

Accessing Care

Health, Hope and Change for
Care-Experienced Young People

Partnership
for Young
London

Partnership for Young London's is a regional youth policy and practice unit, we have three key goals:

- To connect diverse organisations working with young people across London
- To develop the skills and expertise of the youth sector
- To influence policy and practice with young people

'Every young person has a story.

Some carry stories shaped by loss, instability, and trauma. For those who've been in care, trust can be fragile, and care encounters can reopen old wounds or begin to heal them. Whether they are booking a GP appointment, seeking support for their mental health, or coming into hospital, every experience of care matters.

In the NHS, we build expertise for hearts, for kidneys, and for minds.

It's time to build expertise in understanding care experience. Being care aware means seeing the person, not the file or the number. Asking what's happened to you? Not what's wrong with you?

Be curious, not judgemental.

Care experienced young people may test boundaries or appear mistrustful. See this as a sign of self-protection, not defiance. Showing up, keeping your word, and being kind because trust is earned, not assumed.'

Kath Evans

Director of Children's Nursing, Barts Health
BCYP Clinical Lead, North East London ICB

Participation/Engagement champion NHSE Ldn BCYP Transformation Programme

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Accessing Care: Health, Hope and Change for Care-Experienced
Young People



01

Introduction

Background, Objectives,
Audience

Introduction

Partnership for Young London (PYL) has proudly hosted the Pan-London Children in Care Council (CiCC) on behalf of the City of London and the Association of London Directors of Children's Services (ALDCS) for the last five years.

Our Care-Experienced Development Leads have coordinated this programme, bringing their lived experience into every stage of design and delivery.

Through strategic partnerships, creative engagement, and ongoing advocacy, we have continued working to influence and drive system change across London.

This piece of research, along with the accompanying video, has been co-created with the Pan-London CiCC.

Our shared aim has been to ensure that the voices of care-experienced young people meaningfully shape both the approach and the recommendations for developing future services.

Members of the CiCC worked closely with research and policy leads at Partnership for Young London to develop the interview guide, host focus groups, and conduct interviews with youth participation workers and care leavers within the North East London boroughs (see page 9 for more information).

Senior members of the North East London Integrated Care Board (NEL ICB) were interviewed to inform this work, including: Dame Marie Gabriel DBE, chair; Ralph Coulbeck, Chief Strategy and Transformation Officer; and Korkor Ceasar, Deputy Director for Safeguarding Children at NEL ICB.

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02

Context

National Policy & the
MacAlister Review

Context:



Josh MacAlister's Independent Children's Social Care Review was launched in May 2023. The review highlighted that care-experienced young people continue to face deep and persistent disadvantage, described as "the civil rights issue of our time."

MacAlister called for care experience to be recognised as a protected characteristic, making it unlawful to discriminate against those with lived experience of the care system, in the same way that the nine characteristics protected by the Equality Act 2010 operate.

One of the review's five core recommendations focused on narrowing the health inequalities gap between care-experienced young people and the wider population.

MacAlister also emphasised the need for all services, including the NHS, to become more care-aware, ensuring that staff understand the context, trauma, and specific needs of those who have been in care.



03

Methodology

Methodology

Partnership for Young London and NHS North East London Integrated Care Board (NEL ICB) collaborated to explore the drivers of health inequity affecting care leavers and care-experienced young people across the region.

The aim of this work was to better understand what currently helps and what hinders young people when they try to access healthcare, and to challenge traditional systems that are clearly not meeting their needs — in North East London or nationally. This project took place over six months.

NEL ICB serves a population of around 2 million people across the boroughs of Barking & Dagenham, the City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets, and Waltham Forest.

It is estimated that there are 19,456 care leavers living in London, according to the 2025 data by the DfE.

A “care leaver” refers to a young person aged 18–25 who has spent at least 13 weeks in care.

A “care-experienced person” is anyone who has been cared for by someone other than their birth parents at any stage of their life. This includes, but is not limited to, care leavers.

This briefing draws on the following sources:

- Two youth focus groups (Redbridge and Hackney)
- Three semi-structured interviews with senior NEL leaders (ICB Chair, NEL ICB Chief Strategy and Transformation Officer, Deputy Director for Safeguarding)
- Additional informal conversations with young people and medical practitioners in a youth setting

Throughout this work, conversations were held with a range of front line professions from health and social care to inform the project.

The focus groups captured young people’s experiences of accessing GP, hospital, and mental health services; navigating referrals and entitlements; and interacting with urgent, emergency, and discharge pathways.

Methodology: Approach

The interviews with senior leaders within the ICB offered insight into their vision for improving services, the limitations of current systems, and opportunities across commissioning, safeguarding, and cross-agency partnership working.

