

# Children in Care and Care Leavers Annual Report 2024/2025

## Gloucestershire Integrated Care Board



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## 1. Introduction

Children in Care (CiC) and Care Leavers (CL – also referred as Care Experienced Young People) face significant health inequalities compared to their peers. Gloucestershire Integrated Care Board (ICB) recognises the profound impact of care experiences on physical, mental, and emotional health and is committed to driving improvements through a multi-agency, trauma-informed, and child-centred approach to our strategy.

This report, covering the period from April 2024 to March 2025, provides assurance of the ICB statutory responsibilities by analysing the health outcomes, service provision, and key developments within this area. The document reflects both the challenges and progress made in supporting the health and wellbeing of some of the county's most vulnerable young people. The report aims to inform ongoing commissioning, policy, and practice, highlighting successes, identifying gaps, and recommending priorities for the upcoming year.

## 2. Statutory Requirements

ICBs have statutory responsibilities in relation to CiC and CL, as outlined in key legislation including the Children Acts (1989, 2004), the Care Standards Act 2000, the Children and Families Act 2014 and the Safeguarding Accountability and Assurance Framework (SAAF).

The ICB CiC and CL Team support this by:

- Offering strategic oversight and collaborative working across health and social care
- Ensuring that the health needs of this vulnerable population are met in accordance with national directives and statutory guidance, including the updated 2022 guidance on promoting the health and wellbeing of looked-after children.
- Monitoring the performance of our specialist commissioned services, identifying risks and challenges, and supporting continuous system improvement through mechanisms such as the CiC and Care Leavers Strategic Health Group.

## 3. Purpose of the Report

- Present an overview of the health needs and outcomes of CiC and CEYP in Gloucestershire.
- Evaluate the effectiveness of current health services and interventions commissioned by Gloucestershire ICB.
- Highlight areas of good practice and innovation.
- Identify challenges, gaps, and emerging trends.
- Recommend priorities for 2025-2026.

## 4. Report Authors

- Pauline Edwards – Designated Nurse for Children in Care NHS Gloucestershire Integrated Care Board
- Dr Isi Sosa, Designated Doctor for Children in Care, NHS Gloucestershire Integrated Care Board

With grateful thanks for contributions from:

- The Hadwen Health team
- CIC Specialist team - Gloucestershire Health and Care NHS Trust: Holly Dowsing, (Operational Lead CiC) and Liz Bennet (Named Nurse for CiC)
- Gloucestershire Hospitals NHS Foundation Trust: Helen Flanagan (Specialist Safeguarding Midwife)
- Performance & Improvement Team Gloucestershire County Council Young Gloucestershire

## 5. Demographics and Context

As of March 2025, Gloucestershire had approximately: (Source - GCC Performance and Improvement Team – **see appendix 1** for more detailed information)

- 760 children and young people in care, representing a slight decrease from the previous year. The majority are placed within county boundaries, though some require out-of-county or specialist placements. The population includes Children in foster care, residential settings, and kinship placements and Unaccompanied asylum-seeking children (UASC)
- 610 Care Leavers and 116 of those living out of area

National and local data continues to show that CiC and CEYP are more likely to have unmet or complex health needs, including chronic conditions, mental health difficulties, and substance misuse issues.

## 6. ICB Designated CIC and CL Team and Commissioned Specialist Services

The Designated Team for CIC and CL within Gloucestershire ICB comprises the Designated Doctor and the Designated Nurse for CIC and CL. Both work as part of the wider Safeguarding Team. Of note, the Designated Nurse post will be vacant following the announcement of their retirement from June 2025, which poses a potential organisational risk due to the gap in expertise and leadership. Currently the Designated Doctor is employed 0.2 WTE which is not the recommended number of sessions for our population (it should be 0.4 WTE)

As per chart, Gloucestershire ICB commissions specialist services to ensure statutory health responsibilities are met, including Initial Health Assessments (IHAs) delivered by the **Hadwen Medical Practice** team, and ongoing health support (including Review Health Assessments – RHAs) provided by **the Children in Care Health Service within Gloucestershire Health and Care NHS Foundation Trust**.

