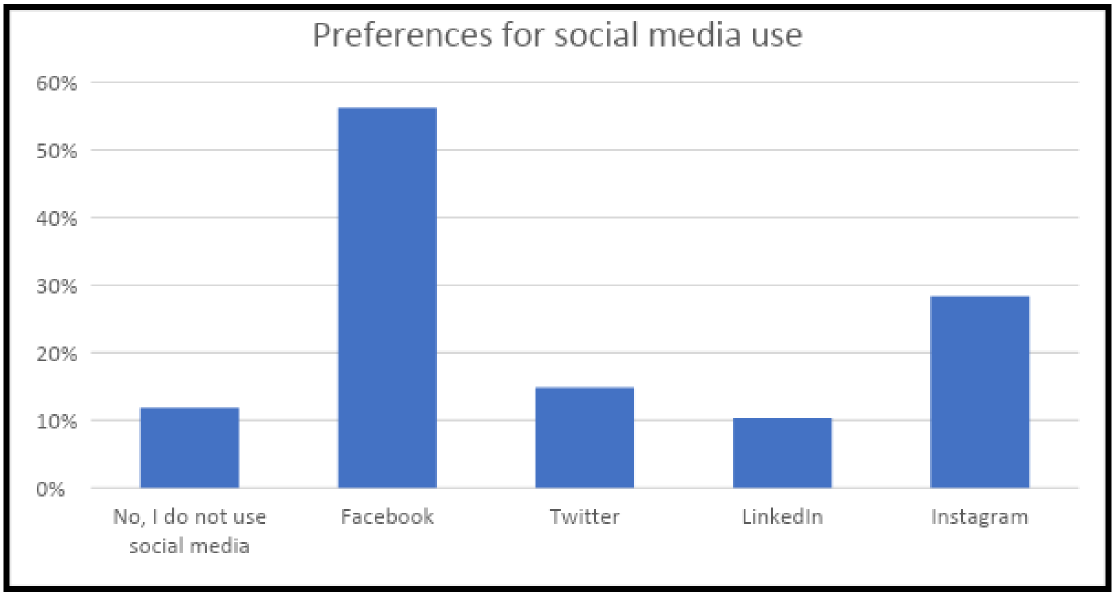
When prompted on the helpfulness of recent changes designed to improve access to information, most respondents (ranging from 60% to 80%) said that they were not aware of each new initiative.



Of those who rated each new information tool, opinion was divided on how helpful each was. The proportion of those rating each tool as somewhat helpful or very helpful ranged from 31% (for leaflets and guidance about the various CAMHS teams) to 47% (for both the Q&A sessions with CAMHS and the Post Diagnostic Workshop).



Among all respondents, there was a strong preference for receiving information via one-to-one advice from professionals (60% of respondents selected this option). Parent support groups were also a valued source of information, with some preference for in-person (27% of respondents) over virtual (20% of respondents). Among online resources, the most preferred was the CAMHS website (23% of respondents).

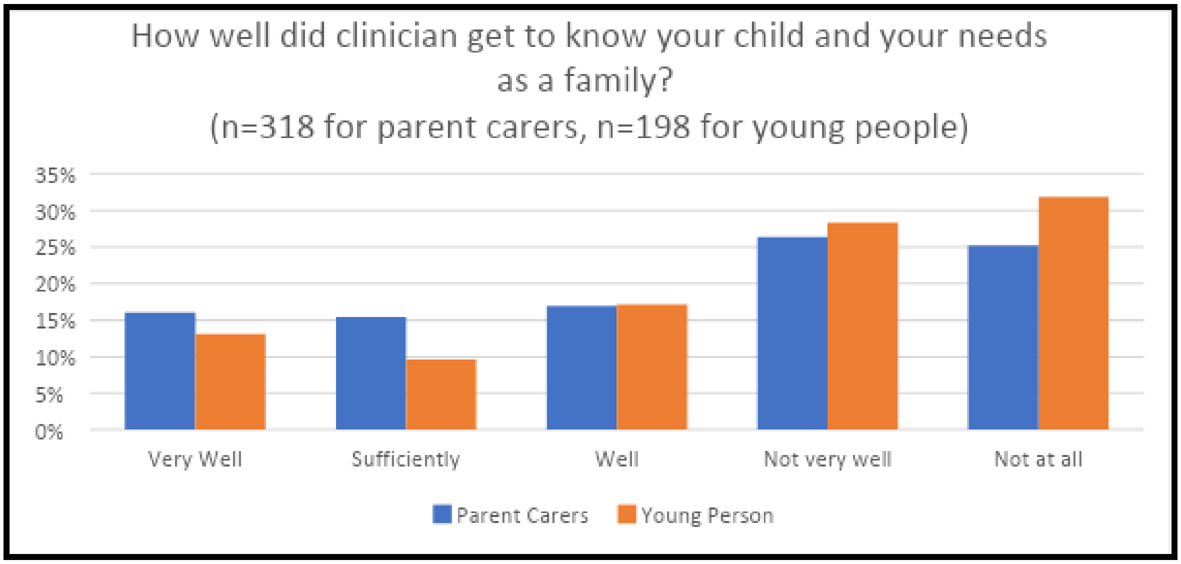


Most respondents said that they used some form of social media, with Facebook (56%) and Instagram (28%) the most used.

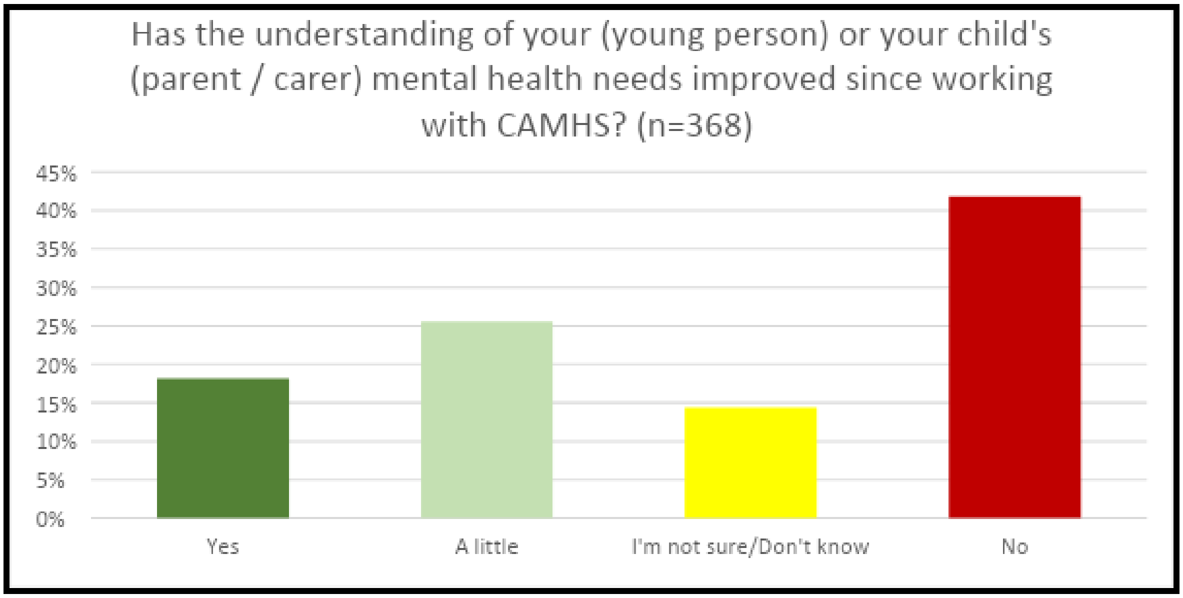
Twelve respondents said that it would be useful to receive information in a language other than English, with a further seven saying that they did not need this personally but that others would benefit. Specific languages suggested were Dutch, Polish, and Spanish, while some noted a large number of languages spoken in their community or local school. Appropriately formatted materials to support deaf people were also suggested.