This document brings together these insights to better understand the healthcare access journey for care-experienced young people in North East London.

Key themes emerging from the research include:

- Systemic inequalities
- Long waiting times for mental health services
- Poor continuity of care
- Lack of care-aware training across the workforce

The recommendations that follow focus on improving accessibility, strengthening trauma-informed practice, embedding mandatory care-aware training, and ensuring that young people have a meaningful role in designing the services that affect them.

To share the findings from this project, NEL ICB commissioned a creative approach that centered on young people's experiences.

The team decided to use video as the main format because it allowed the voices, expressions, and lived experiences of care-experienced young people to come through in a direct and accessible way.

The video was developed to highlight what young people repeatedly described in the focus groups and interviews, and to help senior leaders and practitioners understand the realities and challenges they face when accessing healthcare.

The intention was to create something that could prompt reflection, build empathy, and support staff across the NHS to think about practical changes that would reduce inequalities.

The accompanying video, which shares the title of this report, brings together the voices of senior NHS leaders and young people speaking directly from their own experience.

Those not appearing on camera were nonetheless instrumental, shaping the report through their insight, challenge, and expertise.

Filming took place at The Cove, a hub designed by care-experienced young people for care-experienced young people. It brings together key professionals and offers amenities such as internet access, a kitchen, a lounge, and life-skills support.

Staff supported the process and ensured that the young people who participated were informed, comfortable, and fully consenting. All young people involved understood the purpose of the filming and gave written consent.

We also obtained permission to film Dame Caroline Clarke, Regional Director for London, NHS England at the respective office. She has been a long-standing advocate for care-experienced young people.

In her role as Regional Director for London in NHS England, she is committed to working with senior leaders across the system, improving health equity, promoting trauma-informed practice, and strengthening accountability within the system. By taking part in the video and engaging directly with young people, she helped reinforce the message that their voices must be at the center of policy and service design across London.



Systematic Inequalities

Give a short or brief description of the first objective



Long Waiting Times

Give a short or brief description of the first objective



Lack of Care-Aware Training

Give a short or brief description of the first objective



04

**Key
Findings**

Young People's Perspectives

Key Findings:

8 emerging themes

The following sections set out eight emerging issues raised by care-experienced young people and were reflected on by system leaders. Together, they show how current policies and duties play out in practice and where gaps remain between what is intended and what young people experience.

These issues highlight the points in the system where access, continuity, and safety are most affected and where focused action could make the greatest difference.

Young people spoke openly about delays, abrupt transitions, inconsistent support, and the emotional and practical burden of navigating services without the family structures that many pathways still assume.

They also described the wider pressures of housing instability, poverty, and racial inequality, which can intensify these barriers and lead to poorer outcomes.

Leaders acknowledged many of these challenges and pointed to opportunities for more coordinated and relational approaches.

Across the eight emerging issues below, young people were clear about what would help. They want consistent relationships, clearer handovers, care-aware practice from all staff, better communication between agencies, and pathways designed for those who do not have family advocates. These expectations are reasonable, achievable, and aligned with existing corporate parenting responsibilities.

8 Emerging Themes:

What we can identify so far?

Access, waiting times
and navigation

Continuity and
transitions from 16 to 25

Frontline staff
awareness and trauma
informed practice

Multi-agency working,
data sharing and trust

Safeguarding and
emergency pathways

Entitlements, cost of
living and practical
barriers

Inequalities and anti-
racism

Access, waiting times
and navigation

Access, waiting times and navigation

Care-experienced young people consistently described significant obstacles to accessing the right help at the right time.

Long waits for CAMHS and adult talking therapies were compounded by discharges without clear notification and letters that never arrived, leaving some young people unaware that their care had been stopped.

Registration with primary care was further hindered when hostel addresses were not recognised, which had immediate consequences for obtaining repeat medications and managing long-term conditions.

Young people frequently reported that their concerns were not taken seriously unless a professional advocate attended with them, reflecting a culture that still relies on parental presence, which can be harmful.



“I had to bring three people to appointments before they took me seriously,” - Young person

Continuity and transitions from 16 to 25

Transitions – particularly the move from child to adult mental health services – were experienced as abrupt and destabilising.

Several young people were told that support would cease at 18 even though their needs persisted, and moves between boroughs or ICB footprints triggered the loss of waiting-list positions and forced re-registration with new GPs.

These administrative resets interrupted therapy, fractured trust, and undermined therapeutic relationships that the MacAlister Review deems critical for recovery and resilience.