#### Specialist Health Services for Children in Care in Gloucestershire

Health services in Gloucestershire for Children in Care are commissioned by NHS Gloucestershire ICB

##### Hadwen Health (Gloucester)

The practice is commissioned to carry out all the Initial Health Assessments for children when they come into care (including those placed in Gloucestershire by other LA's), the team includes:

4 x specialist GPs

2 x administrators

Overseen by the admin and practice manager

##### Support & Advisory Service (within Youth Support Service)

Health professionals are seconded into the SAS including a Physical Health Nurse, 2 x Speech and Language Therapists, CAMHS workers and substance misuse workers who provide a service to vulnerable young people including 16+ CiC

##### Gloucestershire Health and Care NHS Foundation Trust (GHC)



## 7. Health Assessments and Interventions by service providers

### Initial Health Assessments (IHAs):

Hadwen Health in Gloucester is commissioned to deliver these assessments for all children entering care in Gloucestershire. The team provides a high-quality, responsive service and works collaboratively with partners to uphold and enhance standards where necessary. There is a statutory requirement for a child to have an Initial Health Assessment with a doctor within 20 working days of entering care

This is a summary of their activity:

- 181 IHAs were completed, representing a decrease of 47 compared to the previous year. This reduction aligns with the overall decline in the number of children entering care.
- 78% of IHAs were completed within the statutory 20 working days, an improvement from 73% in 23/24.
- The primary reason for delays in meeting the 20-day target was a 28% delay between a child entering care and Hadwen Health receiving the referral and consent.
- There were 21 instances recorded as Was Not Brought (WNB), accounting for 11.6% of completed IHAs—an improvement from 15.4% in 23/24.
- The majority of WNBs (62%) involved young people aged 16 or 17.
- Additionally, 42 IHAs were completed for children placed in Gloucestershire by other local authorities, a decrease of 9 from FY23/24. Completed IHA documentation was returned to the requesting authority within an average of 1 working day.

Note: The term 'Was Not Brought' (WNB) is used in place of 'Did Not Attend' (DNA) to reflect the responsibility of adult carers in supporting children and young people to attend appointments.

#### Specialist CiC service – GHC:

The Children in Care (CiC) Service is a specialist, multidisciplinary team commissioned to supporting the health and wellbeing of children looked after by Gloucestershire County Council and, where appropriate, those placed in the county by other local authorities.

The information below shows the highlights of their annual activity and performance:

- Performance in Statutory Delivery  
76 adoption medicals completed, including 5 carried over from FY 2023/24 - all delivered within statutory timeframes.  
98% of children received their Review Health Assessment (RHA) by year-end, a 1% increase on the previous year.  
62% of RHAs were completed by the statutory due date - a 14% improvement on FY 2023/24 and 19% improvement on FY 2022/23, despite increasing demands on service.
- Outreach and Flexibility:  
19 out-of-county home visits conducted where in-person RHA delivery was deemed to be in the child's best interests, including 9 visits to children in Worcestershire due to local service limitations.

The team adapted delivery to children's needs, including video calls, flexible locations, and working through trusted adults.

- **Increased Complexity and Demand**

The service experienced a 50% rise in child protection strategy meetings attended, highlighting the team's growing role in safeguarding and multi-agency coordination.

- **Creative Engagement and Relationship-Based Practice**

Responsive, creative approaches were used to re-engage children who had previously disengaged, including activity-based sessions, arts/crafts, and in children's preferred environments.

Every child now has a consistent nurse throughout their care journey, ensuring consistency, trust, and emotional safety.

- **Integrated Mental Health and Specialist Input**

Strengthened partnership with CAMHS led to joint assessments and improved discharge planning.

Introduction of a specialist Occupational Therapist enhanced sensory profiling, supported placement stability, and improved multi-agency planning.