Other useful websites or sources of information were mentioned by 72 respondents. These ranged from general sources such as YouTube videos and Facebook support groups to resources by individuals (e.g. Eva Musby). Organisations repeatedly mentioned included YoungMinds, Beat, and charities for specific conditions such as the National Autistic Society and Autism Family Support Oxfordshire.

Experience of CAMHS



Experiences varied in how well respondents thought that clinicians understood their child and their family's needs. Around half (51%) of respondents felt that clinicians knew parent carers' needs not very well or not at all, with the other half of respondents saying that clinician knowledge of family needs was at least sufficient (including 33% who said that the clinician knew their family needs well or very well). The difference was more pronounced for responses related specifically to the young person, with 60% feeling that clinicians knew the child and their needs not very well or not at all, compared to 30% who felt that clinicians knew their child and their needs well or very well.



Respondents also varied in the extent to which working with CAMHS had improved understanding of the child's mental health needs, with 42% saying that there had not been improvement compared to 44% saying that there had been at least a little improvement (including 18% who clearly indicated improvement).

Initial observations and further analysis

Results from this quantitative analysis suggest a mixed picture of families' recent experiences of CAMHS. In spite of recent initiatives to improve information flow, more respondents continued to rate their overall experience of CAMHS as negative than positive (60% rating their experience as poor or very poor, compared to 51% in the 2020 survey). The negative impacts of long waiting times for assessment and diagnosis continued to be a dominant theme for interpreting these results. However, there was also some indication that the experience of CAMHS was more positive for people who had received a diagnosis and support (23% rated their experience as good or very good, compared to 18% in the 2020 survey). Detailed analysis of qualitative findings will further aid in understanding the quantitative findings, and the context of the Covid-19 pandemic (with its associated pressures on families generally and on health services) should also be considered in interpreting the data.

Further Qualitative Analysis

Qualitative analysis of Service Users' Survey 2022

This report on qualitative findings from the 2022 survey supplements quantitative findings in the first report issued on 21st June 2022.

A key finding from the first report was that in spite of efforts since 2020 to improve information flow and support offered during waiting times, a majority (60%) of respondents to the most recent survey gave a negative overall assessment of Oxfordshire Child and Adolescent Mental Health Services (CAMHS), compared to a minority (23%) who gave a positive assessment. Long waiting times between referral to assessment and diagnosis remains a dominant concern, as identified in the first analysis. This report presents a more detailed qualitative analysis of free-text responses to open-ended questions in the survey, to aid in interpretation of the quantitative findings and to highlight issues raised by respondents that were not specifically prompted in the closed ('tick box') questions.

Key messages

- A majority of survey respondents (from sample size n=532) report poor recent experiences of Oxfordshire CAMHS, mainly due to a lack of access to the service and uncertainty of if / when families will get appropriate help.
- The impact of long wait times is lost hope and a sense of abandonment by services, which is compounded by infrequent and/or impersonal communications about CAMHS referrals.
- Once support from CAMHS is accessed, positive impacts can be profound (e.g. better understanding of a young person's needs and support to stop self-harm).
- While there may be scope for local-level improvements, there is a strong sense from both parents/carers and professionals that the root causes of the difficulties are lack of appropriate funding and not enough staff to meet high demand.

- ➢ In the context of increased demand since the Covid-19 pandemic, resources needed for Oxfordshire CAMHS should receive close attention from commissioners and policy makers.

Background and Methodology

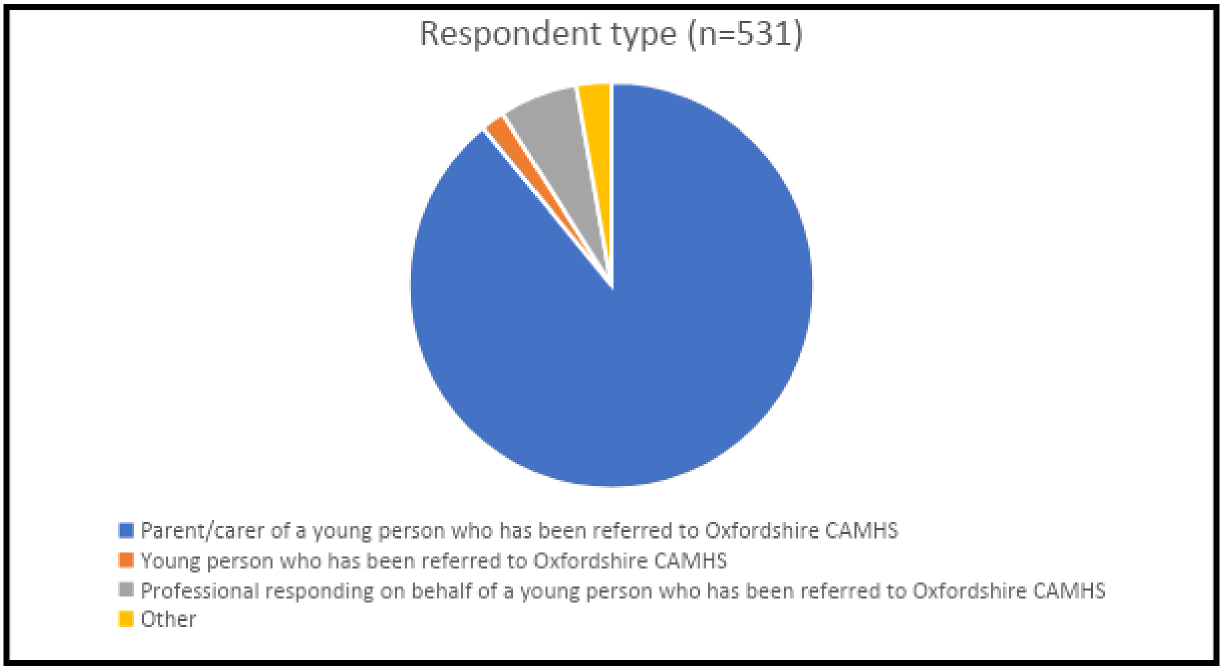
This survey was developed by the Oxfordshire Parent Carers Forum, with input from professional service providers on the content. The survey was run through online platform Survey Monkey from 7th February through 10th March 2022. The results from this survey add to findings from an earlier survey of CAMHS services conducted by OxPCF in 2020. Results of the survey were analysed by an independent academic researcher who had not taken part in the design or running of the survey.

