NHS YOUTH FORUM

Delivered by BARNARDO'S

SHIFTING CARE TO THE COMMUNITY: WHAT DOES THIS MEAN FOR YOUNG PEOPLE?

2025/26

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COLLAGE MADE BY MARDIA JANNAT

Table of Contents

Introduction

The NHS Young Researchers are a group of 25 Young People aged between 16 to 24, part of the wider NHS Youth Forum, who work alongside Barnardo's and NHS England to advocate for valuable participation and provide a voice for Young People within healthcare services. We work alongside NHS England to voice Young People's priorities for healthcare services so that these can be embedded within national and local policies to ensure the best health outcomes for Young People.

This year the focus for our projects were around the NHS 10-Year Health Plan produced by the Department for Health and Social Care. The plan looks at reforms to The NHS and wider existing community services to close the gaps and ease pressures that they are currently facing.

There are three shifts as part of the plan: Hospital-to-Community, Treatment-to-Prevention, and Analogue-to-Digital. All Young Researchers were split into three groups to focus on one particular shift in the plan, the shift we focused on was Hospital to Community.

MEET THE team

MARDIA

Hi! I'm Mardia. I am a young person based in Manchester. I joined the NHS Young Researchers to make a positive impact on how young people experience healthcare. Having lived experience of mental and physical health struggles, I know how confusing and isolating healthcare services can feel for young people. I want to ensure the shift from hospital to community can change that by making health and social care more inclusive and accessible for all.

YASH

Hi! I'm Yash, and I'm from London. I joined the young researchers because I'm passionate about bridging the gap between communities and healthcare services, and about how young people can have more of a say in their treatment and the decisions made about them. Having used CAMHS for health issues myself, I know how difficult it is to speak about individual issues to a room of people I don't know and how I access them and I want to see a world where NHS professionals, local/ regional bodies, young people and the government can create a safe and accessible space for all where anyone can speak about issues affecting them

VLAD

Hi! I'm Vlad, from Lancashire. I joined the NHS Youth Forum because of my aspiration to empower communities and people as a whole. I want people to be represented and have the opportunity to shape the public institutions. The Hospital to Community sub-group has been a wonderful opportunity to share the opinions and ideas of the members of the community, to contribute to the development of our health services

AZIZAH

I'm Azizah, a young person based in London. I am a care leaver with lived experience of mental health inpatient and community care, and received long-term admissions in hospital for both my physical and mental health. Having received positive and very negative aspects of care and neglect, I am keen that this shift from hospital to community care is effective for all young people and is driven by young people at the centre. I am keen to bridge the gap in embedding lived experience and clinical practice as I am training to be a Mental Health Nurse. My passion is rooted in lived-experience work, challenging systems and existing narratives on mental health and ensuring that services are equitable and accessible for all.

HAROLD

Hi, I'm Harold, I'm a young person and a older brother to my sister, who regularly accesses CAMHS for her mental health and waiting on the autism pathway. As someone from a family where English isn't our first language, and a medical student interested in reducing health inequalities. I'm keen to see care in the community take a more proactive stance to identifying children with needs, and see more investment across our society to address the massive gap in children's services.

ALEXANDRA

Hi, I am Alexandra. I am 18 years old. I have been a member of the NHS Youth Forum for the past two years. As someone who has accessed multiple healthcare services, I have always been interested in how we can improve the experiences of young people. Being a part of the Young Researchers program has allowed me to be an advocate for other young people. I truly hope that our report can help provide healthcare and community services with ideas for how to better engage and work with the younger generation.

SAFWAN

I'm Safwan, 17, and I live in London. I'm passionate about all things youth advocacy, ranging from healthcare to education. With Barnardo's I'm involved with both the NHS Youth Forum and also a SEEN Ambassador. I want to see young people feel increasingly confident in reaching out for support should they feel they need it.

Executive Summary

METHOD:

To inform us about the 10 year health plan we met over a series of online meetings, in person at our summer residential and we received presentations from NHS England in partnership with Barnardos. We explored different areas of our shift Hospital to Community and came up with our research question.

'How can the shift to community care be set up more effectively to ensure that young people's health and wellbeing is a priority?'

We developed surveys for Young People, Parents and Carers, and Staff. We collected responses from the 31st of October 2025, and our surveys closed on 20th November 2025.
They highlighted four areas: experience of care, barriers and accessibility to services, participation and engagement, vision and priorities for community care. In this time we received 94 responses from young people and 15 responses from parents, however, 0 carer responses.

We also shared a separate survey with the same themes to the attendees at the King's Fund conference, "Creating the Healthiest Generation of Children", in November 2025.

Qualitative data were coded to quantify certain themes; these numbers are presented and used to support our findings, alongside Likert-scale data.

FINDINGS:

Across all areas of our survey, it highlighted negative experiences of care, numerous barriers and accessibility issues, individuals' sense that they cannot participate in their care, and a lack of confidence in providing feedback. This was supported by Staff responses indicating that participation was 'tokenistic' and that young people were not receiving wraparound, holistic care to meet their needs. Respondents in our survey highlighted the need for services such as education, CAMHS, social care, youth services, and the NHS to work together to ensure community care is as effective and supportive as possible for Young People.

CONCLUSION:

Community care covers a wide range of services, and the shift from Hospital to Community care requires collaborative input from NHS England, Social Care, and the Department for Health and Social Care. Significant planning and changes are needed to address service gaps and ensure that young people are not left without adequate support and care. Young People, their Parents and Carers, as well as Staff, need to be involved in developing and shaping services to ensure that services work effectively for them.

Top Recommendations

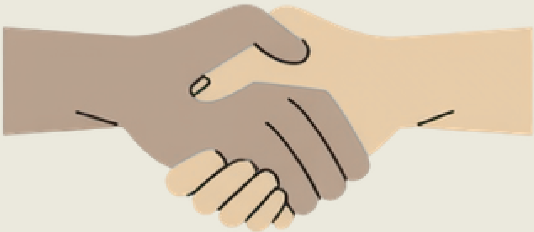
1. *Wider Availability of Hubs nationwide, where Young People and their Parents and Carers can receive a wide range of services. These services need to be visible and so that all Young People know how to access them.*

2. *Implement meaningful participation and engagement within existing community services, as well as when developing new ones. Young People need to be involved from the very beginning of service development. This can be done through Youth groups, advisory forums, and opportunities to meet with service managers and developers.*

3. *Department of Health and Social Care to advocate for increased funding for youth hubs and youth centres. This will help Young People engage with spaces that support their well-being, easing pressure on health and social care services.*

4. *Department of Health and Social Care to find ways in which they can challenge and lobby the government around their views on neurodiversity and stigma in mental health. The recent review announced by the Health Secretary around the overdiagnosis of mental health and neurodiversity is not reflective in our data.*

5. *Integrated Care Boards need to strengthen the link between health and social care to ensure that young people receive wrap-around care in all areas of their lives. Services need to be set up in ways in which young people and their parents and carers feel that they can access both health and social care support at the same time without feeling like they need to engage with multiple professionals.*



AZIZAH KHAN

Hospital to Community: Our Shared Vision

What does Hospital to Community mean to us?

This shift means reestablishing the NHS into a sane organisation with a decentralised structure for community health and empowerment.
Being able to access a standard level of care independent of where you live. Community centres being managed locally means that you experience varying quality of care.
Parents/Carers with more support to understand their Young Person's diagnosis and how they can help them, alongside better communication from practitioners about what needs to be discussed and checked with the Young Person's support network.

Creating a system where Young People feel supported, reassured, and confident that there is someone they can go to. Reducing long waiting lists and providing more support for young people who are on waiting lists from being pushed off. Services need to be more understanding and responsive to Young People's individual needs, and to help them feel heard throughout their care.

Schools, youth groups need to be better equipped in how to support young people and how to work in more inclusive ways. Adequate social support also needs to be prioritised. There also needs to be stronger accountability from services when things go wrong and these need to be formally addressed.

Community care for young people should be properly funded and resourced so that it remains sustainable.

Staff working in services need to use clear, and appropriate language to ensure that it is inclusive for Young People. Young People without a strong support system, including Looked-After and Care-Experienced Young People, Refugees and other marginalised groups are being overlooked, particularly when services focus mainly on family support hubs. This needs to be a priority when ensuring that community services are accessible for all.

Young People being removed from waiting lists, workforce and staffing pressures within the NHS, and wider funding challenges are a major concern when thinking about how this shift will be able resolve the current crisis in the NHS.

Young People do not need short-term solutions; we need longer-term change.

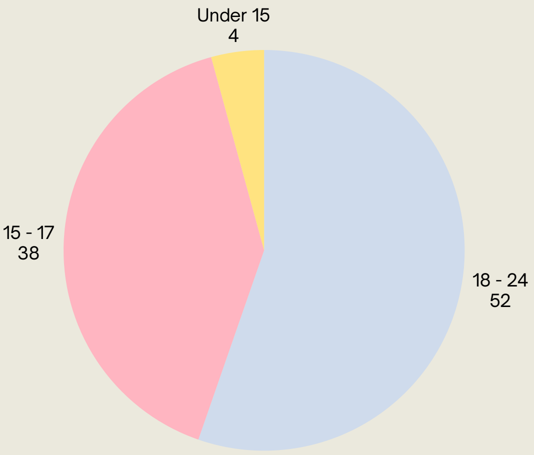
Demographics

AZIZAH KHAN
YASH RAMLALL

94

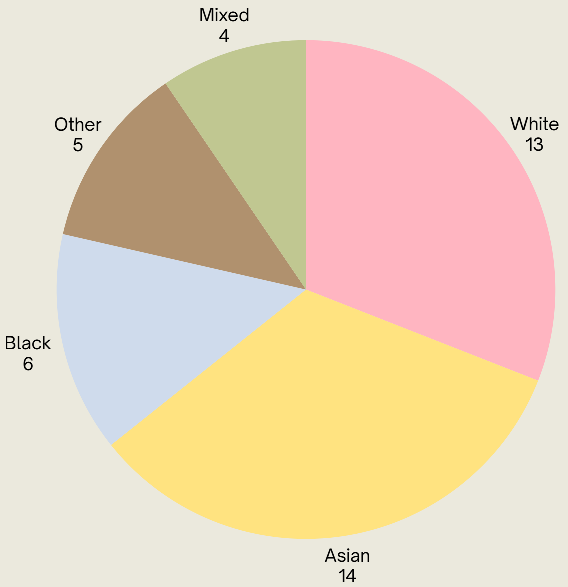
YOUNG PEOPLE RESPONSES

Age Demographics

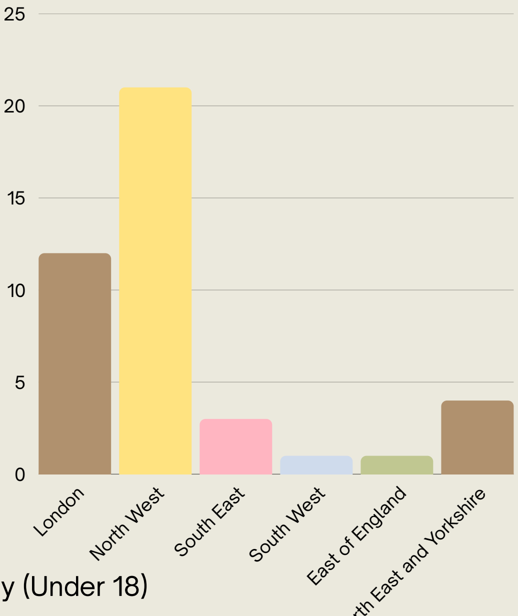


Under 18

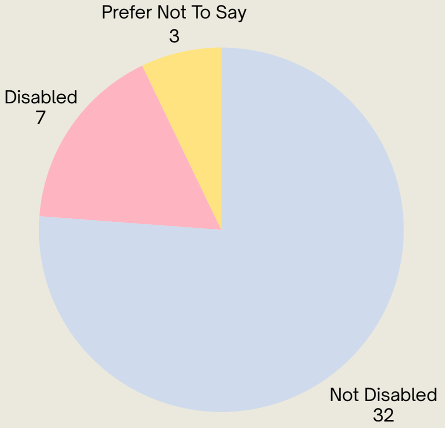
Ethnicity (Under 18)



