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MyVoice: Mental health assessments for children in care

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Registration date	**Overall study status**	[ ] Results
19/02/2026	Ongoing	[ ] Individual participant data
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07/05/2026	Mental and Behavioural Disorders	

Plain English summary of protocol

Background and study aims

Research spanning decades has shown high rates of mental health needs amongst young people in care. There is a growing body of evidence that young people in care face significant challenges in access to mental health services in general and to evidence-based mental health care. These challenges start at the basic identification of mental health needs, where there can be bias and misconceptions in the understanding of the mental health needs of this group. There is also evidence that young people in care are often not involved in assessments of their own mental health needs, are more likely to have their referral rejected from CAMHS than other young people, and that their mental health need is less likely to be accurately identified by professionals.

One way to overcome potential professional biases around the mental health needs of children in care and support the development of shared language between professionals, is the use of standardised mental health symptom tools. Yet across the UK there is currently no agreed way to assess mental health needs in young people in care.

The MyVoice Project seeks to understand whether comprehensive mental health assessments in children's social care could improve the emotional wellbeing of young people in care, by promoting shared understanding of need, increasing referrals and access to mental health services, and access to higher quality support. To test this, we are using a two-arm parallel individually randomised controlled superiority trial (RCT) design comparing usual care to usual care plus, which is a comprehensive online mental health assessment package. The package includes an online standardised assessment of mental health symptoms, derived from existing standardised symptom screening tools and completed by the young person and caregiver. From this, a 2-page report is generated highlighting areas of need, which is given to the child's social worker, GP, and caregiver. The young person can also opt-in to receive a child-friendly version, which was co-designed with input from young people in care.

Alongside the evaluation of the effectiveness of the assessment package, there is an embedded process evaluation and health economic evaluation – designed to consider designed to consider implementation and scalability from the outset.

Who can participate?

10–17-year-olds under the care of participating local authorities, whose social worker has indicated some concern about their mental health. 'Some concern' is broadly defined and based on professional judgment. It may include concern due to high scores on the SDQ but could also be the social worker holding any level of concern, or the young person or caregiver expressing concern.

What does the study involve?

Participants will complete a baseline assessment and then be randomised to either usual care or usual care plus (the new assessment package). Those randomised to the intervention arm will receive a link to complete the online mental health assessment pack. Follow-up assessments of participants will be conducted 6 and 12 months post-baseline, with an additional service-facing assessment 2 months after baseline to explore any initial referral decisions.

What are the possible benefits and risks of participating?

Potential Risks to Participants

This trial will involve young people in care who are struggling with their mental health, many of whom will be under 16 years old. This group of young people may be considered vulnerable due to their ongoing, often unaddressed mental health needs, and previous experiences of maltreatment or early adversity. The research team are highly experienced at working with this population.

Discussing mental health and related experiences may be upsetting for some participants. It is highly unlikely that answering questions about mental health will substantially worsen mental health. All research team members are trained in a wellbeing and risk escalation policy should a young person become very distressed during their participation.

Given the nature of the research, there is a possibility that participants may disclose safeguarding concerns. All safeguarding concerns will be handled following clear procedures, with escalation to social workers, out-of-hours duty teams, or emergency services where required.

What are the possible benefits and risks of participating?

Finding ways to better address the mental health needs of this population is a long-standing priority for many local authorities, and something that young people themselves have long advocated for. Young people in care have been systematically excluded from much previous research about mental health – particularly when considering the well-documented level of need. Many of the young people in care who have participated in our previous research projects on mental health have commented upon the value of having an opportunity to have their voice heard in research concerning them.

Those who are randomly allocated to the assessment arm have the potential to benefit from this intervention's opportunity for improved knowledge sharing, better mental health support and ultimately an impact on wellbeing if the intervention is found to be effective. Caregivers and social care staff often feel that the mental health needs of the young people in care under their care are not being met. Participation in this study will give an opportunity to be involved in shaping improved provision in this area.

All young people in care who participate will receive a thank you voucher for their time.

Where is the study run from?

Potential participants will be identified by participating local authorities. All research activities will be conducted by the research teams at University College London and Newcastle University.

When is the study starting and how long is it expected to run from?

Recruitment is due to start in March 2026, and the final follow-ups will be completed by June 2028.