The survey consisted of 32 questions, which were a mixture of closed multiple-choice questions and open-ended questions where respondents could make comments, with no restrictions on the length of text allowed. For 12 questions, free-text comment boxes were attached to closed questions so that respondents could elaborate on a chosen option (i.e. for type of respondent, referral source, category of most recent referral, use and experiences of Duty Call system, waiting time, referral to multiple CAMHS teams, currently waiting for treatment, preferred intervention settings, appointment format during the COVID-19 pandemic, understanding of mental health needs since working with CAMHS, preferences for receiving information and support). Where these comments were purely descriptive (e.g. specifying type of respondent if the ‘other’ option was chosen), they were previously reported with the quantitative findings.

Ten questions in the survey were asked only as open-ended questions. Four of these probed on overall experiences of CAMHS: helpful and difficult aspects, what CAMHS could do better, and impact of CAMHS on the well-being of young people. Five other open-ended questions prompted responses on any perceived gaps in services for specific areas, signposting to other services, other services used to support mental health and well-being, needs for receiving information in a language other than English, and other useful sources of information. A final question asked for any further comments or suggestions that respondents might want to make.

Survey Respondents

As previously reported, the analysis sample was 532 people with substantially completed survey responses. Most of these (89%, n=473) were a parent or carer of a young person who had been referred to Oxfordshire CAMHS. A further 6% (n=33) were professionals responding on behalf of a young person who had been referred, and 2% (n=10) were young people who responded on their own behalf. 'Other' respondents (3%, n=15) included parents whose child had not yet been referred or had been discharged from the service (6), different types of professionals (5), grandparents (2), and a parent who is also a professional (1).



Around 20% of survey respondents started but did not fully complete the survey, and some respondents opted not to give answers to open-ended questions. For presentation of qualitative results, responses were analysed by respondent type (parent/carer, professional, or young person). ‘Other’ respondents were grouped with either parent/carers (10 further respondents) or professionals (5 further respondents) based on how they had described themselves (e.g. grandparents were included with the parent/carer group).

Responses from Young People[3]

Of ten young people who responded to the survey, six gave responses to some of the open-ended questions, and only three responded to questions on overall experiences and impacts of CAMHS.

One young person highlighted a helpful aspect of their experience with CAMHS: “awareness bought to past behaviour/medication help”.

Other comments from young people were negative, conveying a sense of not being understood by CAMHS professionals or not expecting that they would ever be supported by CAMHS:

- “no one got back to me about it and since year seven (i’m now year 12) i haven’t ever been seen by cahms or even been spoken to them! i’ve been referred multiple times by teachers and staff at my school. tried talking to the GP and they said they’d call back and never did.” This young person also had a negative perception of CAMHS based on peers’ feedback: “my friends have said that when telling people about their issues with self harm, members of cahms will not give good replies and either shame or something”.
- “Made majority of situations at home worse, massive lack of understanding myself, family and situations, feel alienated and many more issues.”
- “don’t communicate well with young person/ don’t understand their needs”…” young person dreads going to them”.

When prompted on other services used to support mental health and wellbeing, one positive and one negative experience were offered:[4]

- “Counselling - somewhat helpful”

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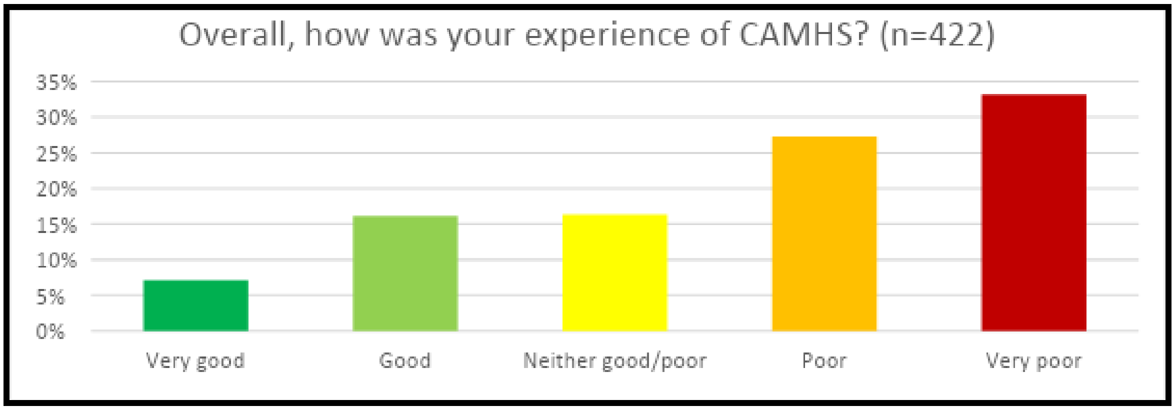
[3] All quotes are verbatim
[4] All quotes are verbatim

- "I do the 1-1 childline text talk thing as no other text line ever replies. With "shout" i messaged them at around 18:30pm and was replied too with a professional at 1:20am. starting to give up on things"
- When prompted about gaps in services, one young person called for better services for Attention Deficit Hyperactivity Disorder (ADHD) and another for lesbian/gay/bisexual/transgender (LGBT) youth.

Responses from Parent Carers

Substantive qualitative responses to open-ended questions were made by 370 parents/carers (78% of parent/carer respondents). For analysis these respondents were grouped by their overall assessment of CAMHS: very good/good / neutral (neither good/poor) / poor / very poor.



Almost all of the parent carer respondents who gave an overall rating of CAMHS (question 27, n=389) answered the open-ended questions asked before it (questions 22-25). These four questions aid in interpreting the overall ratings and are presented separately below, with common themes highlighted.