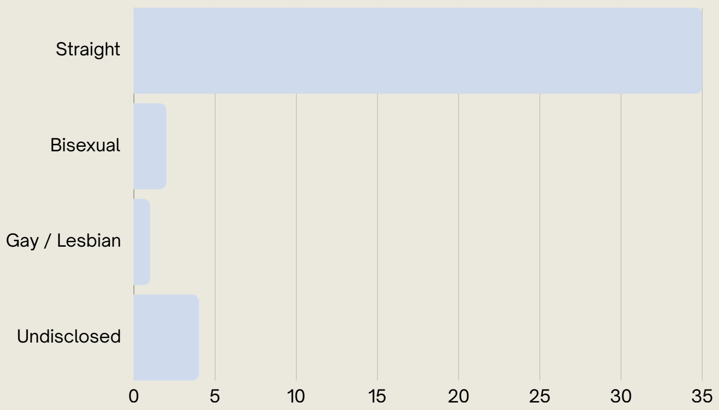
Region (Under 18)



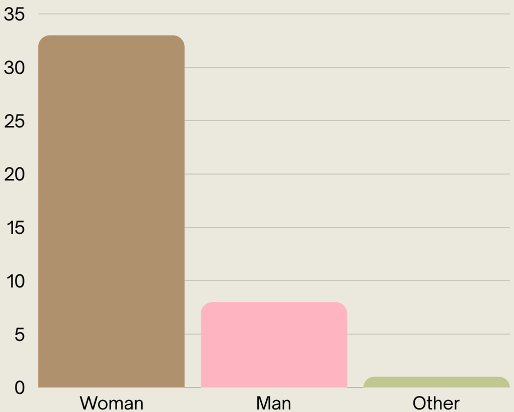
Disability (Under 18)



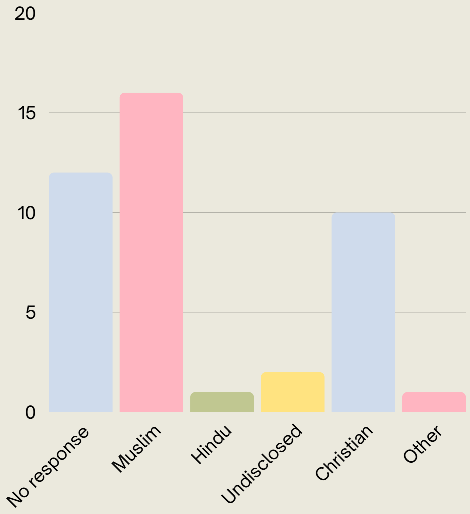
Sexual Orientation (Under 18)



Gender Identity - Under 18



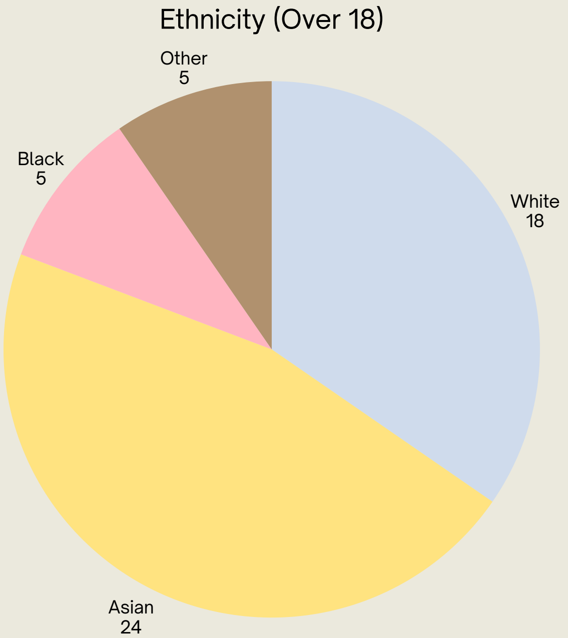
Religion / Belief (Under 18)