Who is funding the study?
National Institute for Health Care Research: Research Programme for Social Care (NIHR RPSC).

Who is the main contact?
Professor Rachel Hiller, Professor of Child and Adolescent Mental Health, r.hiller@ucl.ac.uk

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Study information

Scientific Title

MyVoice: A children's social care randomised controlled trial testing a comprehensive mental health assessment for young people in care

Acronym

MyVoice

Study objectives

To compare whether adding a comprehensive mental health assessment to usual care within children’s social care improves referral acceptance and the emotional wellbeing of young people in care struggling with their mental health. The primary service-facing outcome is whether or not a referral has been accepted by a mental health team, while the primary child-focused outcome is emotional wellbeing measured by the child-report Warwick-Edinburgh Mental Wellbeing Scale (WEMBWS). Both primary outcomes are at 12-month follow up.

Ethics approval required

Ethics approval required

Ethics approval(s)

Approved 02/10/2025, University College London REC (Gower Street, London, WC1E 6BT, United Kingdom; +44 (0) 20 7679 2000; ethics@ucl.ac.uk), ref: 1616

Primary study design

Interventional

Study design

Two-arm parallel individually randomised controlled superiority trial (RCT) design comparing usual care to usual care plus, which is a comprehensive online mental health assessment package.

Study type(s)

Screening

Health condition(s) or problem(s) studied

Mental health of children and young people in care

Interventions

Participants will complete a baseline assessment and then be randomised to receive the assessment or continue with usual care. Those randomised to the intervention arm will receive a link to complete the online mental health assessment pack. Once this has been completed a report will be generated which will be shared with their caregiver, social worker, GP and young person in care (if they agreed to this). There is then a 6- and 12-month follow-up, with an additional service-facing follow-up 2-months following baseline to explore any initial referral decisions.
Participants randomised to the control arm will be automatically notified after randomisation by email or text, or by a contact from a member of the research team. Participants in the control arm will continue to receive usual care from their local authority and any other services already involved in their support. This means there will be no additional mental health assessment conducted by the research team and no research-generated report shared with professionals. However, they will still be invited to take part in the study’s 6 and 12-month follow-up outcome questionnaires as well as the 2-month social care check in.
Following participant consent, confirmation of eligibility and completion of baseline measures the randomisation procedure will be carried out. Randomisation will be undertaken by the research team, using the randomisation function built into the REDCap database. Participants will be individually randomised in a 1:1 ratio to either the intervention arm (comprehensive assessment plus an individualised report) or the comparison (usual care) arm, with randomisation stratified by age group (11–13 years; 14–17 years) and by local authority.

Intervention Type
Behavioural

Primary outcome(s)
Emotional wellbeing assessed using the child-report Warwick-Edinburgh Mental Wellbeing Scale (WEMBWS) at 12-month follow-up

Key secondary outcome(s)
Unless otherwise stated, all measures will be completed at baseline, 6-month and 12-month
1. Mental health and wellbeing of children and young people, covering emotional and behavioural difficulties measured using the Me and My Feelings Questionnaire (Deighton et al., 2013)
2. Caregiver-report of difficulties and strengths experienced by the young person in care covering the following areas: conduct problem, emotional difficulties, hyperactivity, peer problems and prosocial behaviour. This will be measured using the Strengths and Difficulties Questionnaire - caregiver report (SDQ-CG) (Goodman, 1997)
3. Caregiver-report of young person in care’s quality of life measured using the KIDSCREEN-10 (Ravens-Sieberer, 2007)
4. Caregiver report of the severity of symptoms related to depression, anxiety and stress measured using the Depression Anxiety Stress Scale (DASS) - Stress Subscale (Lovibond & Lovibond, 1993)
5. Young person in care’s sense of agency measured using the Pearlin Mastery Scale (Pearlin et al., 1981)
6. Caregiver assessment of the quality of the carer–child relationship measured using The Adapted Child Parent Relationship Scale (CPRS-SF) (Driscoll & Pianta, 2011)
7. Young person in care’s perceptions of their attachment to caregiver measured using The Inventory of Parents and Peer Attachment – Revised (IPPA - R) (Armsden & Greenberg, 1987)
8. Referral status for the young person in care measured using the Service Use Form. A shortened version of this measure will also be collected at a 2 month check in.