Q22 - What has been most helpful about your experience with CAMHS? (299 responses, of which 81 responded 'nothing', 'none', or 'N/A')

Those with a very poor experience of CAMHS gave very limited positive feedback in spite of being prompted to do so; 'nothing' helpful was the most common response among this group, with some parent carers indicating negative lasting impacts: [5]

- "Not helpful in anyway at all we are just left in limbo. My older son was diagnosed only in April 2021 after a 3 year wait and he is now 11 and by this age the damage is already done."
- "From chasing every correspondence to being utterly patronised, none of it has been helpful."
- "Nothing , feel we were passed off just so they could get us off the waiting list"
- "Nothing. We felt that my, daughter's issues were not 'bad' enough to qualify. Leading to enhanced feelings of worthlessness."

Positive experiences centred on getting a diagnosis and the positive changes that this could potentially prompt:

- "Getting a diagnosis. This has afforded us a starting point in which to start to understand our children and develop strategies to help us and them."

Some parent carers conveyed a mixed experience, indicating helpful aspects in the context of other negative aspects. The negative caveats included huge efforts to access support, lack of continuity with staff, and young people not being able to engage well with the service:

- "Help to communicate with the school is appreciated. Unfortunately time between appointments/waiting lists mean that in 6 months we have not really seen any improvement, have had no interaction with actual therapeutic services and only recently had medication prescribed."
- "Once within the system, the support offered is great but it feels like a fight to get the support for your child."

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[5] All quotes are verbatim

- “The Doctors we have encountered have been kind and have tried their best. There has been inconsistency though and as we feel one Dr might know our child’s needs and issues, that person leaves without warning and my child has to forge a new relationship with a different Dr going over the old ground before addressing current need.”
- “as a parent i understood a bit more about myself and how to possibly manage my child. but my child was possibly not mature enough to use the service given and often did not interact at all with the clinician.”

Parent carers reporting a good or very good experience of CAMHS highlighted the value of supportive staff, particularly when they facilitated connections across services and settings: [6]

- “Our psychologist was amazing. We were a family in deep crisis and he has worked with us and provided support and taught us strategies and has given us a deep understanding of our child's needs. He worked with us in getting our child into a specialist school. We worked with him for over a year.”
- “Getting a diagnosis so that school would start to listen to parents concerns and begin to acknowledge the child’s needs. Having camhs attend TAF meetings and give input and advice has been very helpful and certainly helped me put my case across to the school who were not meeting my child’s needs. Having one named person that we have seen consistently. I feel we have been very lucky with this as I know others haven’t.”
- “The clinicians really took time to know me and my son and support us as a family. They made sure we had the whole package of support in place before discharging”

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[6] All quotes are verbatim

Parent carers also conveyed the importance of being heard and understood through engagement with CAMHS: [7]

- “Being able to talk to people who understand the conditions and don't blame the child - its more about recognising what's difficult for them and helping them deal with the difficulties, not telling them off for forgetting things, being rude, never sitting still - which can be an issue in school”
- “Regularity of contact - being taken seriously - respect and dignity and judgement-free dialogue”
- “Being listened to and feeling respected / that my experience was normal”
- “The opportunity to meet other families in similar situations and have weekly access to CAMHS.”

While concerns about poor communications were raised by many respondents, this example of good communications by CAMHS across multiple time points indicated potential positive impacts:

- “Everyone we met was very professional and made sure my child felt comfortable through all the assessments. The diagnosis was very helpful as it enabled us to apply for an EHCP and argue for more support at school (I appreciated the fact that the assessments stated clearly that my child should have a ECHP). I also really appreciated that the learning disability diagnosis was talked through with me over the phone before we were sent the letter. The visit to school by the Comms and Interaction expert and the assessment by the education psychologist for the EHCP were incredibly valuable in providing clear, practical actions the school could take to support my child in the classroom.”

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[7] All quotes are verbatim

Q23 What has been the most difficult about your experience with CAMHS? (366 responses)

Long waiting times was already identified as an ongoing and dominant concern. ‘Wait’ or ‘waiting’ was mentioned in 196 (54%) responses by parent carers to this question, with some conveying negative impacts of a lack of any support: [8]

- “The wait is so ridiculously long that children could very easily get far worse during this time and their quality of life during formative years is sacrificed and the pieces are harder to pick up when/if help finally arrives. I do not blame CAMHS staff for this but it is appalling never the less.”
- “The wait. The not knowing the timescales. The ever increasing waiting lists. Not having clear information on what to expect when the time comes. An expected timeline, events, actions required, what to do while you’re waiting, guide would be helpful!”
- “A child with severe anxiety and unable to engage, 2 yrs down the line no professional has even eyeballed him yet, no diagnosis, no plan, no engagement, no help”
- “When you are in crisis, and in need of help, we have been told that there are other families in greater need and we’re doing all the right things, we’re doing a good job. When people reach out for help, it’s not because all is going well. We understand there are others with greater needs, but that doesn’t diminish ours. Some support would be better than none.”

Long delays were perceived as a general lack of resources, resulting in a very high threshold for accessing support:

- “There really isn’t enough resources it was clear that as they thought our son wasn’t an immediate risk of suicide there was nothing to offer it was almost like ‘come by all if he try’s to kill himself’. They were very nice at the appointment and clearly skilled but we realised at the summary talk at the end of the appointment that as parents we were on our own.”

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[8] All quotes are verbatim

- “Getting into the service, spa referrals were unsuccessful and it wasn’t until we were in crisis that we could get the help we needed” (parent carers with overall very good experience of CAMHS)
- “The wait and also being told your child is not severe enough to need urgent support because although they are having suicidal or self harm thoughts they haven’t acted on them. It is really distressing and makes the situation worse in the long run. If we had had support rather than needing to wait 4 years for the eventual ASD diagnosis we could have put support to help my child in place and reduced some of the interventions now needed.”

Lack of resources were linked to inequalities of access (whether or not families can get services through the private sector) and inappropriate treatments once accessed (e.g. online sessions): [9]

- “Long waiting. Two years from self harming to an appointment? Crazy! And then not face to face and no consideration of the teens anxieties to going online.”
- “this was a one off video consultation which was too late. my daughter was prescribed antidepressant without getting the therapy she needed along side. fortunately, we can afford private care.”
- “My daughter was passed on to Talking Space, which she felt was not at all appropriate for her. She had some telephone sessions with a therapist who clearly wasn't used to helping teenagers (my daughter was 16 at the time), and on more than one occasion she called my daughter by the wrong name. My daughter felt really let down by this experience, and in her words, it made her feel like 'she wasn't important'. We were lucky to be able to find a psychotherapist who has been able to work with my daughter since then, and we are managing to find the money to pay for this ourselves, but my daughter is very upset to think of other teenagers in her position who are left with a few Talking Space sessions and nothing else.”