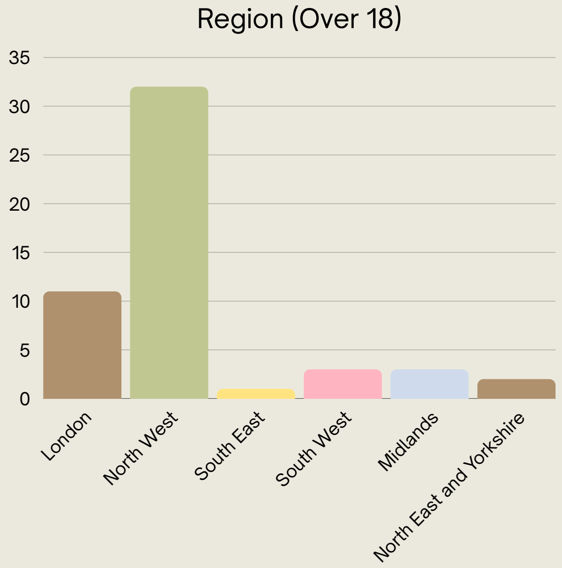


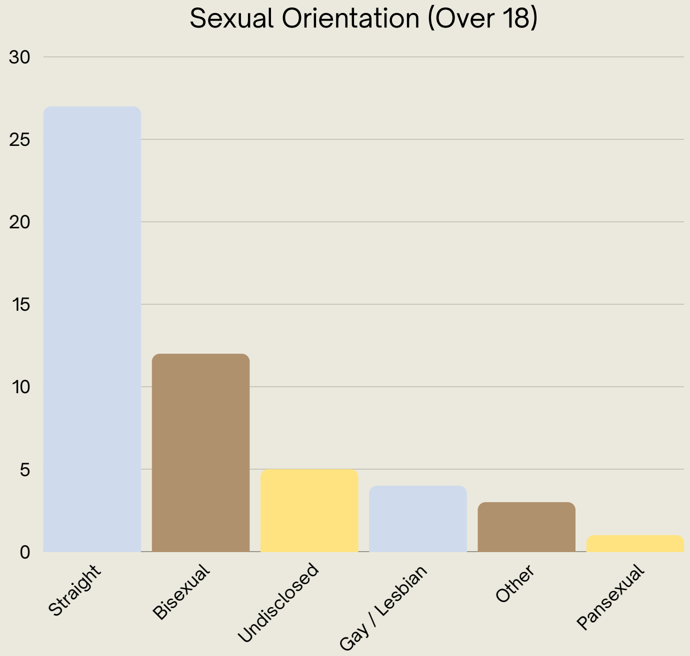
Demographics

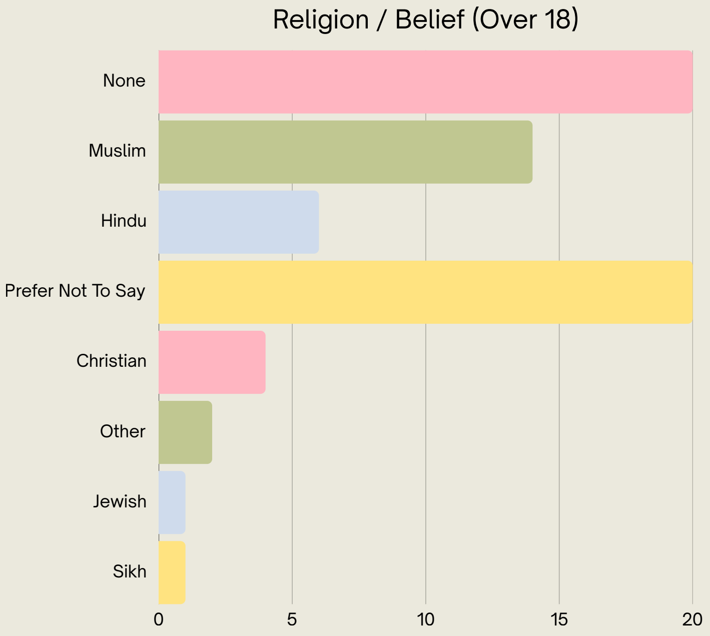
AZIZAH KHAN
YASH RAMLALL

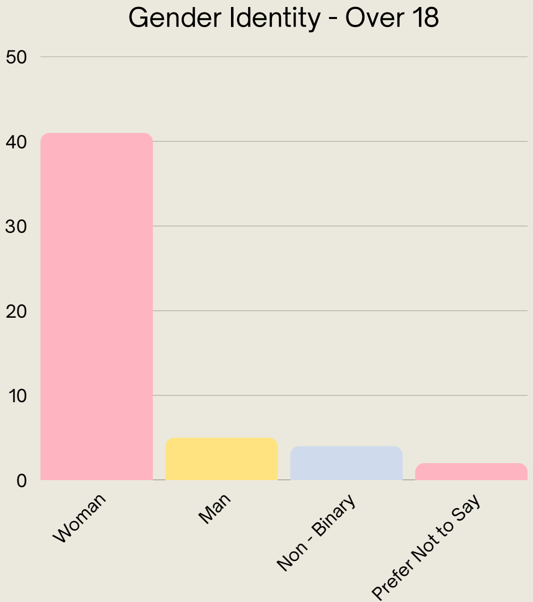
Over 18

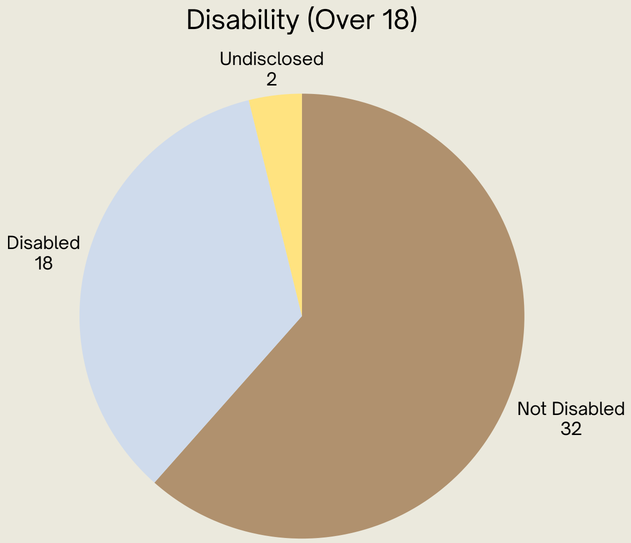












Demographics

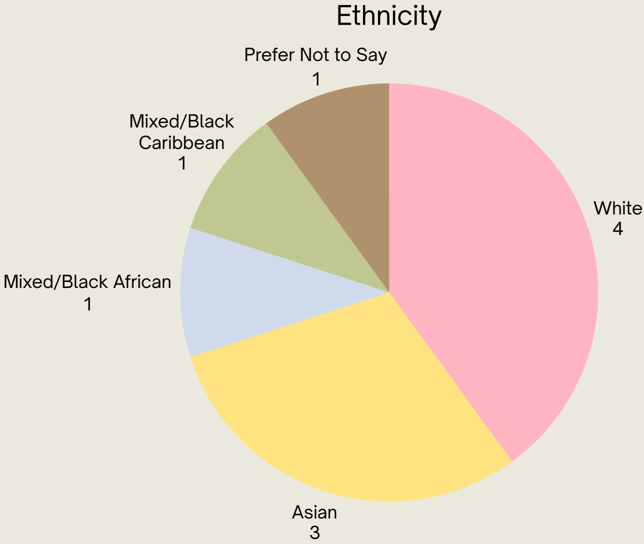
Parents and Carers

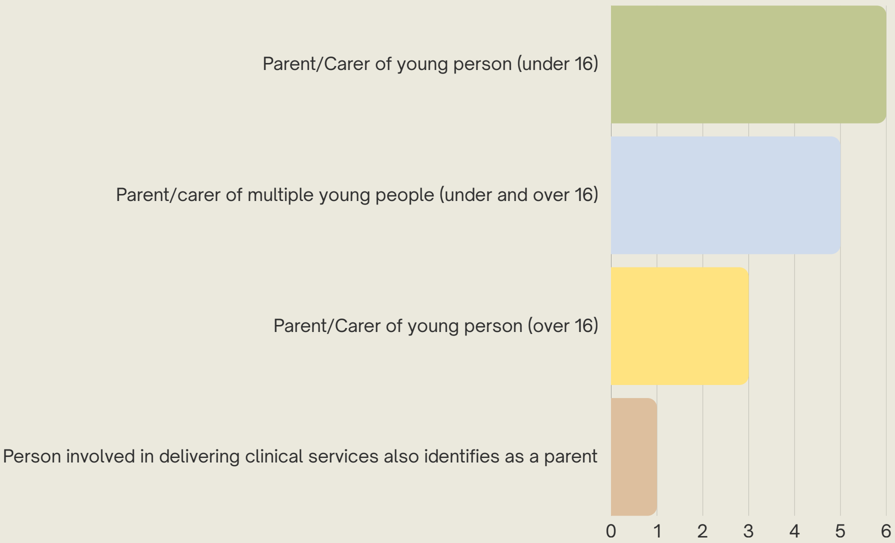
15

PARENT RESPONSES

0

CARER RESPONSES





15

IDENTIFIED AS STRAIGHT

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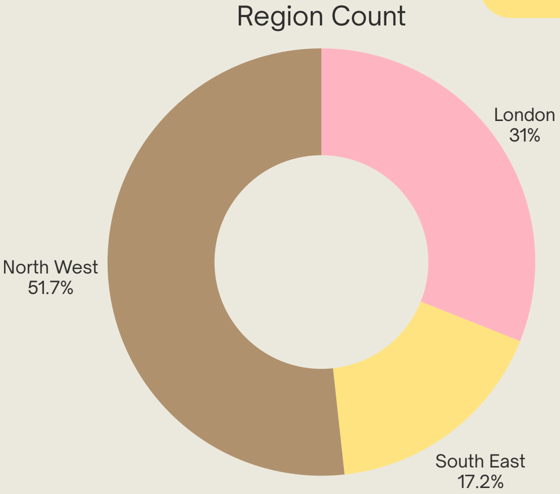
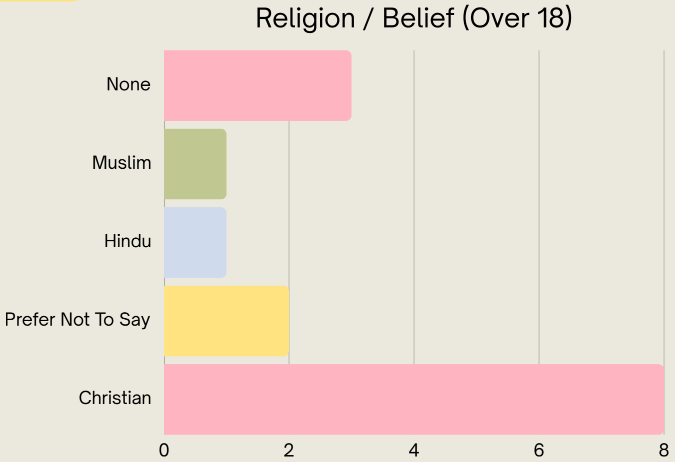
IDENTIFIED AS DISABLED





Young People's Experience of Care

This section discusses the experiences of young people when accessing community care. It covers physical health, mental health and neurodevelopmental services. Data is based on 42 respondents under the age of 18 and 52 respondents between the age of 18-25.

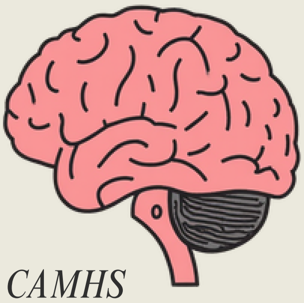
GP EXPERIENCES:

Out of all children and young people respondents 76% have used their local GP, making it the most used community service. People with positive experiences often linked this to the communication and the quality of support received; one respondent reportedly had an 'extremely good' experience attributing this to the belief that their doctor had the time to **'build a good relationship with all their patients'.** *52% of people accessing GP services had positive experiences. 43% of people who had positive experiences often attribute this to receiving a good quality of care. Contrastingly, 67% of negative experiences were related to receiving a poor quality of care. People who had mixed or negative experiences with their GP described themselves as being* **'swept aside'** *or* **'dismissed'**, *with a particular respondent stating that the quality of their care was reduced due to '***forgetting to make referrals and not listening to my concerns'.**

Overall, this demonstrates the importance of communication and support when determining a child or young person's experience. Care without these components leaves young people feeling dissatisfied and frustrated, potentially leading to reduced willingness to engage with services in the future. Only 33 % of GP service users had the opportunity to provide feedback. Providing more opportunities for young people to share feedback about how they would like their healthcare professionals to engage with them may help to tackle this issue.

MOST COMMON REASON FOR NEGATIVE EXPERIENCES:

Across all community services only 49% of children and young people respondents had positive experiences - with 39% of these responses being from people accessing services for physical care. As noted previously, most positive experiences were due to positive interactions with their healthcare providers - with 73% of respondents who had positive experiences reporting that their healthcare provider explained things in words that they understood.



MENTAL HEALTH SERVICES:

Child and Adolescent Mental Health Services (CAMHS): Only 29% of CAMHS service users reported having positive experiences and 40% gave mixed responses often linking this to being able to receive a good quality of support, however, that was weakened by a **'poor system'**. *By this, they meant that the service took a tick-box approach rather than focusing solely on the person's individual experience. They also felt that not all concerns were taken seriously.*

Among respondents who accessed neurodevelopmental services, only 40% reported a positive experience. All support was accessed through CAMHS or local mental health teams; however, across both services, people experienced **'inconsistent'** *support and felt they had to wait a long time before* **"eventually getting the right care".** *This was exacerbated by the transition from children's to adult services. One respondent reported being* 'discharged with no support' *on their 18th birthday, and without being transitioned to adult services. This left them confused as they* **"didn't know where to go"**.

One CAMHS user stated that the experience of being left without guidance or support undermined their trust in mental health services. They also said that treatment in the community is **'so confusing'** *and* **'should be a straightforward pathway'.** *These examples highlight that explanations or guidance that meet young people at their level are pivotal in determining not only the quality of their care but also their willingness to interact with services in the future.*

SCHOOL/UNIVERSITY COUNSELLING SPACES:

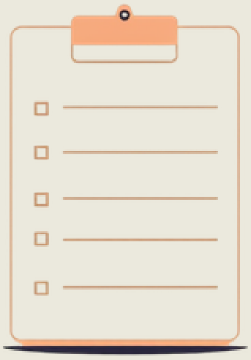
Mixed experiences were recorded by 30% of respondents of school/university counselling services. This was often linked to **'limited sessions'** *being offered, making the service not* **'feel very useful'**. *Another concern that was highlighted was that people find it* **'exhausting having to repeat issues again and again to different counsellors'**, *stressing how much young people value continuity of care.*

ONLINE MENTAL HEALTH SERVICES:

Contrastingly, only 50% of participants accessing online mental health services reported a positive experience. One respondent stated that the advice given by Shout **"sounded very generic and did not meet their needs."** *Other respondents' concerns were not about the quality of treatment available, but around difficulty accessing it. They stated that* **'Kooth … live chat is almost impossible to get onto'.**

Highlighting that whilst online services are often seen as more convenient, this may not always be the case. However, another participant found online services particularly useful as they provided guidance to **'seek more help'** *through apps and other services. Due to a small number of service users and the names of many apps not being explicitly mentioned, it is hard to ascertain how these services could be improved. Responses, however, do highlight that perhaps we should not be as reliant on online mental health services until we work out how to make them more accessible.*

CONCLUSION:



Overall, young people really value building a relationship with their care provider, as they find it easier to communicate meaningfully, with one participant stating that **"it can be exhausting having to repeat issues again and again."** *Young people want support whilst being on waiting lists, including updates on waiting times. Young people want more opportunities to provide feedback, as only 21% of under-18s agreed or strongly agreed that they had opportunities to provide feedback.*

RECOMMENDATIONS:

Health and social care providers should ensure that young people on waiting lists are provided with accessible signposting to appropriate support, whether this be through community services, digital resources or any other available options.

A wider and more flexible range of feedback opportunities should be provided for young people, ideally through feedback forms, focus groups, audio recordings or any other available options.

Barriers and Accessibility Young People - Under 18

Service Opening Hours

‘NEED MORE OPENING HOURS FOR LOCAL GP PRACTICE’

‘MORE ADVERTISING AND SCHEDULING OUTSIDE OF SCHOOL HOURS’

‘MAYBE APPOINTMENTS OUT OF SCHOOL HOURS’

Among the barriers limiting young people’s access to care, the most commonly reported was related to service timings, with nearly half of respondents (48%) who reported at least one barrier identifying NHS ‘service opening hours’ as a barrier. This highlights a clear mismatch between service accessibility and the daily routines of young people, which can at times act as a barrier from accessing care, whilst also indicating a demand for more services to be offered outside of typical hours. Although at times, young people may be able to prioritise a care service in place of their typical activities, this can be inconvenient or impossible, especially if care is required on a regular basis.

‘ IT IS DIFFICULT TO BOOK AN APPOINTMENT AS THIS CAN ONLY BE DONE AFTER 9AM… THIS MEANS THAT I HAVE TO MAKE A PHONE CALL AS SCHOOL IS STARTING AND MUST OFTEN HOLD FOR AT LEAST 20 MINUTES WHICH IS VERY IMPRACTICAL TO DO AT SCHOOL.’

‘ALLOW FOR APPOINTMENTS TO BE BOOKED IN ADVANCE SO THAT THEY CAN BE BOOKED AFTER SCHOOL FOR THE FOLLOWING DAY OR HAVE PHONE LINES OPEN EARLIER IN THE MORNING SO THAT THEY CAN BE ACCESSED EARLIER.’

Another challenge arising from limited opening hours is the difficulty Young People face in booking appointments. Should young people feel obliged to miss school to both book and attend appointments, this can cause a significant hindrance to their learning, or even discourage them from booking an appointment all together, ultimately leaving symptoms and concerns unaddressed.

Recommendations:

- *Service hours expanded to better align with the daily commitments of young people.*
- *Online and out-of-hours systems where young people can request appointments and arrange care without missing learning.*

Stigma

Separate, though closely related, is the finding that approximately 21% of respondents considered **‘stigma’** *as a barrier. Many young people may feel a sense of awkwardness being absent from the classroom, and then subsequently having to explain to peers the reason behind this absence. This sense of stigma may become particularly intensified for young people when contact/care is on a regular basis, rather than a one-off.* **‘Stigma’** *as a barrier may also point to a need for a greater promotion of services available to young people, as limited awareness and understanding of what services may offer may lead many feeling judged, contributing to the sense of stigma.*

Transport + Costs

Transport was identified as a barrier by 31% of respondents. Travel-related inaccessibility is particularly evident in the North West and North East & Yorkshire, with young people from these regions accounting for ⅔ of all those who reported travel as a barrier. Of those that considered ‘Travel’ as a barrier, 56% also suggested Cost was a barrier. This co-occurrence reveals that travel as a barrier is not solely linked to location, but also due to financial accessibility, as well as many young people potentially having to access services independent of their parents.

School

The aforementioned barriers of stigma within school settings and appointments often inaccessible due to school, are further supported by most young people considering school as a barrier to accessing services. Whilst many would expect school to be a bridge to services and care young people require, many consider this to be the contrary, highlighting a need for better awareness and promotion of care and services in schools, and greater communication between services and schools.

Out of all services perhaps the most important to be promoted are services related to the general well-being of young people (e.g cooking, sports, youth clubs). Whilst the majority of young people were aware (strongly agree/agree) of how to access mental health, physical health, and sexual health services, a much smaller majority knew where to find services related to their general wellbeing.

Recommendations

- *Schools and services should work in close partnership to promote youth health services and reduce stigma.*

Barriers And Accessibility

YASH RAMLALL

Over 18s - Initial Thoughts

When thinking about the transition to community care as a group we thought about what barriers and accessibility issues young people have faced in their care, and what it meant for young people. This section looked at young people aged 18-24 with 40 who listed the key barriers they've faced, 17 who went on to describe their individual barriers and 18 talking about how we make services accessible for them.

We found that 60% said they used GPs to access healthcare, which and 21% used education based settings such as on campus counsellors. 15% of respondents stated they used online services, and what was interesting was many stated it as a last resort, often because they had no other options and was the most easily available place of support they could find. One respondent stated "Shout (online service) was because I had no other option" and another stated "I felt my decisions were clouded. I was being very hyperaware and I was feeling tired and irritable at school. Yes, they gave me support apps and services to seek for more help."