Leaders acknowledged this problem and advocated for continuity of relationships and clearer handovers, but young people's accounts reveal that such safeguards are not yet systematically embedded. In practice, a portable record and a named coordinator were repeatedly cited as basic enablers of a smoother journey.

“When I turned 18, everything changed. Adult services had different rules, and I was left without support.” – Young Person

Frontline Staff Awareness and Trauma-Informed Practice

Frontline awareness of care status and its implications was variable, with most participants never encountering staff who fully understood corporate parenting duties or the logistics of semi-independent living.

Young people described the emotional burden of repeatedly retelling traumatic histories, particularly during emergencies when they most needed rapid responses.

Senior leaders endorsed mandatory care-aware training across primary care, mental health, hospitals, school nursing, and pharmacy, positioning it alongside safeguarding as a non-negotiable competency.

“I didn’t know I was entitled to free prescriptions until today.” – Young Person

“I want everyone to be kind. It’s simple, but it would change everything,” – Young Person

Multi-Agency Working, Data Sharing and Trust

While there are promising examples such as youth hubs and school-based support teams, the overall picture remains fragmented, with health, social care, and housing too often operating in parallel rather than as a single wrap-around system.

Young people described being passed from service to service and having to repeat their stories because shared care plans and consented data-sharing were not in place or not acted upon.

The ICB Chair and the safeguarding lead stressed the need for truly shared care plans, joint training, and clearer partnership governance to close these gaps.

A practical idea from the focus groups was the creation of a hospital-based “unsupported patient” function to coordinate advocacy, chaperoning, and discharge logistics for those without family or informal support networks.

“I waited over six months for CAMHS and still didn’t get the help I needed.” – Young Person

Safeguarding and Emergency Pathways

Emergency and other pathways were commonly designed around the assumption of a family escort, which left some care-experienced young adults excluded from necessary procedures.

Several participants reported surgery being threatened or postponed because they could not provide an escort or overnight carer, due to having no family available.

Leaders recognised wider gaps in out-of-hours support and the unwelcoming nature of some urgent and emergency settings for this cohort.

Young people called for an explicit “unsupported patient pathway” that guarantees advocacy, an overnight option where clinically indicated, safe transport home, and proactive follow-up.

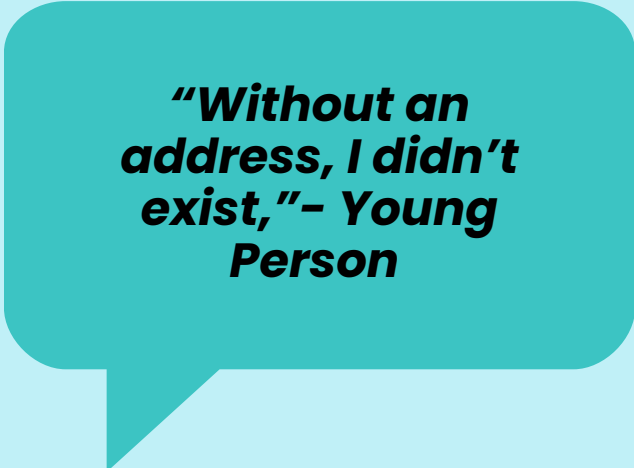
“I had no family to rely on after my surgery... I couldn't be discharged without having someone there with me... but I had no-one and they didn't seem to understand” – Young Person

Entitlements, Cost of Living and Practical Barriers

Awareness and uptake of free prescriptions and dental care for care leavers up to age 25 were low, with many participants instead relying on Universal Credit exemptions or paying out of pocket.

Young people described council processes for prepayment certificates as complicated and slow, which deterred applications and contributed to missed medications.

Primary care registration barriers were especially detrimental for those living in hostels, where non-recognised addresses led to repeated refusals and delays.