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[9] All quotes are verbatim

Some families opted to pay for a private assessment and diagnosis but then encountered further delays in information being considered or acted upon: [10]

- “The extremely long waiting list for assessment for ADHD despite already having a confirmed diagnosis for Autism - done privately. As well as the long wait for EHCP”

Delays in information flow was part of a wider concern about poor communication, which was highlighted as a difficulty by 38 parents / carers. Experiences included parents’ knowledge not being taken seriously, general difficulty of contact with the service, and lack of communication within the service that could result in further delays or inappropriate assessments:

“The lack of communication with us as parents. We felt irrelevant to any discussion - only things our daughter said were ever of any value during appointments and as she was and is unwell, she is not always the best placed to make a judgement about the whole picture, though obviously her perception matters a great deal. In addition, there was no communication of any sort. It was almost impossible to send information to CAMHS. Once it was there, the relevant people did not read it. In addition, people in different sections of CAMHS did not communicate with each other.”

- “Poor communication and practices. Initial referral was to Eating Disorders, was advised had to take my child to GP for blood tests and to be measured and weighed fortnightly. This was distressing for my child and then received a letter 2 weeks later from the getting more help team with no explanation. … A letter then came weeks later to say they had been referred to the getting help team and were on a waiting list for an assessment.
- “When I called I was informed that because of the change of teams another assessment would need to be done! This seemed ridiculous as CAMHS don't have the resources for one assessment let alone two. After escalating the issue it was acknowledged this was an admin error.   We were contacted by the getting help team after involvement from the MASH team raised at school. From this point our experience has been excellent.”

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[10] All quotes are verbatim

Communication difficulties were sometimes worsened by a lack of continuity with staff:[11]

- "No assigned keyworkers, doctors changing all the time. When we get a new doctor, they don't seem to know much about us and we have to re-discuss again our situation. Poor communication. Meeting requests for Teams never sent by admin, causing time wasted during consultation session."
- "Waiting lists/time, unclear communication and confusion as the case is 'bounced' around professionals (we only once saw the same person twice). Speaking to a different people each time also meant we had to re-explain quite a complicated and traumatic 'road to referral' at the beginning of every session, which was both distressing and felt like no one had bothered to inform the new person about the situation."

Trying to communicate with CAMHS was conveyed as a burden within an overwhelming system:

- "Constantly battling to get help. Having to wait until my child was in a depressive crisis before getting help. Spending a lot of time on the phone crying to people at CAMHS at significant cost to my own mental health to get any help at all. Having to constantly be on top of making sure we had enough medication because it was never issued with repeats. I'm exhausted just trying to get the very basics of the needs of my child met."
- "Utterly confused by how the system works - we often had no idea what the different meetings and assessments were for and how they complemented each other, plus a huge amount of jargon is used which is incredibly confusing for parents. It has taken over 2.5 years to get a full diagnosis which is a long time when a young person is struggling - however I believe some of the holdups were Covid-19 related."

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[11] All quotes are verbatim

Burden resulting from complexity of the system included sharp disconnections between child and adult mental health services: [12]

- “Felt like it was a tick box exercise as daughter was nearly 18 and then we had to start again with adult mental health.”
- “The fact that when discharged I asked if they could signpost where we should go since they wouldn’t help any more and listed the organisations we had already tried with no help (too disabled/too autistic/too much care needed) and then the discharge letter listed the exact services who had already refused us. So now left with absolutely nowhere to turn (except that adult services have said get through next few years and then they will see her. Yay?)”
- “Waiting times and no support for the carers and family while waiting and when child in treatment. Being dismissed before end of treatment’s due to child becoming 18th no follow on support child felt they where just left hanging with no support of help.”
- “If an adult presented with mental health needs they are given support and medication by gp services. These children are allowed to suffer in way we would never allow adults to suffer. It's disgraceful. These children generally need medication in order for them to function and GP should be able to prescribed under guidance.”

The cumulative effects of these difficulties result for some parent carers loss of hope that CAMHS would ever be able to help:

- “The disappointment of thinking they would be able to help my daughter and then realising that they wouldn't… It was soul destroying”

Q24 Please tell us what CAMHS could do better: (347 responses)

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[12] All quotes are verbatim

Many of the themes highlighted above as difficulties in engaging with CAMHS were emphasized again in suggestions for improvements.

Reducing wait times and/or offering support during wait times was called for by 117 (33%) of parent carers respondents who answered the question. [13]

- "Shorter waiting lists. Phone calls to let people know how long they are likely to wait any help they can access in the meantime."
- "Speed up diagnosis appointment so parents can look for support within the community as most help is only available with a diagnosis. There is clearly a need for more staff and doctors to cope with the current demands."
- "Have people that go out and assess the children to see who needs to be seen ASAP and who has support I.e a phone call to people to let them know you haven't forgotten about them"
- "Providing regular updates via email, confirmation of receipt of referral; quick assessments so that intervention can take place, clearer information on pathways (all this is totally new to me, the system seems overly complicated); interim advice on how to manage whilst waiting for assessment"

More frequent and clearer communications, particularly on what to expect and how to navigate the complex system, were called for repeatedly:

- "Judging by the above questions, we should have been given a lot more information about the service, different teams etc. we were supposed to be referred on to some kind of family work after the brief individual input, but we haven't heard anything about it 6 months later. Have no idea whether that's still in the pipeline or not. Better explanation and communication would help."
- "Any response, even just a 'sorry you're still waiting' letter would be nice, so you don't feel so alone"

- "Make it simpler to understand. Like a step by step guide at this stage we do this you will need to do x y z and you can reach out to following place. Step 2 looks like this

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[13] All quotes are verbatim

etc etc. There are so many different places and acronyms we are expected to just know and little explanation about how they work together or where responsibility sits for different things.”

- “Providing regular updates via email, confirmation of receipt of referral; quick assessments so that intervention can take place, clearer information on pathways (all this is totally new to me, the system seems overly complicated); interim advice on how to manage whilst waiting for assessment”
- “Would be really helpful to have someone talk parents through the CAMHS system and how it works / what its for / what to expect at the outset. More plain English used in the communications - including explanations of what the different experts do.”

Some comments focused on the quality or mode of communications, particularly a need to respect parent knowledge and acknowledge constraints (e.g. working parents): [14]

- “Listen to parents. Offer appropriate support even if it’s signposting/referrals to other agencies. CAHMS works within the field where their knowledge of specific and more appropriate agencies is greater than that of inexperienced families. It’s not fair to make families, already in crisis, jump through hoops and chase their own tails, when a simple referral or signposting by CAHMS could mean the world of difference to a child/family in crisis.”
- “Much faster, more flexible parenting support that can be offered at flexible times. Could make support videos outlining & modelling strategies & approaches for parents .”

- “They need to recognise that, most of the time, they should be on the same side as the parents. The parents need to be supported to support the child. Staff are overworked and under a great deal of stress but they make things much more

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[14] All quotes are verbatim

> difficult for themselves by failing to trust parents' judgement and knowledge. We have the impression that parents are thought of as a problem to be overcome/worked around, rather than active partners in the child's care. CAMHS seem to feel threatened by parents who "have done an awful lot of reading". This shouldn't be threatening. No-one expects anyone to know everything and sometimes a patient or a parent might teach a professional something they didn't know. If CAMHS were more open to that, it would feel more collaborative."