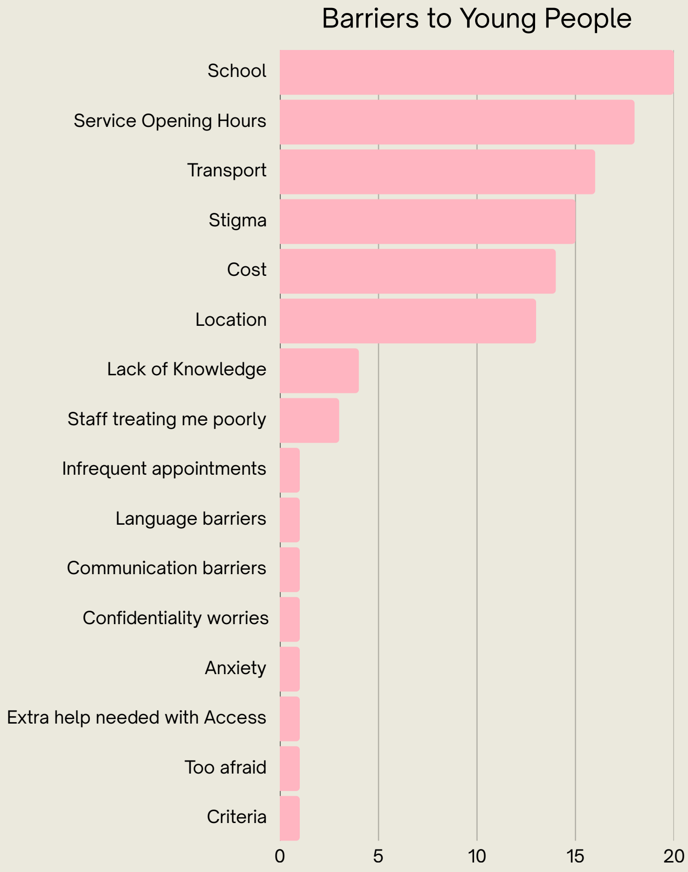
Data

Quotes from young people:

"When you go through enough services you realise that the NHS is so disjointed and uncoordinated that you'll never be properly helped. It's better to be on your own. Health care professionals using mental health stigma against me"

"Often times I am reliant on my parents for transport and money, in previous times I have wished for a health issue to remain confidential but have not been able to access help without parental knowledge and support which was vulnerable for me as a young person"

"The community mental health system for children and adults is SO hard to access. Waiting lists obviously leave young people fighting for support and being hit with brick walls. But also being turned away from services because their criteria are so hard to get into. Too many people fall through the cracks and are met with brick walls."



Thoughts

We found that school, service opening hours , transport and stigma were the biggest barriers faced by the 18+ categories. There's a broad category of issues young people face and we found the issues were similar within each region. There were many similarities to the under 18s, with school, opening hours and stigma. The themes of barriers were similar for both sections and ideas of financial accessibility, feeling awkward from being away from education and poor opening hours came up many times for the Over 18s.

We saw many young people felt professionals haven't understood the full extent of their needs, often feeling like they're classing people in a certain way. School is also seen as a barrier, with 50% of young people stating it as a key barrier to receiving support and young people often feel unable to make their appointments or reschedule to do conflicting school times.

How can we make services more accessible to you?

YASH RAMLALL

Over 18 - Respondents

"Most of the appointments do not take too long and a good relationship with the medical team also helps to get a good appointment. GP hours at my location are minimal. It's hard to be in contact because of so many medical emergencies…"

"Staff more knowledgeable on psychiatric based conditions in young people (neurodiversity) Assessment processes either as it's incredibly frustrating and emotionally draining"

"There should be a straight forward path to accessing mental health services, no waiting lists, no confusion. Being heard and listened to and taken seriously. Continuous support and help. Trust and being given the right support for your needs. Flexible to the patient and it should feel easy."

Our Thoughts

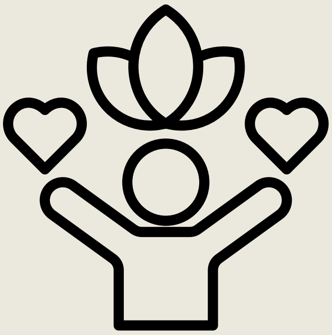
Most respondents gave their views, and all respondents stated that they would like to attend a one-off workshop and join an advisory board. This highlighted the importance of face-to-face interaction which we felt was heavily emphasised by most young people throughout our survey

There were many ideas of finding support and where to go which many young people brought up. Some respondents felt in between of strongly disagreeing to mildly agreeing which shows a significant amount of people felt unsure of where to go and felt they would benefit from better sign-posting. This also highlighted the importance of communication which is a key theme which we felt was lacking especially between young people and practitioners

The data

Timing and location were also heavily emphasised. Some respondents were based outside London, and many felt they weren't able to access services properly or that the timings were too inconvenient for them. What was apparent was that transport and costs were the 2 key issues, with 35% and 27.5% respectively choosing them as their barriers. School commitments, service opening hours and distance were also frequently chosen, which pointed out that many areas don't have readily accessible services, especially after school hours.

Something that was also touched on frequently was the emotional and mental wellbeing aspect of accessing services and how themes like trust and hope need to be considered when implementing community spaces for healthcare. We used another Likert scale to find out if young people knew where to access support for their mental health and wellbeing, where 82.6% felt like they knew where to go if they needed support for their mental health to some degree, however this signalled the continued need for better signposting and awareness which we felt plays a big role in amplifying the importance of a shift from hospital to community.



Recommendations

OVER 18 RESPONDENTS FEEDBACK

"University/sixth form/college sending emails or keeping a post up on a relevant platform about these services and how to access them. Potentially giving out leaflets about these services especially with days and times on them. If these services were previously paid for by the client maybe make them cheaper"

"Mental Health Services: Quick access, feels easy, feeling cared about and heard, feeling as if it's a safe space and not somewhere I'd dread going to. Prevention & Cohesive, not separated. Support the family as a whole and listen. Services to take accountability and responsibility for their mistakes and if they've caused any harm."

"A person centred approach to care where those struggling are provided different options for care, patients voices are heard and respected and a clear pathway approach upon leaving CAMHs to adult services, enhanced support in this transition period. Prioritise working with children and young people on what they believe will help them than assuming."

YOUNG RESEARCHERS RECOMMENDATIONS

1 *Non-judgemental, trauma informed spaces - Young people are being cared about, not processed. Not being treated as another patient with a similar issue to the last but an individual with their own beliefs/ backgrounds and their characteristics/ beliefs being taken into account. Young people should also have the right to know why procedures or decisions happen and what are their own rights to this*

2 *Location also needs to be considered as community services shouldn't be far away from a young person's home and in areas with a smaller population. Timing should also be placed in mind and it needs to be ensured that these spaces are being opened at times where groups of people can easily come at a time that works for them. To do this, places of education and work near the community spaces need to be considered and it would also mean contacting and involving staff from these areas to input how they can ensure those who are part of the workspace/ school community can use these spaces efficiently*

3 *Personalised care with a person-centred approach and clear, non-judgemental signposting/ information - Being listened to and taken seriously, with training provided to workers on how they can handle different situations. Young people should have a choice in how support is delivered (face-to-face, online, phone) and how frequently they want to receive it with Individualised care plans and tailored support. Workspaces/ places of education should also be sharing information and updates with age-appropriate language, larger text and accessible formats as well as the option to find out more and know how they, as a young person, can be referred.*

AZIZAH KHAN
YASH RAMLALL

Youth Participation & Engagement

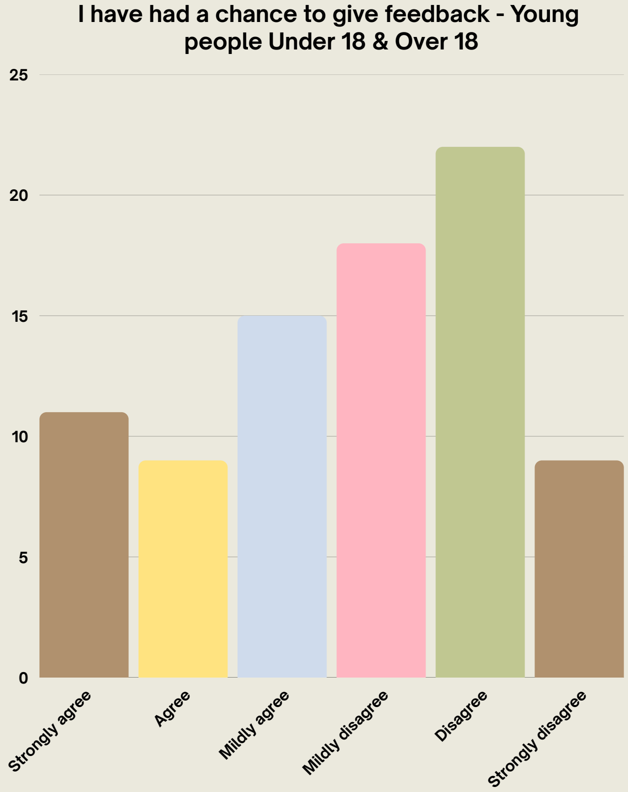
Ensuring that young people are involved within service development and service improvement is vital to ensure that community services are effective for the young people that use them. The majority of young people reported that effective communication is vital between themselves and services. Many expressed difficulties speaking to staff and providing feedback to services.

*Staff should actively encourage young people to be involved in their care. Plans should be developed with young people, consider all aspects of their life and how they would like their parent or carer to be involved in their care *(Office for Health Improvement & Disparities, 2023). Where appropriate, young people should be offered the support of an independent advocate *(Office for Health Improvement & Disparities, 2023).*

Responses about how much young people felt services listened to them varied. Both groups of young people had mixed responses for this and the data showed most young people disagreed with the statement

As shown on the bar graphs, the majority of young people under and over 18 disagreed with the fact that they were given the chance to give feedback.

There were mixed views with how feedback was taken as most of the young people who felt they had the opportunity to provide feedback felt that their feedback was taken seriously by services. However, some felt it hadn't made an impact



More proactive communication is needed between staff and young people, and there needs to be more spaces/opportunities for young people to voice their concerns whilst also maintaining a positive relationship with the services they are working with. **Young people need to have a space to voice their concerns and they need to know what changes are being made for them.**

*Office for Health Improvement & Disparities (2023). 'You're Welcome': establishing youth-friendly health and care services. [online] GOV.UK. Available at: https://www.gov.uk/government/publications/establishing-youth-friendly-health-and-care-services/youre-welcome-establishing-youth-friendly-health-and-care-services.

The majority of respondents stated that they would like to engage in services by filling out a quick online survey, joining a youth advisory group, attending a one-off workshop (Paid), user-led training (Training staff), creating content (Videos, posters, etc.) and attending a one-off workshop (Voluntary). This applied to both age groups

Young people need to feel that they can meaningfully participate in services to ensure that changes are reflective of their needs.

Services need to develop more dynamic ways to engage young people with different access needs. Running a one-off focus group or youth boards is not enough and does not equate to meaningful participation. Our data showed that young people were keen to be involved in creating content or being part of a project within their local service, which enables them to be a part of meaningful and impactful change in their community.

Young People should also feel that they can be a part of co-developing and improving hospital spaces so that this is refelctive and inclusive of their needs.

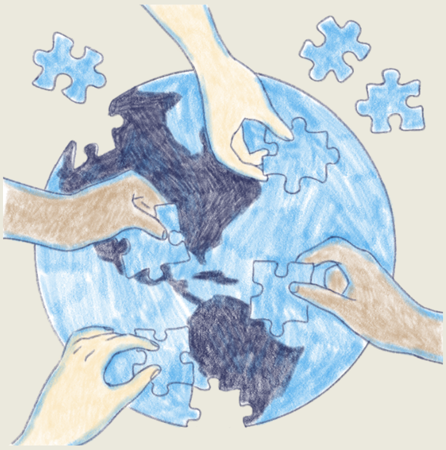
Young people need to have a frequent space to talk about their collective lived experiences where they feel that they are able to contribute to something bigger.

