

policy briefing

part of the **Living  
Assessments**  
project

# Changing Narratives

Care leavers' experiences  
with the social care system  
and aspirations for change

by Rhea Singhvi  
and Jemima Colahan

## Purpose

This briefing presents a thematic analysis of seventeen separate, 90-minute online discussions held with the Experts by Experience (EbyE) care leavers' group – comprising eight young people aged 16 to 25 – as part of the Living Assessments project. It summarises their insights and offers concrete policy recommendations to amplify their voices and support meaningful reforms to the children's social care and mental health systems.

## Living Assessments

Living Assessments is a five-year research project funded by the Wellcome Trust and led by the National Children's Bureau (NCB), the University of Kent and the University of Cambridge. The project explores how health and social care assessments affect children and families, focusing on the decision-making processes behind providing social care support, the impact of those decisions, and the lived experiences of those undergoing assessments.

Central to the Living Assessments programme is the inclusion of lived experience. NCB recruited three EbyE groups – comprising disabled children and adolescents, young care leavers, and parents of those who have undergone assessments – to ensure that those directly impacted by policies have a meaningful platform to share their stories. These children, young people, and parents have courageously shared their personal experiences of the social care system, actively contributing to research, advising decision-makers, and reviewing findings to help drive change. These groups help ensure that the voices of those affected are heard at the highest levels of government.



For more information on this policy briefing, please contact the authors: **Rhea Singhvi**, Policy and Communications Coordinator, at [rsinghvi@ncb.org.uk](mailto:rsinghvi@ncb.org.uk) and **Jemima Colahan**, Policy and Public Affairs Officer, at [jcolahan@ncb.org.uk](mailto:jcolahan@ncb.org.uk)

© National Children's Bureau 2026

## Recurring themes

Three recurring themes emerged through our discussions with the EbyE care leavers group. While some themes were introduced by researchers and NCB staff, others arose organically from the care leavers' own lived experiences. Each theme appeared to varying degrees throughout the project and offers valuable insights that researchers, practitioners, and policymakers should reflect on. These perspectives, grounded in lived experience, highlight critical areas for improvement and reinforce the importance of centring the voices of those directly affected by the social care system.

### Home

The concept of home, both as a physical space and an emotional anchor, was a recurring theme throughout discussions with the EbyE care leavers group. Young people's reflections were shaped by ideas of stability, safety, and belonging. Many young people described home not as a fixed location, but as something found in relationships and personal be-

longings. Many young people spoke of the emotional significance of objects – such as a toy that moved with them across placements – that helped maintain a sense of continuity.

Privacy was also a key theme, with several participants highlighting how the absence of personal space, such as not having a bedroom door or having to share bedrooms, had a lasting impact on their wellbeing. For some, the ability to engage in everyday activities like spending time in their neighbourhoods or managing their own routines was central to feeling at home. However, this often came with the pressure of early independence. Many care leavers shared that they had to learn practical life skills, such as doing laundry or managing finances, at a young age due to a lack of support.

The process of being removed from their homes and families was described by several young people as intrusive and violent. Many felt they were given little to no information about what was

happening to them. Frequent placement moves disrupted their sense of stability, bringing changes in family dynamics, schools, and sometimes communities – all of which contributed to the challenge of forming a consistent and secure sense of home.

For many care leavers, social care involvement did not feel safe. They described how their safety and consent were often overlooked, leading to conflict within families and instability in placements. The group emphasised that their notions of home and family differ significantly from mainstream expectations, shaped by complex and often difficult experiences of relationships and care.

A common thread across the discussions was the lack of trusted adults to turn to for support. One young person shared their experience of abuse within a foster placement, highlighting how racial prejudice and a lack of cultural understanding created additional barriers to feeling safe and comfortable at home. Others spoke about the stigma of poverty, noting that it is often per-

ceived as a personal or familial failing. They stressed the importance of consistent relationships with professionals, such as social workers or teachers, as a vital source of support, particularly during times of trauma or crisis.

## Mental health

Young people in the EbyE care leavers group shared powerful reflections on their experiences with mental health services, particularly highlighting how these services have failed to meet the specific needs of care-experienced young people. They emphasised that being care-experienced is often defined not by a single traumatic event, but by a series of difficult and destabilising experiences – something they felt is poorly understood by professionals.

This lack of understanding has led to widespread mistrust in services, particularly Children and Adolescent Mental Health Services (CAMHS). Young people spoke of being frequently misdiagnosed and labelled, with treatment often administered without their consent or involvement. They

described a one-size-fits-all approach to mental health support, where the unique challenges of being care-experienced were overlooked or minimised.