“Without an address, I didn’t exist,”- Young Person

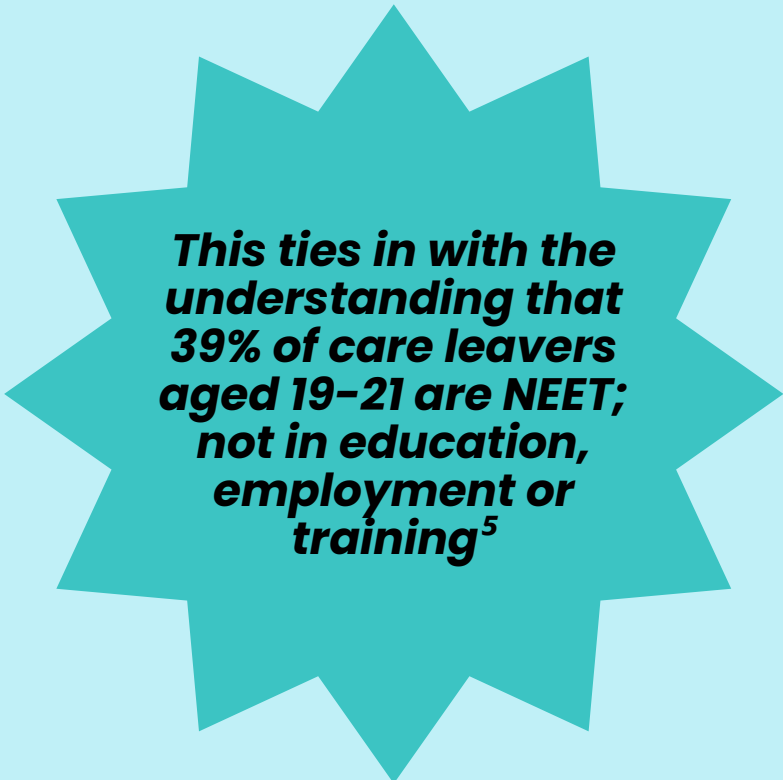
Inequalities and Anti-Racism

Structural inequalities shape access and outcomes, with young Black men notably overrepresented in crisis pathways.

The ICB's anti-racist strategy sets a clear direction, but young people's testimonies show variable delivery and a need for culturally competent practice at every touchpoint.

Experiences of being treated differently after entering care were frequently reported and interacted with poverty, housing instability, and educational exclusion, which increased the risks.

Targeted, data-driven action that addresses both care status and ethnicity is required to shift these patterns sustainably.



This ties in with the understanding that 39% of care leavers aged 19–21 are NEET; not in education, employment or training⁵

Youth Voice, Co-Production and Accountability

Young people want to shape services, training, and evaluation, not simply be consulted.

There was strong interest in co-designing and co-delivering care-aware training so frontline teams hear directly from lived experience.

Leaders committed to widening participation, strengthening the role of young scrutineers, and embedding youth-led standards, recognising that relevance and impact increase when young people define what good looks like.

Embedding youth co-chairs within governance structures, along with openly published progress updates, were highlighted as practical steps to turn commitments into accountability.

With the ICB already agreeing in principle to adopt the report's recommendations

There is now a real opportunity to ensure youth voice is centered and influential in shaping how this work is taken forward.

Youth champions and youth researchers play a strategic role in this. Their lived-experience insight can help set priorities based on what matters most to young people, test assumptions that might otherwise go unchallenged, and bring a level of scrutiny and legitimacy that strengthens decision-making across the system.

"I want professionals to listen and not treat me like a tick-box exercise." – Young Person



05

Recommendations

What are the next steps?

Recommendations:

Analysis of the Nationwide Rollout of the Free Prescriptions, Dental and Eye Care offer for Care Leavers

It was announced at the end of 2025 that there would be a rollout of free prescriptions, dental, and eyecare services for care leavers, following up directly with the 2022 MacAlister Independent Review on Children's Social Care.

There will also be paid internships within the NHS, as well as a guaranteed interview scheme that would improve the current NEET rate for care leavers. GPs will now be alerted if someone is in care, and a new regulation will ensure information can be passed on to several different actors in a young person's life.

Although this is a great announcement from the Government, currently there is no identified plan of action across the nation.

There is also a lack of clarity about where this funding for free prescriptions will be coming from.

With the level of financial challenges across local authorities and significant staffing reductions and restructuring in the ICBs, the infrastructure to support change will be limited. There may be an impact on the safeguarding of vulnerable people, including those with Special Educational Needs and children in care.

Cuts to designated doctors, nurses, and staff could also widen the equity gap in accessing healthcare.

Additionally, there is no mention of care-aware training for NHS staff, despite GPs having the ability in the future to find their patients who are currently in care.

All young people who were involved in several focus groups have said that they believe wider services should be care-aware and trauma-informed to reduce the stigmas that they may face.