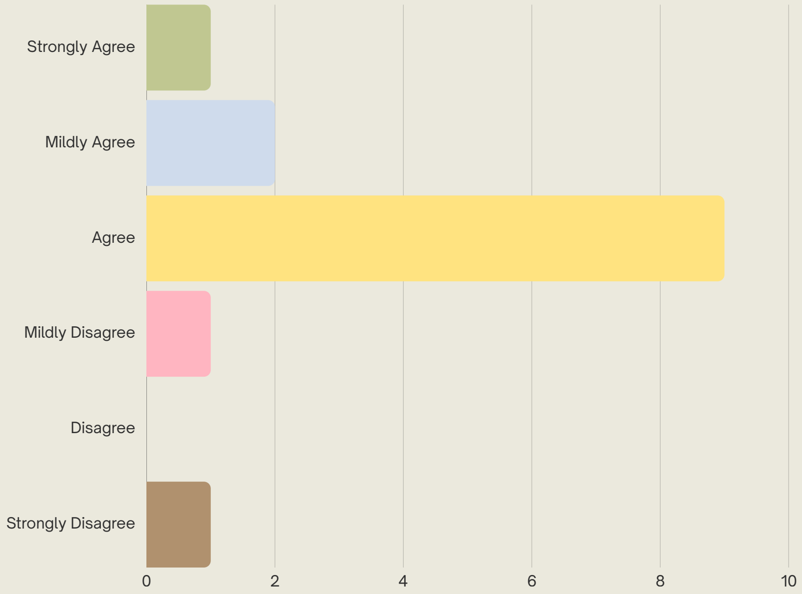
Themes that can be discussed can include helping young people understand what different aspects of care look like, what treatment plans mean and what's right for them and how to be a part of society whilst navigating health and wellbeing .

Fundamentally, youth participation and engagement are vital in ensuring that services cater for young people.

Community services must ensure that they prioritise getting feedback from young people, implementing this feedback meaningfully and ensuring young people have the space to have some input into the services they use, and that they can see the changes made.

Parents & Carers Experience Of Care



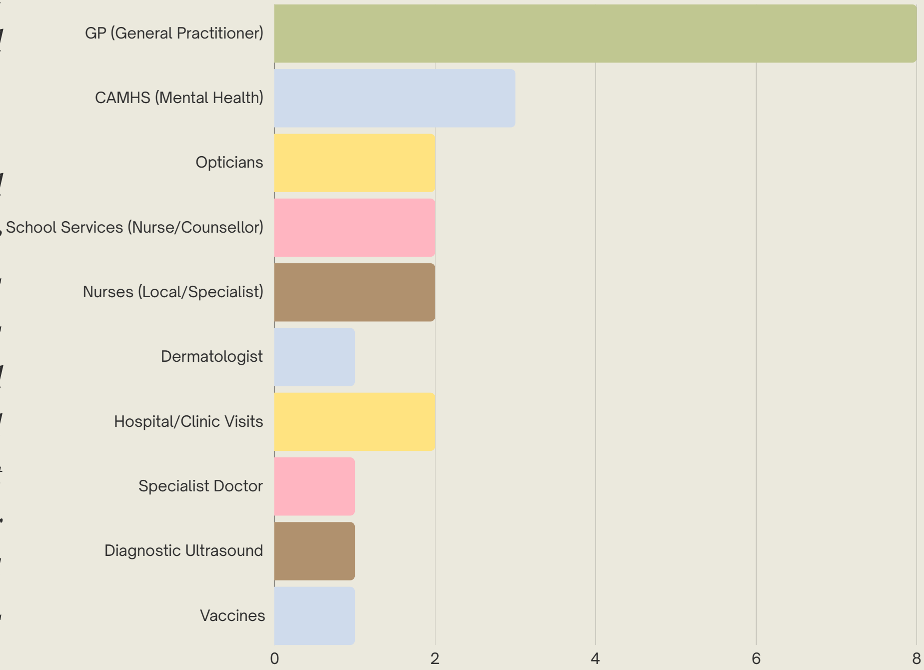


There were 15 respondents from our Parents and Carers section of the survey. Notably, all respondents were Parents of young people, and we did not receive any responses from Carers. We acknowledge that this means the voices of individuals with diverse family dynamics are not represented in this report. This also means that voices of Carers are not heard within this report. This is an integral part of health and social care research that is often missed because researchers are unable to find ways or services to gather there data from this group.

Overall, responses from this dataset indicated that Parents/Carers and their young people were satisfied with services. 14 out of 15 respondents overall responded that they agreed that they were happy with services overall. **Refer to the graph on the left.**

The graph on the right shows the different areas in which Parents who responded in the survey accessed care for their Young Person.

Although, Parents who responded to the survey said that they were happy with services overall there were notable gaps. Consistently throughout the analysis of the Parent and Carer data set there was significant differences in the way services responded to physical health needs in comparison to mental health needs. 5 out of 14 respondents stated that they knew were to access mental health care for their young person in comparison to 9 out of 14 respondents who stated they knew were to access care for their Young Person's physical health.



One Parent highlighted gaps in care due to their Young Person having a learning disability. They mentioned that often their Young Person's needs are dismissed and blamed on the fact that they have a learning disability.

They were told that their **"daughter didn't have sleep apnea because 'people with a learning disability breathe noisier' even though it was subsequently proved that she does have apnea. This kind of thing happens all the time."**

This highlighted how services need to view Young People holistically and not stigmatise due to them having learning disabilities, neurodiversity, or mental health conditions. As this could lead to potential harm to the Young Person their Parents and Carers as well as delays in early intervention which can prevent worsening symptoms.

Furthermore, two key themes, poor communication and delays in treatment and follow-up support, caused poor experiences of care and Young People's care to be neglected.

Short GP appointments meant that young people who had co-morbid health problems or extensive health history were unable to discuss their needs in depth. They would have to wait for another appointment which if booked in advance would be a long wait. One parent said, **"Short GP consultations meant it was not possible to talk about all of my child's symptoms to allow the GP to take a holistic view, and despite repeated visits, they considered each issue in isolation."** *This also coincides with data collected on the likert scale which asked parents to rate the statement 'My young person(s) could get help quickly when they needed it.' 4 out of 14 respondents said that mildly disagreed with the statement and 3 out of 14 respondents said that they strongly disagreed with the statement.*

One particular case that stood out when asking Parents and Carers about their experiences in care was a respondent who had found it incredibly difficult to get a hold of their GP and is still experiencing difficulty.

They mentioned trying to get in touch to provide medical evidence to their GP and how **"There is no email address and it wasn't clear from the surgery app or the NHS app how to get a message to the GP."**

This highlights how difficult it can be for Parents and Carers to get information or pass evidence to the GP. It also links to the shift from analogue to digital and shows how services like the NHS App need to have clearer information and signposting to ensure individuals can navigate the app with ease. This particular respondent as mentioned not wanting to feel like a **"nuisance"** *due to having to ring the GP receptionist on numerous occasions to try and hand over information to the doctor.*

Overall, the responses from Parents and Carers in this section highlight significant gaps in care and treatment for young people and their parents and carers. However, the demographic of responses that we acquired this data from is not representative of a wide range of voices. To fully understand the experiences of care, further data needs to be collected from a wider range of parents. But the key priority should be how we can gather experiences of care from carers of young people.

RECOMMENDATIONS:

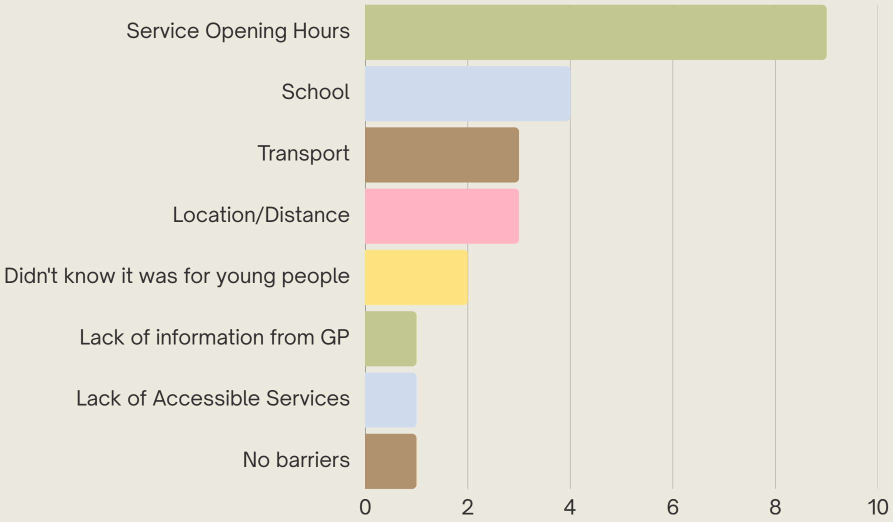
1 FURTHER RESEARCH AND DATA NEEDS TO BE GATHERED FROM A WIDER RANGE OF PARENTS BUT PARTICULARLY CARERS ABOUT THEIR EXPERIENCE OF CARE.

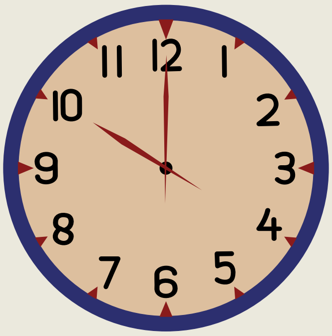
2 THE WAY GPS COMMUNICATE WITH PARENTS AND CARERS SHOULD BE IMPROVED. THEY CAN CONSULT WITH PARENTS AND CARERS AND YOUNG PEOPLE ABOUT IMPROVEMENTS TO THE NHS APP AND HOW THIS CAN BE MADE MORE ACCESSIBLE.

3 NHS TO PROVIDE IN-PERSON LIVED EXPERIENCE TRAINING FOR STAFF AROUND LEARNING DISABILITIES, THE IMPACT ON PHYSICAL HEALTH AND ADDRESSING STIGMA. THIS SHOULD INCLUDE NEURODIVERSITY AND MENTAL HEALTH AS THIS CAME UP AS A THEME IN OTHER SECTIONS OF OUR SURVEY. THIS TRAINING NEEDS TO BE ADDITIONAL TO THE OLIVER MCGOWAN TRAINING.

Barriers & Accessibilty Parents & Carers

Parents and Carers were also asked about key barriers and accessibility issues that may prevent them and their young person from accessing care. Please refer to the bar graph below to see the different areas in which Parents and Carers found barriers in accessing care. The majority of respondents in the survey reported more than one barrier to accessing care.





When asked about barriers and accessibility a key barrier that 9 out 14 respondents faced was service opening hours. One respondent suggested that services should have **'greater flexibility with appointments before or after school or college, and weekend access.'**

This was often a co-occurring theme with education and access to care. Services are usually open during school hours meaning that young people would miss out on education to ensure that they received care. One Parent stated that **"appointment times were not flexible around education commitments."** *This correlates with the data collected from Young People which stated that services do not offer flexibility with appointments meaning young people would often have to sacrifice their education.*

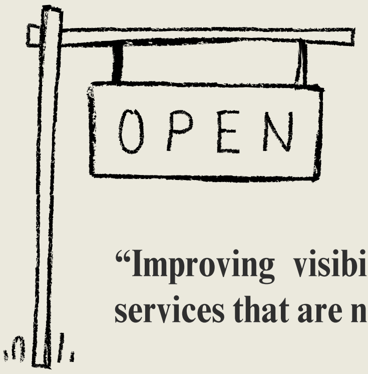
One respondent reported a lack of information from their GP as a barrier. Earlier in the survey they referred to an aspect in their Young Person's care were they needed to communicate with the GP for an urgent referral but **"There was no email address and it wasn't clear from the surgery app or the NHS app how to get a message to the GP."** *This highlights how difficult it can be for parents and carers to communicate with their GP for their young person making it harder to access care.*

Furthermore, another key point made when thinking about barriers for Parents and Carers and their Young Person to access care related from being from marganilised groups and different ethnic backgrounds.

One Parent commented, **"We are minorities, and services don't understand how mental disorders affect young people."** *This was in relation to how being from a minority background can act as an additional barrier for Parents and Carers as services do not always have awareness of different cultural backgrounds, and different areas surrounding health.*

In addition to this, we also asked Parents about how we can make services more accessible for them and their Young Person. We had three responses which served as co-occuring themes throughout all of our data sets, surrounding awareness and accessibility.