Related to improved quality of communication were calls for better continuity of care: [15]

- "Allocate a worker to each family whose duty is to advocate and follow through the case. The experience has been sadly appalling and as a result my son is in a much poorer place than he would be."
- "Not abandon young people when their consultants leave, just assuming that they will not feel the loss of this significant individual very deeply.... There is NO acknowledgment of the impact this has on their capacity to trust again..."
- "I think that Covid 19 has made their job extremely difficult. I feel that you should be able to speak about your child's difficulties with one person and not have to wait for so long to then speak to different people in different areas of CAMHS. I also feel that face to face appointments need to return!"

Parent carers also stressed a need for better professional links within different parts of CAMHS, with adult mental health services, and with schools:

- "Mental health support alongside ED recovery from the start of treatment"
- "It would help if their was some throughfeed to adult mental health rather than just a list of potential charities that might help (particularly when those charities are more or less closed as a result of covid!)"
- "Be involved with schools/teachers more. I have to pass on messages and advice given to school and feel I'm not listened to so if it came direct from CAMHS it would be easier."
- "If waiting list for assessment could be shorter or workers could be attached to child's school to work with staff to prioritise referrals"

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[15] All quotes are verbatim

- “In an ideal world, school leaders doing a placement within a camhs team and camhs teams having the time to liaise more frequently with schools / gps could help”

Many parent carers recognised the pressures faced by CAMHS staff and called for system-level improvements including more funding and more staff: [16]

- “I appreciate funding is a massive issue but children are going without help and support and being let down. I were able to afford to go down the private route to get the diagnosis and I have enough understanding of equality legislation to ensure the schools provide support but there are many many families not in that position.”
- “The problem is camhs do everything, diagnosis, support, medication. I think some of these need to be outsourced to other health care professionals . The system is flawed and they can’t do it all”
- “I imagine the system as it stands is a product of poor funding and beaurocratic red-tape / procedures, and that systemic change would be needed to improve. Clearer communication and some degree of continuity would help patients feel like they matter (even if this tangibly improves little)”
- “Clearly need more funding so they can support every child, not just the worst issues. We were told (in different words) that they wouldn’t refer as he is different at school and home (isn’t everyone in their safe space?) and basically things were not bad enough as he was still attending school and functioning. Luckily we can afford private assessment but it makes me so sad for the kids who won’t reach their potential without help.”
- “Increase number of staff to decrease the waiting time .   More staff training specifically for Down Syndrome, as it's usually missed or confused with autism, especially in dual diagnosis”
- “More staff! We feel for you trying to fit everyone in when you are short staffed”
- “The service seems seriously over-stretched, and needs more clinicians and admin staff to cope with the numbers of young people trying to access help.”
- “I am sure CAMHS are probably as frustrated as their patients (and the people that never get seen by them as their need doesn't qualify as being high enough) - without

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[16] All quotes are verbatim

more funding and resources I don't see how CAMHS will ever be able to provide the sort of service that they would like to.”

Q25 What impact do you think CAMHS has had on the wellbeing of you, your child or the children/young people you work with? (288 responses, of which 62 (22%) were positive)

In line with respondents’ overall rating of CAMHS, a majority of parent carers expressed a negative impact on their own or their child’s wellbeing. Many conveyed this as feelings of isolation, abandonment, or failure: [17]

- “Never felt more alone in a tricky situation 😞”
- “None, she feels ignored as do we as her parents”
- “My child associates CAMHS with lack of care. That they do not matter.”
- “A negative impact. My husband and I have felt depressed and anxious about the lack of support. Sadly, there is literally no other option. The GP can't help it has to be CAMHS.”
- “It’s had no impact, we have nowhere to go for help and every professional points us to your direction but it’s a dead end constantly”
- “Made it worse for me as parent, making me feel bad for trying to get help but failing.”

Stress associated with delays and uncertainty was also conveyed as negative impact:

- “its been really stressful not knowing when she will be assessed and she is missing out on potential help for her issues, it has put a massive strain on the family. If I could afford a private assessment i would have done it”
- “Huge impact on parents when we have to constantly chase people to find out what is happening. Huge impact on children who have to wait years to have their needs met. Settings are supposed to be needs based but most schools don’t do anything without diagnosis, they blame the parent until the diagnosis comes. Why would you discharge a child with ‘severe emotional distress’ at 8 years old and suggest there is nothing CAMHS can do.”

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[17] All quotes are verbatim

- “It’s been so stressful and I wish we didn’t have go through 3 years of constantly chasing up appointments”
- “As a parent it has caused me more stress as it is not fit for purpose and being under the referral means other services (such as schools) believe the problem to be 'solved'. As a patient, my child feels better that 'something' is being done, but feels that these services are poor and hasn't received much reassurance about what will happen to their benefit”
- “Frustrating as felt like we were getting help but feel let down due to long waiting times for treatment/support. Child left with diagnosis but no active support/treatment yet”

Wider negative impacts included financial burden and knock-on health effects: [18]

- “The impact has been felt financially as a family because we had no choice but to get our son assessed privately. It was not appropriate to leave him waiting for over 2 years.”
- “The lack of diagnosis and support has been very detrimental to our family as a whole on emotional, physical and mental health levels. It is fair to say that our family has become somewhat disfuncional. I have personally ended up in hospital as a consequence of stress and my physical health has been severely impacted by the lack of support.”

Some parents expressed mixed impacts, with different impacts either at different points in the process or on the child versus parent: [19]

- “Only by accessing medication in the last two months has CAMHS made a difference to my son. As a parent, it has been negative, isolating and felt abandoned.”
- “Though the support has been excellent, it's made my child cynical that the 'system' doesn't care about them.”
- “CAMHS did respond fast to referral for anorexia which was good. But the result of assessment and subsequent treatment plan were not clear, all but the first 2 appointments were online which limited engagement with my daughter, and left me doing her weight and BP regularly”

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[18] All quotes are verbatim

[19] All quotes are verbatim

- “None initially. Only now, after years of pushing for further intervention is it beginning to make a difference.”
- “The waiting was really stressful. The diagnosis a huge relief. The post diagnosis course useful.”
- “We couldn’t have managed a moment longer without CAMHS. We feel lucky we managed to access a service at all. It has been frustrating and disjointed and we hope it is better funded and resourced because these children will enter adult services if their needs are not addressed now.”