9. Perceived shared understanding of the young people in care's mental health needs, reported by young person in care, caregiver and social worker. Measured using the Perceived Shared Understanding of Mental Health Scale
10. Service engagement and pathways for young people in care measured using the Mental Health Service Use Questionnaire
11. Satisfaction with Child and Adolescent Mental Health Services from the perspectives of children, YP, and their carers measured using the CAMHS Satisfaction Scale (Ayton et al., 2007)
12. Caregivers and young people in care's views of the support they have received within mental health services measured using the Experience of Service Questionnaire (ESQ)
13. Placement change of the young person in care measured using the Placement Change Form
14. Service use and associated costs for young people in care and their caregivers measured using the Tailored Client Service Receipt Inventory (CSRI)
15. Health related quality of life of the young person in care as measured by the Child Health Utility – 9 Dimensions (CHU-9D) (Stevens & Brazier, 2005)
16. Caregivers perception of their own capability and quality of life measured using the ICEpop CAPability Measure for Adults (ICECAP-A) (Al-Janabi et al., 2012)
17. Demographic information collected at baseline from young people in care, caregivers and social workers
Qualitative data will be collected as part of the embedded process evaluation to explore the acceptability, perceived usefulness, and implementation of the comprehensive mental health assessment and report. Approximately 20 young people in care from the intervention arm, along with their carers will be invited to take part in a one-to-one interview, which will focus on experiences of completing the assessment, understanding and using the report, and identifying any barriers or facilitators to engagement.

We will also collect qualitative data in the form of focus groups with social care staff at six months and twelve months post baseline. At the six-month mark, the discussions will focus on their impressions before and after the intervention (i.e., mental health assessment package), early signs of impact, and their experiences of implementing the approach in practice. Social care staff will also discuss work culture, practical considerations, and their thoughts on the potential for future use of the assessment. At twelve months, the focus groups will examine the longer-term impact of the assessment on YP, on social care practice, and on the wider service. Staff will also be asked to identify the key facilitators and challenges they have encountered within each of these areas.

Completion date
30/06/2028

Eligibility

Key inclusion criteria
Local authority eligibility:
The MyVoice Study is being conducted within local authority children's services teams across England. We will work with at least 8 local authorities.

Inclusion criteria for young people:
• Young person under local authority care aged 10–17 years, where their social workers have flagged concerns for the young person's mental health. This could be concern because of scoring highly on the SDQ but could also just be their perceived concern or concern expressed by the carer or young person.
• Adequate English skills and intellectual capacity to complete the questionnaires and the

comprehensive mental health assessment if randomised to the intervention arm.
• Young people in care can be in any type of placement, except youth offending institutes or living at home with birth parents at the point of recruitment.

Young people in care can participate without a caregiver but not vice versa. This is important as some of the older young people are likely to not have a consistent caregiver or might be in semi-independent living.

Inclusion criteria for caregivers:
Caregivers are automatically eligible if the young person in their care is eligible to participate.

Inclusion criteria for social work staff:
Social work staff are eligible to participate in focus groups as part of the process evaluation if they work in participating local authority teams where the comprehensive mental health assessment package has been implemented.

Participant type(s)
Other

Healthy volunteers allowed
No

Age group
Child

Lower age limit
10 Years

Upper age limit
17 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Young person is currently receiving direct treatment in CAMHS
2. Young person has intellectual disability at a level that would prevent completion of questionnaires or of mental health assessment
3. Young person has insufficient English language to complete questionnaires and assessment with researcher support (due to assessment format)
4. Young person is held in custodial settings or living at home with birth parents at point of recruitment

Date of first enrolment
29/04/2026

Date of final enrolment
15/09/2027

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Bristol City Council
City Hall
College Green
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England
BS1 5TR

Study participating centre
Cumbria County Council
107–117 Botchergate
Carlisle
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Sponsor information

Organisation
University College London

ROR
https://ror.org/02jx3x895

Funder(s)

Funder type
Not defined

Funder Name
National Institute for Health and Care Research

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The anonymised quantitative datasets generated during and/or analysed during the current study will be stored in a publicly available repository (UK Data Service, https://ukdataservice.ac.uk/).
Anonymised qualitative datasets will be available on request from Professor Rachel Hiller, r.hiller@ucl.ac.uk.

IPD sharing plan summary
Stored in publicly available repository