Parents said we can make services more accessible for them and their young person by:



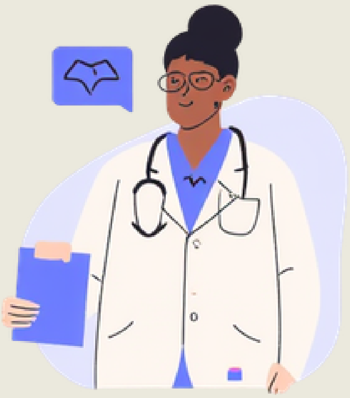
"Improving visibility of services - Opening hours and visibility of services that are not necessarily GP or community hospitals"

"By staff being Deaf Aware and understanding that my young person uses BSL/SSE to communicate."

"Train Doctors, make the NHS long-term plan include training in learning disabilities. There is new research about the reasons for early deaths, inc pneumonia, but my daughter can't access. The NHS needs to be able to respond to research quicker."

Barriers & Accessibilty Parents & Carers

RECOMMENDATIONS:



1. *Community services to think about ways in which they can make opening hours and appointment times flexible to ensure that Young People are not missing out on their education.*

2. *Improved ways of communication relates to an earlier recommendation about making the NHS app more accessible and more visible for young people and their Parents and Carers to access.*

3. *NHS to develop training around cultural competency and mental health. This can be a peer led in person lived experience training where Young People and Parents and Carers can share how this relates to their experiences to help inform staff about how they should change their ways of working.*

4. *NHS to develop training around learning disabilities and mental health. This can be a peer led in person lived experience training where Young People and Parents and Carers can share how this relates to their experiences to help inform staff about how they should change their ways of working. This training needs to in addition to the Oliver McGowan training.*

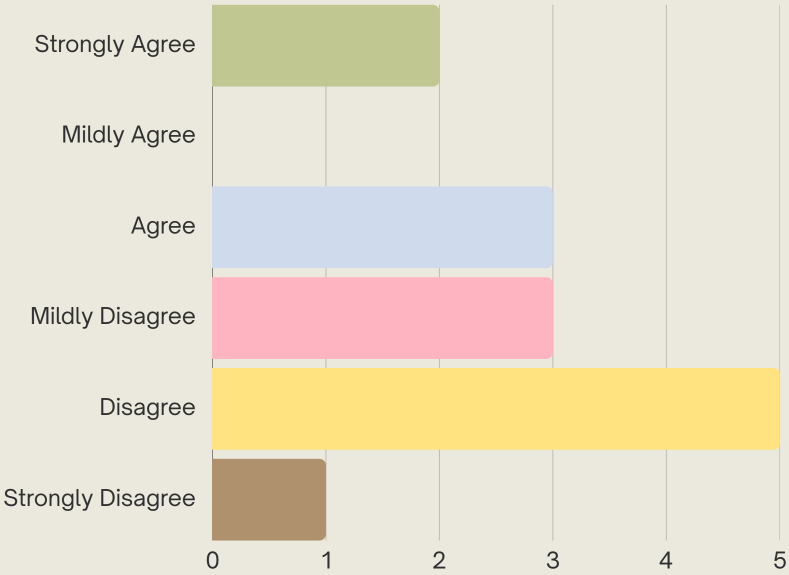
Participation & Engagement Parents & Carers

In addition to asking Young People how they would like to be involved in service improvement and development, we also asked Parents and Carers how they want their input to look like in services.

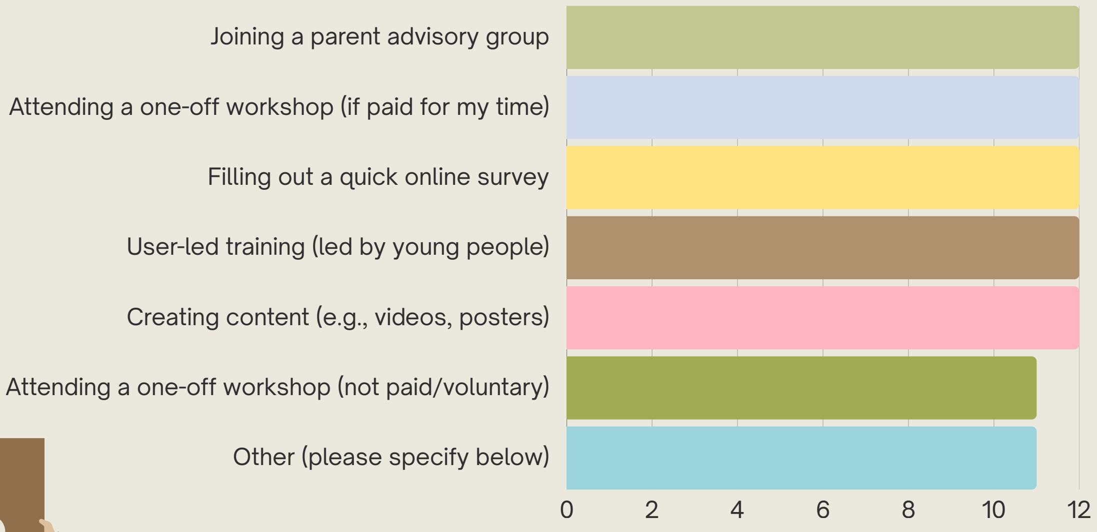
In the likert data we collected we asked about how parents and felt services received their feedback.

To the statement - 'I have had a chance to give feedback about local services for my young person(s), and I felt my feedback was taken seriously' parents and carers reported they:

As shown in the graph to the right, 64% of respondents reported not being given the opportunity to provide feedback and that their feedback was not taken seriously. This suggests that the majority of Parents and Carers felt that their views about the care that they received were not acknowledged or that they were unable to give them.



Furthermore, as mentioned earlier we asked Parents and Carers how they would like to engage in improving and developing community services. 14 out of 15 respondents who answered this section of the survey responded with:



One respondent also said that they would like if **'parents are involved with care options more.'**

RECOMMENDATIONS FOR PARENT/CARER ENGAGEMENT:

1 *When developing services for young people and Parents and Carers ensure that, as a priority, services are providing a variety of different ways for Parents and Carers as well as young people to provide formal feedback for the care that they have recieved. This can be done through surveys, focus groups, one on one discussions and adjusted to the needs of the Parents and Carers.*

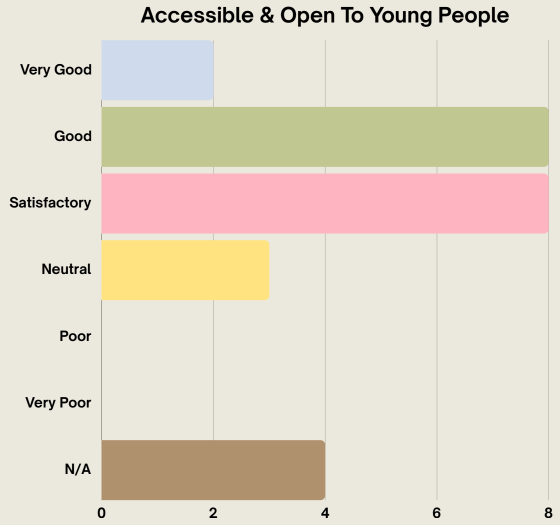
2 *From the very beginning of service development, Parents and Carers as well as Young People, need to be involved in the development of services. This enables co-development so that parents and carers feel involved as well as ensuring that the services being provided meet the needs of the Young People using them. Participation needs to be embedded within services in a variety of ways which are listed in the above data, to ensure involvement from Parents and Carers and Young People.*

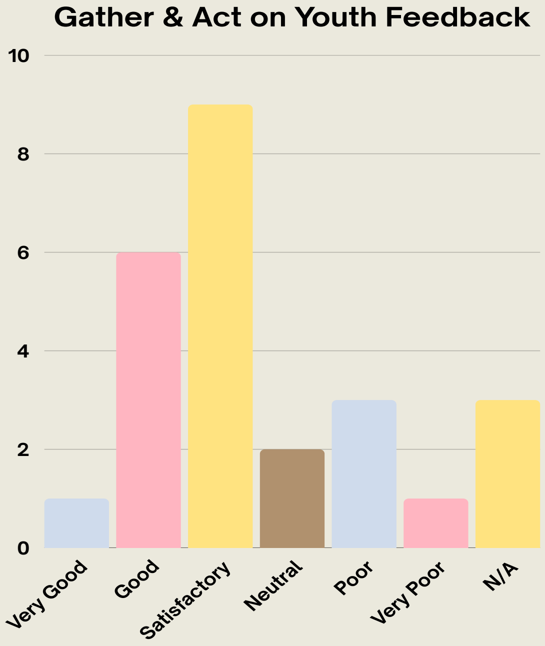
King's Fund Conference Data

YASH RAMLALL
AZIZAH KHAN
HAROLD HON

This data was collected at the King's Fund conference, "Creating the Healthiest Generation of Children", in November 2025.

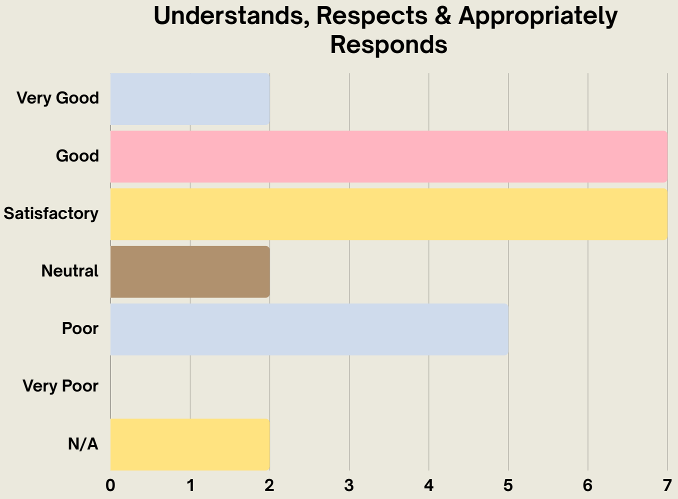
Looking at a Likert chart on how well staff felt their services did in terms of accessibility and openness to young people, we found 44% of respondents felt their services were accessible which showed that many staff members are actively working on improving their services with young people. Another 44% felt services were satisfactory to neutral which meant that there is still a lot more to do in terms of making services accessible to young people.

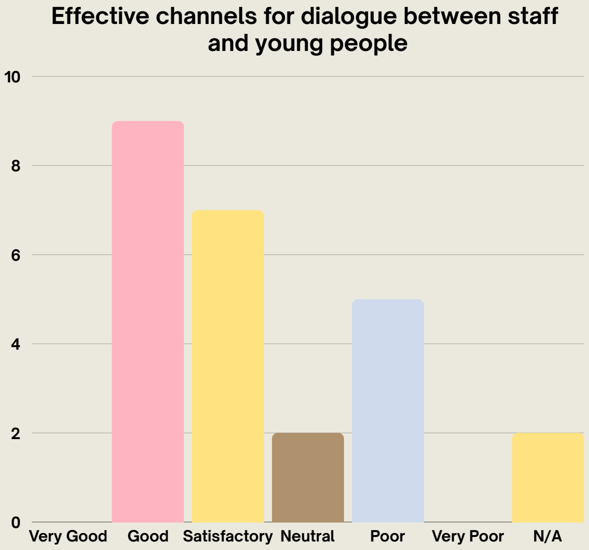




This was further solidified when we asked whether they felt they gathered and acted on youth feedback where only 28% felt they did that well enough, with a further 60% of respondents stating they were satisfactory to very poor. For how staff viewed how effective the channels for dialogue between staff and young people were, 36% felt they were good while 56% of responses ranged from satisfactory to poor. This highlighted that staff have similar feelings to young people.

More discussions between practitioners/ professionals of all levels, young people and different decision/ policy makers need to happen to ensure everyone feels there are services out there.





What does your service do well at, and what not as well?

Strengths:

Most respondents noted their organisation being good at working with young people, whether through 'collaborative care', or actively seeking children and young people's views in co-production.

"We co-design resources and programmes with children and families" (Director of Children's Services at National Charity)

Other strengths were often specific to their organisations settings, such as providing public health guidance, advocacy and support for marginalised groups, and delivering clinical care to children and young people.