Many participants with experience of CAMHS expressed disappointment and felt the system had "failed them." They described how services focused narrowly on addressing immediate symptoms – such as weight restoration in management of eating disorders – without addressing the underlying causes of distress. Young people felt that social and environmental factors were rarely considered, with many choosing to disengage from treatment altogether.

Several young people shared how stigma and bullying related to being in care or living in poverty compounded their mental health struggles. They also highlighted how difficult it was to understand clinical terms like "depression" or "PTSD" at a young age and recommended the development of accessible digital resources to help young people better understand their diagno-

ses and participate in decisions about their care.

Consent and autonomy were recurring concerns. Many young people described feeling coerced into treatment they did not feel ready for, including medication that caused distressing side effects such as increased aggression. They called for a broader range of mental health support options and greater respect for their voices in shaping their care.

Young people shared their experiences of being misdiagnosed with a mental health condition commonly leading to late intervention or support and their condition worsening. Once starting treatment, some young people shared that they felt pressured to continue treatment, with concerns that refusing support might affect their access to financial allowances or grant funding. These experiences raise important questions about how consent and autonomy are respected within children's social care and mental health services. They stressed the need for more joined-up services and for public

bodies to be held to account in their role as corporate parents.

## Children's social care workforce

Throughout discussions, young people acknowledged that many practitioners are committed to early intervention and genuinely want to make a difference. However, they also recognised that these ambitions are often constrained by limited infrastructure and resources, which can hinder the ability to deliver timely and effective support.

Young people highlighted several key challenges within the children's social care system. They noted that poor communication and inconsistent information sharing between services often prevents professionals from gaining a full understanding of a child's circumstances. Many young people shared the frustration of having to repeatedly recount their stories.

Additionally, practitioners are not always equipped with the training or tools needed to identify early signs of neglect and abuse, particularly in young people who

may lack the language or resources to report concerns. Many participants expressed a desire for adults in their lives to be more involved in decisions about their care from an earlier stage. They advocated for a whole-family approach that includes everyone relevant to the child's life.

The pathways to accessing support are frequently unclear, leaving both professionals and care-experienced young people uncertain about what help is available and how to navigate it. Young people also noted that they often do not know what support is available to them through their local authority or other services. They emphasised the need for practitioners to be well-informed and proactive in communicating how young people can access entitlements such as free school meals, mental health services, or educational support.

There was a strong call for sustained investment in the system. Young people shared that frequent changes to service structures and workforce can disrupt

the continuity of care and negatively impact the support they receive. Stability within services was seen as essential to building trust and ensuring consistent, high-quality support.

Finally, some participants urged decision-makers to consider the impact of wider determinants of health—such as race, gender identity, and socio-economic status—on young people's access to support and their experiences within the social care system. They stressed the importance of recognising how these factors shape involvement with services and influence outcomes.

While the NCB recognises the government's ambitious program of reform to children's social care, it is important to acknowledge care leavers' frustration that meaningful change can feel elusive. Many young people described a repetitive cycle of being asked to share their views, only to see little action taken. In response, this briefing seeks to refine its recommendations based directly on the feedback and priorities voiced by the young people themselves, ensuring their lived experience drives not only discussion but real, lasting change.

---

## Recommendations

Drawing on key insights from our discussions with care leavers, the NCB makes the following recommendations to government:

- **Improve communication with children in care:** Local authorities must ensure that professionals working with children, including social workers and family help practitioners, communicate clearly and accessibly with young people about their future care arrangements.
- **Make mental health information more accessible:** As part of the Department of Health and Social Care's digital transformation of the NHS, accessible resources should be developed to help young people understand CAMHS services, terminology, and available treatment options. This will support informed deci-



sion-making and ensure young people can choose the support that works best for them.

- **Establish young people's advisory boards:** All local authorities should be required to set up advisory boards made up of care-experienced young people with lived experience of mental ill health. These boards would help integrate young people's voices into the planning and delivery of services.
- **Implement a single unique identifier for children:** The Department of Health and Social Care and the Department for Education should adopt the NHS number as a single unique identifier for children. This would enhance research capabilities, improve understanding of population health needs, support service planning and policy development, and strengthen multi-agency working.
- **Invest in the children's social care workforce:** Increased and sustained investment is needed to upskill and retain practitioners. This will enable the delivery of trauma-informed care and support the development of meaningful, trusting relationships with children and young people.
- **Ensure trauma-informed clinical support:** The NHS must ensure that clinicians are equipped to provide tailored, trauma-informed mental health support for care-experienced young people.
- **Strengthen feedback mechanisms:** Government must commit to improving feedback loops with young people and the organisations that represent them. This includes clearly communicating how young people's input informs policy decisions and what actions are taken in response, helping to build trust and demonstrate that their voices lead to meaningful change.