Next Steps

Our 8 emerging themes set the basis of the recommendations set by the Government

OUR RECOMMENDATIONS	REASONING	RISKS IF NOT IMPLEMENTED	ENABLERS FOR CHANGE
<p>Care-aware training NHS staff should receive regular mandatory care-aware training, co-produced with care-experienced young people, so that lived experience shapes everyday practice.</p>	<ul style="list-style-type: none"> • No ambiguity or ignorance of the topic • Can make well-informed decisions • Able to empathise and fully listen (NHS Values) 	<ul style="list-style-type: none"> • Continued stigma and assumptions • Inconsistent or inequitable care • Young people disengaging from services 	<ul style="list-style-type: none"> • Care-experienced young people to help produce and co-design the resources
<p>Continuity through transitions Support must not end abruptly at 18. Portable and easy-to-access records and a named coordinator are needed to ensure young people do not lose care when moving between services or boroughs.</p>	<ul style="list-style-type: none"> • Shared posts aid continuity • Fostering of a sense of independence is important • Young people can be anxious when accessing healthcare 	<ul style="list-style-type: none"> • Gaps in care when support ends at 18 • Missed appointments or lost records • Young people falling through service cracks 	<ul style="list-style-type: none"> • Recognition of roles that champion continuity of support during transition
<p>Simplifying entitlements Free prescriptions, dental care, and GP registration are rights. Processes should be straightforward, quick, and clearly communicated so young people can access what they are entitled to.</p>	<ul style="list-style-type: none"> • Clearer communication breaks down the stigma and enhances uptake of these offers 	<ul style="list-style-type: none"> • Confusion navigating the system • Young people being unable to access support that is funded • Unmet or delayed healthcare needs 	<ul style="list-style-type: none"> • National scheme supported by information that is accessible to young people

Next Steps Continued

OUR RECOMMENDATIONS	REASONING	RISKS IF NOT IMPLEMENTED	ENABLERS FOR CHANGE
<p>Cross-sector collaboration</p> <p>Health, social care, housing, and education must work together, not in silos. Shared care plans, joint training, and stronger governance are essential to deliver consistent support.</p>	<ul style="list-style-type: none"> • Young people often experience a variety of challenges; collaboration can help with shared solutions 	<ul style="list-style-type: none"> • Services continue working in silos • Young people receive fragmented or duplicated support • Missed opportunities for joint planning and consistent care 	<ul style="list-style-type: none"> • Neighbourhood working offers opportunity for greater collaboration
<p>Youth voice at the centre</p> <p>Young people should be active partners in designing, delivering and evaluating services. They can be co-chairs of working groups. Youth representatives should be embedded in all change programmes.</p>	<ul style="list-style-type: none"> • No assumptions of what young people want • Clearer and direct needs can be identified and addressed • Confidence of young people grows when they are active participants 	<ul style="list-style-type: none"> • Services based on assumptions rather than real needs • Policies and pathways fail to reflect lived experience • Young people disengage from influencing change 	<ul style="list-style-type: none"> • Ongoing collaboration of the NHS with the London Children in Care Council
<p>Unsupported patient pathway</p> <p>Hospitals and emergency services should have a clear pathway for those without family support – including advocacy, safe discharge, overnight options where required, and transport home.</p>	<ul style="list-style-type: none"> • Care-experienced young people have specific needs which require recognition 	<ul style="list-style-type: none"> • Young people without family support struggle to navigate care alone • Delays in discharge, treatment, or accessing follow-up help • Increased pressure on emergency services due to unmet needs 	<ul style="list-style-type: none"> • Ongoing collaboration with the NHS and use of coding in patient records to identify this cohort of young people

Acknowledgements

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- Kehinde Kila for conducting interviews
- Sharon Long for support and guidance

For more information about the Pan London Children in Care Council please click here <https://www.partnershipforyounglondon.org.uk/cicc>

For more information about the Pan London Compact for Care Leavers please click here: <https://www.liia.london/priority-areas/care-leavers/>

Link for the accompanying video can be downloaded here: <https://vimeo.com/1128315566/63fe24e4d6?share=copy&fl=sv&fe=ci>

Written by Angel Singh, on behalf of the Pan-London CiCC



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The Pan London CiCC is sponsored by ALDCS (Association for London Directors of Children's Services) and the City of London Corporation with the following key aims:

- To improve the care experience for looked-after children & young people and care leavers across London;
- To improve opportunities to identify common themes and issues across London;
- To enable opportunities to influence policy and services affecting looked after children & young people and care leavers in London;
- To improve young people's skills and confidence through participation

The Pan London Compact for Care Leavers

The Pan London Care Leavers Compact is facilitated by the London Innovation and Improvement Alliance (LIIA), and it provides a framework for developing consistency, breadth and quality support offers available for care leavers. It brings together statutory and other partners via a Care Leavers Trust Board to develop offers for London's care leavers. These offers are grouped together in the Compact, effectively a set of commitments to London's care leavers. The project, which arose from 2021 DfE seed funding, is facilitated by LIIA and Partnership for Young London. The Care Leavers Trust Board is chaired by two Directors of Children's Services (Jacqui McShannon, LBHF, Stephen Kitchman, Bexley, and the London Children in Care Council are involved throughout.



Partnership for Young London



North East London



North East London
Health & Care
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