Barriers:

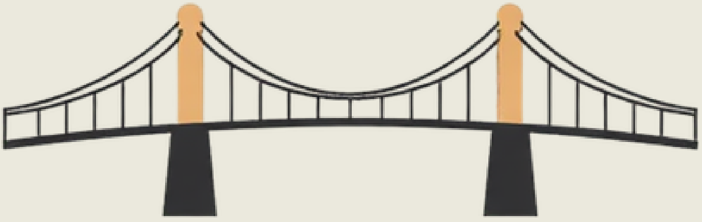
However, a key theme also noted in this was resource limitations, This related to funding constraints, limited time of staff, or lacking support or manpower for the services they offer

"Lack of support and understanding of our service, I wish we could have more people in our team to make a big impact." –Community Engagement Officer for Health Inclusion Team.

Some respondents also touched upon the challenges of youth engagement, being **'ad hoc'**, *or difficult to embed long-term, with one respondent linking the limited protected time of staff, and capacity to the risk of* **"tick box"** *co-production, and difficulty integrating children and young people's voices into adult-focused systems. This aligns with likert findings showing mostly good or satisfactory ratings for dialogue and youth feedback mechanisms, but with a notable minority of non-positive responses to this, suggesting that youth engagement might not be consistently embedded across all settings.*

Finally, one respondent in particular, who worked in public health noted the lack of outcomes data, that limited their work.

Given the quantitative responses on workforce resources and up-to-date training were rated at least satisfactory. This indicates that while training and resources are reviewed as broadly adequate in many settings, the constraints described in the free text e.g. protected time, staffing capacity, and demand/ waiting pressures) still limit sustained service transformation and youth engagement. As well as variabilities in service delivery.



"Progress is slow in connecting the local authority to communities and building bridges for collaboration"-> Senior member of Health Determinants Research Collaboration (Q2)

Key Recommendations:

1. *Protect time and capacity of staff for children and young people Engagement - embed protected staff time for co-production, youth forums, and feedback loops.*

2. *Standardising and sustaining youth engagement by adopting a model for the minimum level of youth engagement across teams, including how often, who leads it , and how feedback is recorded and acted on.*

3. *Define a set of outcomes for youth engagement as well as service transformation (e.g. reach, inclusion, satisfaction, waiting-related measures) to track impact and improvement over time.*

Is the service truly accessible to marginalised groups?

For this question, some people mostly directly answered yes, or no , however most respondents either gave examples of steps their organisations had taken to achieve accessibility, or gave examples of barriers or specific groups they struggled to engage.

Steps taken to improve accessibility

For steps taken by their organisation, some highlighted delivering targeted care to specific minority groups, or examples or utilising co-design with children from marginalized groups e.g. where English is an additional language or have visual / hearing aids, to make these services accessible.

Within the NHS Services, respondents noted examples of existing infrastructure in place to make services accessible for example, good safeguarding procedures for 'Looked after Children' (LAC), as well as having a health inclusion team with specific expertise in caring for CYP with asylum and refugee status was noted. Another also noted their organisation conducted a health equity impact assessment whenever there was changes to their service.

Others also cited examples of developments coming, for example, while a head of service for CAHMS noted they weren't truly accessible, they were in midst of hiring a health inequalities post to understand barriers to access. Another highlighted changes made on a national level, for example, the successful health inequalities bid to streamline care for the most deprived quintile, and the reframing of 'Did not Attend' to 'Did not Enable attendance', to emphasise the shared responsibility of access to services.

Barriers - Minority Groups

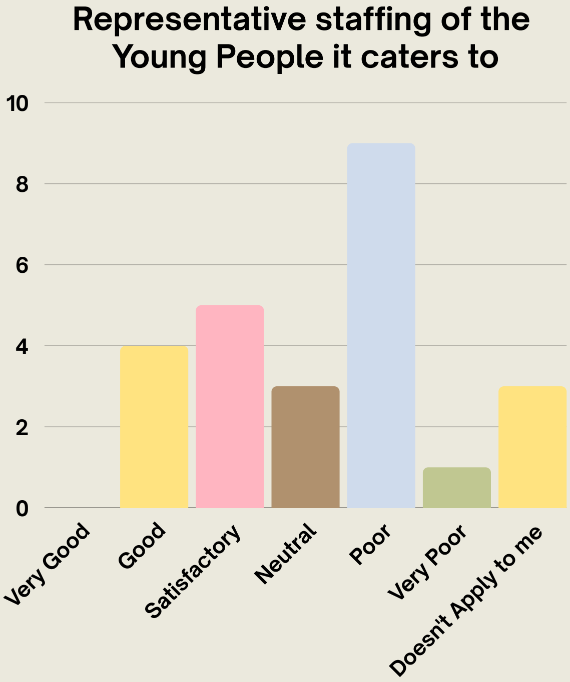
However, barriers also exist, especially for those in more marginalised groups, such as, homeless young people; those who do not speak English or speak it as a additional language; looked after children; those seeking asylum or refugee status.

'We really struggle to engage certain communities of young people in mental health services' – Respondent 19, director of children's services of national charity.

'We have 22,000 care experienced young people in London, accessing care can be really challenging for this group' –senior leader in nursing

*One respondent, a consultant in ambulatory paediatrics, noted specific groups that, unlike Looked after children and asylum and refugee seekers, no reasonable adjustments were present for homeless young people, those who didn't speak English or have English as a first language. Noting specific barriers for access to do with language, '***lack of cultural competency***' and '***flexibility***' within the system.*

*Indeed, a paediatric consultant in emergency medicine in the NHS noted a lack of minority representation in '***senior level and throughout***'. And furthermore, in our likert, nearly a half noted their service did poor, or very poor in having representative staffing of the young people it caters to. This highlights the need for greater diversity in the workforce to achieve cultural competency.*



Key Recommendations to reduce gaps in access in the community:

Create a small list of priority groups involving those least likely to engage in services, and a tailored plan towards reaching these groups by involving people from those communities as active contributors these plans (ideally with some degree of compensation to encourage participation). This plan may include something that links the relevant resources in the community, including the VCSE community to provide practical support and outreach to reduce these barriers to care.

Mitigate language and communication barriers by ensuring translated and accessible information is available reliably and quickly for all services in the community. Of particular importance is the need for interpreters in healthcare services.

Improve cultural competency and representation by taking workforce diversity seriously across senior and frontline roles that deliver services to minority groups, as trust and access are harder to establish if families don’t feel understood or reflected.

Vision & Priorities - Young People

Young people were asked what their visions and priorities for community care would like. In total 42 young people age 17 and under (3 of whom were under 15) shared their views.

Many young people under 18 reported that their vision for the future of community care includes raising more awareness and educating young people on what services are available for them. One respondent highlighted how "many young people know only about GPs dentists and more general services.". This is supported by data from what services young people access: 32/42 young people under 18 access a GP, whereas only (2//42) accessed counselling services and 3/42 accessed young groups. Furthermore, when asked "[They] know where to find…wellbeing services (general), e.g. cooking clubs, sports, youth clubs etc" , 14/42 disagreed (2 mildly disagreed, 11 disagreed, and 1 strongly disagreed). This further reinforces that lack of awareness of what services are available and adequate signposting is a barrier in accessibility for young people under 18. Suggestions to address this barrier included, using online platforms like Patches, leaflets, social media, assemblies, websites and PSHE lessons in school to educate and empower young people. One participant provided a powerful reflection on the existing patches which is being used to facilitate communication between young people and healthcare services and the strengths and limitations of this:

> **I actually think using Patches for my local surgery works well for young people because they can get on it through their phone … The only issue is that Patches has too many pre-designed questions (often irrelevant to the problem)**

This suggests upscaling the use of digital platforms may be an effective way of connecting young people with local services however, it highlights the need for improvement in these platforms, which perhaps need to be more efficient and young people friendly.

I made this collage to represent what hospital to community means for us. As a team we envision a healthcare system that not only works for young people but works with young people

Another key theme among young people under 18 was a vision for many services to be centralised in one place. (6) Young people described wanting a some sort of centralised integrated community hub in each neighbourhood. On a likert scale, 9/42 young people under 18 disagreed (6- mildly disagree and 3-strongly disagree) that "[they] could get help quickly when [they] needed it." Reflecting on the previous paragraph,perhaps, there may be a link between lack of accessibility of community services (thus later help) and to the dispersed nature of how the services are located in the community. n these neighbourhood hubs, young people want "mental health support services, creative spaces, drop in counseling", "youth groups" and much more. One young response really highlighted why this integration was crucial:

"People who frequently access community care wouldn't feel that they have to always miss out on youth group activities as it would be easier for them to access it if they are already at the building."

One young person suggested an innovative alternative for those with mobility and transport issues:

"Maybe there could also be some mobile services which could help those who can't pay/ get on other transport."

5 young people's vision for the future included an increased disability and neurodivergence friendliness within the community. Young people reported wanting more accessibility aids and disability facilities, earlier neurodiversity diagnosis and support. One respondent discussed that people with disabilities often find it difficult to engage with the community:

"Also, I would like more benches in public areas, not just areas of beauty where people like to sit, but also on paths and streets, as some of us can't walk far. Also, it would be great to have more accessible community theatres. My drama group has a couple of ambulatory wheelchair users, and no accessible way on stage… This will only be fixed if there is funding to get ramps, quiet lifts, or quiet stairlifts."

This highlights the need for a combined effort to ensure that community spaces are accessible for all young people. 3 young people under 18 also noted that better understanding and support of SEND is required in the community. In their vision for the future, young people described better staff training, mandatory screening for neurodiversity in primary school and regular check-ups. A young person noted the importance of early detection and diagnosis of Autism and ADHD:

"Mandatory screening for Autism and ADHD in all primary schools (it doesn't have to be a 'full' assessment)"

Vision & Priorities - Young People

"If you had all the resources, what would your vision / priorities about community services look like for children and young people?"

TOP PRIORITIES IN THIS SECTION:
INCLUSIVENESS
SERVICE FRIENDLINESS
WAITING LISTS
MENTAL HEALTH
COMMUNICATION
INFORMATION ABOUT EXISTING SERVICES

23
RESPONSES FOR YP OVER 18

Most respondents highlighted themes to do with the need for inclusiveness (taking into account the individual needs of patients), waiting lists, service friendliness, alongside other important themes such as mental health, visibility of services and communication. Which we have delved into below.

1.Inclusiveness

One of the most demanded and at the same time diverse priorities among young people aged 18 or over is inclusiveness. Respondents emphasised that services should take into account the diverse and extensive needs of patients. In particular, factors such as friendliness and clear signposting, potentially health literacy, and age-appropriate treatment were mentioned.

"Non-judgemental, clear guidance and signposting which actually works."

"I would say that most of the services are well thought out. Although I do believe that the approach for blood tests for young children may need to be developed a bit. As blood tests for anyone can be stressful let alone a toddler/young kid. I think that having the room to be calm (limit the number of people in the room to just parent/care giver, nurse, phlebotomist) or have some calming music in the background to help relax the child."

2.Service friendliness

It was highlighted that young people want to see friendly, non-judgemental, and trauma-informed approaches in educational institutions, and health care settings. Young people also worry about confidentiality, as some young people do not feel comfortable sharing information about their appointments with educational institutions and their parents and carers:

"Funding to help young people in difficult family situations get the care they need safely, for example allowing for time during school to go to appointments as not all families allow or are open to accessing specific kinds of care, and being able to order prescriptions and other services through a private and discrete system, for example maybe one working alongside the young person's school, allowing for confidentiality."

Another point being highlighted is the importance of making information easier to understand. Factors such as small print, miscommunication, and others can pose barriers in accessing appropriate treatment:

"I would make the small print slightly bigger, make it accessible for people who struggle with reading and sight. I would also make sure all terms are age-appropriate for children."

3. Waiting lists

Waiting lists were identified as another major priority. Respondents described the waiting lists as highly delayed and preventing of accessing care services, and so they are unable to receive the support they need within an adequate time frame. Therefore, there is usually no alternative for the required service, and even short-term support while waiting is unavailable.

"Younger people would be able to ring their local GP, health practice on the same day to be cared for (only if enough staff is being permitted). Resting rooms at schools, allowing students to take more time outside of lessons (5-minute breaks) and then continue. Free communities where younger people can go and talk about issues they face with their other peers."

"Reasonable and accessible waiting lists, alternative, more short-term services during the wait."

4. Mental Health

Mental health services are one of the main concerns for young people. While most of the problems regarding mental health services are the same as for other health care services, it demonstrates some differences. All people in need of mental health services are vulnerable, children have increased vulnerability with a potential for longer-lasting damage, and it is important to ensure that they feel safe and listened to. However, in some instances, they feel that the treatment received by mental health services was inadequate.