Positive impacts included better knowledge for addressing a child’s needs, effective tools for changing behaviour (e.g. stopping self-harm), and improved self-image:

- “It made her believe people were taking her mental health seriously, which I think in turn helped her to feel more positive about herself”
- “A very positive impact and is helping my daughter to adjust to her diagnoses and learning how to understand herself better and use strategies to prevent self harm. It has also taught me how to better care for her and provide the support she needs.”
- “Getting him access to help. Feeling better in myself that I’m not a rubbish parent, my child needs professional help. Documenting everything for the future.”
- “It has helped as we now know what we are dealing with - all the clinicians have been very good and supportive.”
- “A big positive impact - we now have a clear idea of the challenges our child faces which will help us make the case for additional support plus the school has some very helpful practical suggestions on how to support him.”

Q32 Please comment further about what you have found helpful or unhelpful, and any further suggestions/feedback you would like to make about recent changes. (106 responses)

Parent carers used the final open-ended question in the survey to reinforce themes that had emerged in earlier comments, most of which was negative feedback: [20]

- “Following the 2020 survey results I had hoped things would improve. I appreciate there has been a global pandemic in the last 2 years but as a teacher and a parent I

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[20] All quotes are verbatim

also know that children have been accessible and supportable. I feel as a parent that my child has been forgotten or abandoned.” (lost hope / sense of abandonment)

- “There is a huge issue with the service when children can only access support when they are in crisis. It is hopeless for families to try, with unrealistic waiting times.   We gave up!” (high thresholds for access, long waiting times, lost expectation of help)
- “Help for parents with trans kids and help for trans kids with mental health problems. And education for schools around trans issues.” (transgender experiences as needing specific support)
- “I am sorry not to be able to give you more positive feedback. I fully appreciate the enormous pressures your crucial, life-saving team must be under.”   (system pressures on staff)
- “I really hope they get the funding they desperately need before there is another preventable tragedy.” (need for system-level change, i.e. more resources)
- “CAMHS would benefit from being far more accessible.It's hard to understand the processes & who does what & why. Complex language sometimes used.” (clearer communications)

[21]

- “I found the new website difficult to find information about how CAMHS works, the chain of events, and information about the services provided. This was all available on the old website.” (need for information about the overall system)
- “There needs to be cohesion between departments and clear records kept. It is frustrating and stressful to have to repeat yourself many times over to different people.” (lack of continuity and need for better communications within CAMHS)
- “We were told to fill out the ADHD diagnostic forms which we did and to date do not know the outcome of this....we've had no communication from camhs since summer 2021. Our historical paperwork from 2011 and 2016/17 was missing, so the camhs worker didn't have the full picture of my son. Despite my son self harming we had no support other than a couple of teams calls which he didn't engage with.” (poor communications, lack of support)

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[21] All quotes are verbatim

- “As the parent of a disabled child I seem to spend a lot of time filling out forms/paperwork /surveys/consultations/research questionnaires/feedback forms without seeing any results.” (time burden engagement without clear results)
- “From what I hear from other parents, school, etc., it is really no point contacting CAMHS as they are far too overworked, the waiting lists are years long and even serious cases will not get treatment. They tend to ignore 17 years olds because once turned 18, they are no longer responsible for them.“ (service under-resourced, long waiting lists, disconnect between child and adult services)
- “I wish for all children not just my own it was easy to speak to someone and access help when you need it, not when it’s an emergency or become very bad. I think CAMHS need a presence in schools and GPs, more staff and for there not to be barriers for children who have SEND needs, ASD or ADD but also having poor mental health. I have fallen in this gap currently and feel I’m stuck until we reach the end of our 3 year wait.“ (high threshold for support, links with schools and GPs needed)
- “For us where we’ve needed support has been school and we have felt they could really do with some training from you.” (need for professional links with schools)

[22]

- “This question suggests there have been changes, but I'm not aware of any. I only receive appointment letters and follow up letters. I haven't received anything about changes or online training or parent support.” (lack of signposting / information about service changes)
- “I’m not sure what the recent changes are?   My overall thoughts are that the people who work for camhs are great and caring but they need more funding from the commissioners to be able to provide a better and more comprehensive service to children and parents. Also, the waiting time these days is ridiculous and I would imagine a huge pressure for staff but really awful situation for families to be in.” (no changes perceived, funding needed, reduce wait times and staff pressures)

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[22] All quotes are verbatim

- "Explaining things from my sons point of view and how he maybe feeling was very helpful as sometimes it's easy to forget that the behaviours are a reaction to how he is feeling." (positive impact of knowledge gained through CAMHS)
- "I think early intervention is essential to prevent children's problems escalating. Having CAMHS in schools is a positive step but this needs to be a visible, regular service that becomes part of the school ethos." (need more established links with schools to intervene earlier)
- "Personally, I felt that CAMHS went above and beyond! However, I don't rely on CAMHS alone. It is said that it takes a village to raise a child, and I have found the use of my community / friends / school as the most important part of maintaining wellbeing." (reliance on other sources of support besides CAMHS)

Responses from Professionals

Of 33 respondents who completed the survey in a professional capacity, 24 (73%) provided substantive comments to open-ended questions.

Perspectives of professionals aligned with those of parents / carers, with a majority (67%) rating their overall experience of CAMHS as poor or very poor.

Professionals offered relatively more positive feedback on aspects of the service they had found helpful, particularly when productive links between CAMHS and schools or other support settings were established: [23]

- "training sessions for myself as a school health nurse to support young people with their mental health"
- "Duty call, conversations with practitioners about children."

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[23] All quotes are verbatim

- “Once identified the care coordinators are a wealth of knowledge and generally have been paramount to progressing plans”
- “Schools in reach team who have offered training and having contact details for specific workers who are supporting our students to allow greater communication.”
- “Working with LDCAMHS is great. They are responsive and supportive. We like the Challenging Behaviour Pathway (not the name though).”
- “CAMHS SPA email good for contacting CAMHS teams. Website has useful resources”

Like parents, professionals highlighted the consistent difficulties of long waiting times and some experiences of poor communications:

- “Having absolutely no contact from CAMHS unless I telephone or email myself. The waiting times for children to be seen is unacceptable. There is one child in my school who has been on the NDC Pathway waiting list for over 3 years and the family have still not heard about an appointment for assessment.”
- “Ridiculously long waiting list, being told to go to talking space, no feedback from referrals, no phone calls, the service is awful that I now look elsewhere for support but by doing that I feel I am failing in my duty as a professional to get professional help for these young people in desperate need of support. Even those who have attempted suicide have had to wait months for support”
- “Wrong information shared with parents about school. Letters not being sent to school. Paperwork being sent to parents and schools having no knowledge. Closing cases and not letting schools know. … Lack of action to support childrens mental wellbeing, leaving schools to support children who need medication for years.”
- “Feeling helpless when families come to us asking for support and their child is still on the waiting list.”
- “For all our pupils, too long a wait for diagnosis and support and many remain unsupported after diagnosis. Parents want and need more support from mental health professionals.”
- “There is a sense that CAMHS is completely overwhelmed and that waiting time is years, so children referred in primary school are unlikely to be seen.”