"... CAMHS ruined me. Now as an adult I am extremely reluctant to seek support or engage in any help, regardless of how helpful and reassuring the NHS clinicians I see are because I know the system as a whole does not work."

It also relates to the problem of transition from children & adolescence to adult services, and people who felt violated by the system earlier, are more reluctant to resort to the health care system in the later stages of life negatively affecting long-term engagement.

“A person-centred approach to care where those struggling are provided different options for care, patients' voices are heard and respected and a clear pathway approach upon leaving CAMHS to adult services, enhanced support in this transition period. Prioritise working with children and young people on what they believe will help them than assuming”

5. Communication

Communication was another key priority, with respondents emphasising the need for clear explanations, and active listening to ensure that both a health service provider and a receiver understand each other, suggesting that the current service can be overly rigid and insufficiently responsive to the individual needs of the patients.

.”.. give young people a chance to input into their own care plans”and“give multiple options for assessments”

The communication problem was linked to feelings of being unheard, leading to unresponsiveness to individual needs within the service. For example, one respondent has not received a referral to the appropriate service.

“I felt like I wasn’t heard enough when I wanted to get a referral for the gynecologist”.

6. Visibility of existing services

Finally, visibility of existing services was identified as an important area for improvement. Respondents emphasised the need for clearer signposting, particularly through educational institutions:

“univeristy/sixthform/college sending emails or keeping a post up on a relevant platform about these services and how to access them.”

This highlights the role of educational institutions in developing awareness about health services. Respondents also linked awareness to accessibility and fairness, noting that young people should be:

“made more aware of the options that are available to them when it comes to treatment”and ensure that“there isn't any bias when it comes to staff providing treatment options”

These responses show that a lack of awareness can prevent young people from accessing early or preventative support, and become more reliant on crisis-led services.

Recommendations from Young People:

“More personalised support and more frequent support”

“Making it more digital and accessible.”

“By encouraging environments where questions can be asked and medical professionals are actively explaining why certain things occur when appropriate.”

“… a clear pathway approach upon leaving CAMHS to adult services, enhanced support in this transition period. Prioritise working with children and young people on what they believe will help them than assuming”

“Reasonable and accessible waiting lists, alternative, more short-term services during the wait.”

“I would ensure that young people are made more aware of the options that are available to them when it comes to treatment…”

Vision & Priorities - Parents & Carers

Parents and Carers in the survey were asked about their visions and priorities for community care.

The question we posed was : **If you had all the resources, what would your vision/priorities about community services look like for children and young people? (and how would you envision making them more accessible for you, or your young person?)**

There were a variety of responses, some of which had similar themes.

A few respondents commented on the inconsistency of GP care. One suggestion was having an allocated GP. Often, the GP my child sees at our surgery is a different person. This makes it **,"difficult to develop a long-term trusting relationship with a doctor, which I believe is important for children and young people."**

This is similar to the traditional way in which GPs used to run, where individuals have a Family Doctor. However, the title of Family Doctor and the way this system would be ineffective for young people without traditional or complicated family dynamics, or for those who move around a lot for various reasons. Having an allocated GP when Young People join their practice would mean that Parents and Carers and Young People can build a rapport with their GP and through that trust they would also be able to build familiarity.

Furthermore, another respondent noted the need for **"better access for appointments."** *This highlights the lack of GP appointments which needs to be improved to ensure that Young People and their Parents and Carers receive early help and intervention before symptoms worsen.*

Although a slightly different point, the point of early intervention was further emphasised by another respondent who said, their vision was a **"Faster triage service in the beginning, more doctors to assess the children."**

Another suggestion from a respondent spoke about the accessibility of GP surgeries. They suggested GP surgeries should be : **"More inviting (child friendly) GP surgeries with information (via interactive screens, posters or leaflets) that children can read and learn from to increase their awareness of promoting good health."**

Additionally, building on the previous point, a key theme in the priorities for Parents and Carers was making services more accessible to Young People with additional needs and providing greater support for Parents and Carers in meeting those needs.

*One Parent expressed that they envisioned "***Neurodiversity support in all forms would be better resourced, more accessible."** *This highlights the need for neurodiversity services and for improving existing services to ensure accessibility. Another Parent emphasised awareness and "More people knowing about deafness and how to support a deaf person." This highlights the need for general awareness in services as well as tailored support for young people and their parents and carers who are deaf as they face additional communication barriers.*

Furthermore, another responded, made a point about how **"Respite care for carers and parents and siblings is better resourced and more accessible."**

Another key theme that emerged when Parents and Carers were asked about their visions and priorities for community care was the need for a centralised care hub. One Parent suggested, **"Having polyclinics with access to services for children and YPs. GP, dentist, mental health, sexual health, physio, OT, SLT." This enables young people and their parents and carers to access care in a single location, rather than travelling to different services."**

One respondent took the time to encapsulate everything they envisioned community care would like which was suitable in bringing together all the points made in the parents and carers section of the survey. They said:

"With unlimited resources, my vision for community services for children and young people—viewed from an ethnic-minority perspective—would focus on creating culturally safe, accessible, and non-judgemental support. Services would be based in schools and trusted community spaces, with staff who reflect the diversity of the families they serve and who are trained in cultural humility and anti-racist practice. Support would be available in multiple languages, with flexible, walk-in options and help navigating systems that can feel overwhelming. Families—including extended family members—would be included in care, and practical barriers like transport, stigma, and inconvenient timings would be removed. Most importantly, young people would feel understood, represented, and safe, with opportunities to shape the services themselves. The overall aim would be a system where every child, regardless of background, can access the right support without fear, judgment, or cultural barriers."

RECOMMENDATIONS:

1. *Parents and Carers as well as their young person having an allocated GP. One clinician who they can make appointments with, someone who will be able to get to know the young person and care needs.*

2. *Providing more practical support to Young People and their Parents and Carers with neurodiverse needs and learning disabilities.*

3. *Increase the availability of community hubs where Young People, their Parents, and Carers can access a range of different care and support. Ensure these are named so that Young People do not feel excluded or unable to access them. For example, not naming them Family Hubs.*

4. *Work with Children and Young people to improve the way GP services are designed to make them more friendly and accessible for this dynamic. For example, improving the waiting room design or clinical spaces.*

Vision & Priorities - Staff

If you had the political will and resources, what is the one structural shift would make community care truly effective for the next generation?

The most frequently brought up point by respondents was the need for Children and Young People to be at the centre, whether in services, local government, or national policy. This was often described via proactiveness, listening more to children's voices, greater investment, rethinking how services are designed via a childhood lens.

"Connect family hubs and neighborhood health centers - put children at the centre and empower families to do the simple things we know improve immediate and lifelong outcomes, including reading and play" - policy and public affairs lead in a national charity

A particular area of interest was regarding neighbourhood health and the collaboration with the Voluntary, Community and Social Enterprise sector, with individuals noting the potential of sharing data and expertise to design and deliver better services.

"Better integration of the voluntary sector with local authorities to share data and expertise to design and build better services, link communities to local authorities"

"Data driven, combined with on the ground insights" – head of public partnerships for health research organisation

'general practice pediatricians/GypSI in hubs' – principle public health manager at a service health protection delivering health protection equity for children and young people

A head of service for CAMHS in particular, emphasised needing to **"embrace the neighbourhood model through radical changes to commissioning."**

This was emphasised by the need for the **"growth of child health expertise"** *in the workforce, "general practice paediatricians in (family / neighbourhood) hubs", as well as changes to funding to make community care truly effective for the next generation. People stressed the need for investment towards early help and prevention, adequate funding for front-line services, and a ring-fenced funding system proportionate to the Children and Young People population.*

A need for leadership and competence was also highlighted by one consultant in ambulatory paediatrics, in order to achieve health equity, cultural intelligence, appropriate strategy and finance and a redesigning of services.

However, another Paediatric Consultant noted the role of 'co-design' for community care services, and emphasised a fundamental inequity for those living in rural areas for community care models such as neighbourhood hubs. Suggesting the need for targeted approaches for different groups.
'One size does not fit all' - *paediatric consultant and clinical advisor*

Key Recommendations - Staff:

1. *Shift and protect funding for prevention and early help by ring-fencing children's investment in proportion to the children and young people population so it's not side-lined for adults when pressure rises.*

2. *Ensure every neighbourhood team is able to get quick input from paediatric and CAMHS professionals, such as through named links on an Multi-Disciplinary Team, joint clinics, case discussions - to allow more care to be managed safely outside the hospital*

3. *Put children at the centre by including a section for 'children and families' into every sizable service change or commissioning decision, breaking down what changes for the children, who is involved, what might change because of it, who might be harmed/left out (e.g. rural, care experienced, SEND etc.) , and what mitigation is built in.*

4. *Ensure service delivery can still happen locally in rural areas, to prevent centralising access in a way that increases travel - this may involve something like a hub-and-spoke model where specialists and professionals can run mobile/outreach clinics to ensure underserved and remote groups can still receive services.*

5. *Make it easier for parents/carers and children to get help by offering more care where they are, e.g. family hubs, schools/colleges, community venues, etc., and without out-of-hours times that fit around school/work.*

6. *Use NHS England's intended outcomes for children and young people neighbourhood Multi-Disciplinary Teams as the minimum shared outcomes, and report them with Core20PLUS5 children and young people equity breakdowns and relevant PHOF prevention indicators, so impact is visible and gaps aren't hidden.*

Conclusion

Overall, our data showed that the shift from hospital to community care is welcome and positive among Young People, Parents and Carers, and Staff. However, without significant commitments to funding and filling identified gaps, such as GP care, neurodevelopmental services, and mental health services, it may be difficult for the NHS to sustain the shift from hospital to community care as per the 10-year health plan.

Our data highlighted concerns/negative experiences Young People have had over communication, barriers to accessibility, visibility of services and a lack of cultural competency within community care services. This was further reinforced by responses from the Parent and Carer survey.

The responses collected from the King's Fund Conference highlighted areas such as more diagnostic support, discharge support from hospitals as well as highlighting significant barriers that marginalised groups face when accessing care from the community.

Further research and extensive work is needed to include and engage more individuals with diverse lived experiences and marginalised groups, in particular the voices of Carers, Refugees, Asylum Seekers and Looked After Children/Care Leavers. This can be done through increasing funding and availbility of peer support workers or lived experience workers (who can truly understand an individual's experience from a lived experience lense.) - This is an area missing from the Government's National Youth Strategy.

The quality of existing services needs to improve before creating new services, to ensure they remain fit and accessible for young people, parents, and carers who use them, as well as staff. It is vital that, during this shift, the voices of those already excluded from health and social care services are not further marginalised or disadvantaged.

NHS England and Social Care need to collaborate to ensure the shift from hospital to community care is truly fit for purpose and meets the needs of young people.

For more information about the NHS Youth Forum and Young Researchers, visit https://www.barnardos.org.uk/nhs-youthforum or email us at **NHSYouthForum@Barnardos.org.uk**

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NHS YOUTH FORUM

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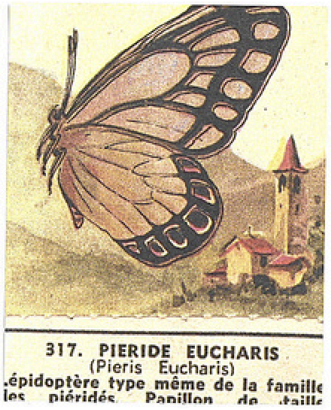

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In hope to fix a crumbling system
A vision lies on the horizon
A future awaiting restoration
A plan to help ease the pressures
Is it really fit for purpose?

Starting with prevention,
Treating the illness before it worsens
Oh hey plan if I have mental health am I not a
person?
Moving onto hospital to community
Is this really going to provide security
for those in need of more support?
Collabrative care, working together, less
gaps, a softer pace
Analog to digital, Are we not really
just pushing those who can't access care
further away?

A promise made not just to cope
But one that dares to offer hope
For nurses worn & doctors spent
For those struggling, for those who are tired
Plans are words, and words need will
The strength to climb each daunting hill
But if we hold to common good, and
fund and lead as we should
Then in 10 years, may we all say -
'We chose the light, we shaped the way'
The NHS still proud and free
A health service for you and me.