One professional raised a concern about knowledge needed for referring to another service: [24]

- “SPA not knowing thresholds of other services prior to signposting   Not transparent thresholds for services”

Again mirroring parent carers responses, many professionals called for reduced waiting times, better communication, and increased resources. Some respondents elaborated further on a need for more in-person contact with young people, interim support while on waiting lists, and more personalised information/support:

- “In an ideal world and with the huge increase in mental health problems for young people post Covid, we need a CAMHS worker in every secondary school and one for a small group of primary schools to access. The need is clearly present, CAMHS needs funding in order to meet the need.   Many young people also report disliking appointments online, preferring face to face appointments. CAMHS was slow to get back into schools once they were open again following lockdowns. Though, some young people did prefer online support and for those not back into school due to poor mental health, the flexibility to access support in this way was valuable.”
- “Decrease the wait time. We have some students who have been waiting almost 3 years for support and at least one student who turned 18 before they received any support, therefore didn't receive any from CAMHS at all.   Share more personalised information and recommendations at the end of diagnoses letters - these are too generic and not always helpful for schools.”
- “CAMHS have made some great improvements to be more open an accessible, more of this would be good. Publicising thresholds to all teams, services and their criteria Ensure all teams are offering relevant/helpful signposting   Offering more support to people on the waiting lists   Offering home visits to CYP who are unable to leave their homes More time given to build a relationship with the CYP and their family” [25]

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[24] All quotes are verbatim

[25] All quotes are verbatim

The range of perceived impact also followed that of parents / carers, which was mostly negative but some mixed and very positive impacts when young people were able to access the service they needed: [26]

- “The poor state of the service has led to significant deterioration in wellbeing of young people.and a reliance in reliable volunteer groups like TAB. As health care workers it impacts on our welfare as we often cannot prescribe to these young people and they are stuck in limbo.”
- “A very negative one, waiting for 3 years can only make people feel unworthy and rubbish”
- “Limited because very few families have received the correct level of support.”
- “Our young people tell us they don’t feel CAMHS help”
- “Online, evening, Parent and school staff sessions have been received well and feedback was very positive. However, the waiting lists are far too long and this has left many young people and parents disillusioned by the ability of the service to meet the need in a timely manner, meaning it gets progressively worse and motivation to engage reduces.”
- “LDCAMHS support helps child, parents and other professionals understand better what behaviour is communicating.”
- “CAMHS have a substantial impact on the wellbeing of CYP when there is a good match between the clinician and the young person. The right intervention, that the

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[26] All quotes are verbatim

right time, delivered by a person with the right approach has the potential to be life changing"

Final comments from professionals included positive feedback about recent online and group session resources, and new challenges raised by the Covid-19 pandemic: [27]

- "the new website is great, much more user friendly and some good resources for young people and parents. Online parent and teacher groups have been well received and well attended."
- "It would help to have live triages for new referrals CAMHS have recently come in to have no names consultation sessions, this has been welcomed but we are have been overstretched with a waves of Covid that have affected attendance of staff and children, so attendance of meetings can be challenging when we are trying to keep staff in classes. In addition to the usual referrals there have been a huge increase in levels of anxiety amongst children due to the pandemic, MHST have worked with some of the referrals."

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[27] All quotes are verbatim

Conclusions

Detailed qualitative analysis supports initial observations from the quantitative results. The dominant narrative is of system-level failings, captured most clearly in accounts of worsening outcomes and loss of hope connected to extremely long wait times and high thresholds for accessing support. These in turn prevent timely intervention before children and families reach crisis point. This dominant negative narrative is tempered by very positive accounts when children are able to access the help they need; The intervention of CAMHS staff who understand a child’s needs and provide appropriate support (e.g. continuous building of a therapeutic relationship alongside any needed medication) is described as ‘life-saving’ by families who have benefitted from it.

Some areas of impactful improvement could potentially be addressed in local contexts, such as internal processes for communicating with parents and professionals (particularly schools), and identifying potential for interim support while children wait between referral, assessment, and treatment. However, there is recognition among both parents and professionals that system-level shortages of resources (funding and staff) underpin many of the difficulties experienced in engaging with Oxfordshire CAMHS. This survey is evidence of high levels of unmet need, with implications for health inequalities driven by differential access to privately-funded health resources and varying levels of support available from the voluntary sector.

Oxford Health
NHS Foundation Trust

Analysis and summary by Dr Caroline Potter (Senior Research Fellow in Health Services Research, University of Oxford and NIHR Applied Research Collaboration for Oxford and the Thames Valley)

21st July 2022

Response from Oxford Health

The Oxfordshire CAMHS team viewed the report and have written a response statement which can be viewed below:

Thank you for taking the time to complete the joint 2022 survey between the Parent Carers Forum (OxPCF) and Oxfordshire CAMHS.

Oxfordshire CAMHS received over 4,500 new referrals between April 2021 and April 2022 and supported over 8,500 young people and families during that time.

Oxfordshire CAMHS have been continuously over exceeding the national target, a reflection of the continued increased demand in Oxfordshire. Despite the pandemic and impact on staff absence, CAMHS has sustained increased rates of access for residents of Oxfordshire, with a 41.2% increase in the number of appointments offered to young people and families in comparison with 2018. This year, a total of 62,184 appointments were offered.

The increase in demand has had a significant impact on waiting times for both assessment and treatment, which was been reflected in the results of the survey. This is something that we are acutely aware of as an organisation and have been working hard to reduce. It is also important to acknowledge that the results of this survey convey that young people and families don't always have a positive experience of accessing support from CAMHS and understanding the reasons for this in more detail is very important to us.

As a result of the survey, our initial focus will be to improve the communication around new initiatives to improve access, such as the commissioning of Healios, a digital CAMHS provider and development of new specialist services, including the Crisis Response and Home Treatment Team (CRHTT) and PEACE Project (Autism and Eating Disorder specialist service).

While we acknowledge that substantial new investment would help meet this increased demand, we also face challenges with attracting into Oxfordshire and recruiting the numbers of qualified and experienced professionals required, which is echoed in other NHS Trusts nationally.

Keeping this in mind, we recognise the importance of improving the experience of young people and families' while they are waiting, which includes the development of parent support groups and the commissioning of pre and post diagnostic support from partnership agencies, such as Autism Oxford. We appreciate that we have more work to do in this area, including making our different pathways and where you have been referred to much clearer and ensuring that you feel involved in your child's care.

Thank you again for taking the time to share your views with us.

Vicky Norman

Head of Oxfordshire CAMHS