Recruitment of a Clinical Psychologist has embedded trauma-informed formulations and reflective practice across the service, shaping both direct care and service delivery.

- **Continuous Improvement through Feedback**

"You said, we did" approach resulted in tangible service changes, such as more accessible training format and improved communication pathways with carers and professionals.

- **Key Achievements:**

The team developed sexual health promotion intervention/ resources for separated children from overseas, where a gap in provision was identified.

The data for Review Health Assessments (RHAs) where the plan is adoption is now captured through a clinical system.

The Fostering developments team expanded its data collection and is process of evaluating the impact of Foster Carer consultations and the Emotional World of the Child training.

Clinical Systems are supporting with scoping of a single clinical system.

- **Key Challenges:**

As per experienced by other services there is rising complexity of need, with increasing emotional and mental health challenges requiring intensive support beyond routine assessments. There is growing demand and limited capacity, as the expanding scope of work, including placement breakdowns and transitions, is not matched by resource growth.

Nurse attendance at all strategy meetings further limits capacity for statutory RHAs. Operational and system pressures are evident, with dual clinical systems reducing

efficiency, manual data reporting to NHSE adding to workload, and split budgets complicating workforce planning.

Cross-border pressures arise from additional support needed for children placed in Gloucestershire by other authorities, and the Gloucestershire team completing RHAs for out-of-county children due to other area delays.

A temporary service pause from December 2024 to April 2025 was implemented to protect service quality and staff wellbeing during staffing challenges. Workforce needs are critical, with current demand exceeding safe staffing levels, leading to a business case submission for additional nurses and a specialist mental health practitioner.

- Looking forward / plans:

The plans focus on several key areas to enhance the service. Improving timeliness and quality involves strengthening coordination with social care, reducing delays in Review Health Assessments (RHAs), and implementing digital tools like QR codes and health plan links. To measure impact, the service plans to launch a performance dashboard and goal-based outcome tracking, as well as begin a 24-month review of children's health outcomes. Enhancing access and engagement includes refreshing the online presence with accessible, child-friendly content and rolling out digital feedback and review summaries for children and carers. Earlier mental health support will be improved by enhancing pathways with CAMHS and introducing joint consultations, along with offering advice and guidance for professionals.

Additionally, improving transitions for care leavers involves introducing joint planning appointments at age 17.5 and strengthening handovers with adult health services. Amplifying the voice of the child will be achieved by developing inclusive feedback tools and co-producing engagement materials. Supporting the network around the child includes providing trauma-informed training and reflective practice opportunities.

System integration and innovation will be pursued by moving to a single clinical system and embedding outcome-focused data reporting, as well as expanding co-production with children, carers, and professionals. Finally, developing pathways involve extending support to residential homes, offering clinical supervision to more social workers, and strengthening adoption transitions.

#### Other Organisations Commissioned to Provide a Service to Children in Care and/or Care Leavers

- Young Adults Service (YAS) – Gloucestershire Health and Care NHS Trust (GHC): The YAS works with Young People, some of whom are Care Leavers and in partnership with the Linked Up+ service provided by Young Gloucestershire (YG) to

support the emotional and mental health of young people and the staff who work with them.

Unfortunately, the YAS are currently unable to identify CiC or CL on their clinical system, so cannot provide data on this group. GHC clinical systems are aware of this issue and there hopefully will soon be a means to identify those CiC and Care Leavers that are using the service.

- Linked Up+ - Young Gloucestershire: There were 559 Youth work sessions, and 567 counselling sessions delivered for Linked Up + in 2024/2025. In addition to the children and young people receiving one-to-one sessions there were 34 young people who only had external communications. These young people did not engage in support. **See Appendix 2** to see patient feedback on the support provided

## 8. Corporate Parenting 'Staying Healthy and Well' Subgroup

The Designated CIC and CL team continue to be an active and committed partner in the Corporate Parenting Board, with a particular focus on the "Staying Well and Healthy" subgroup. Through this forum, the team provides a dedicated voice for Children in Care health services, ensuring that health perspectives are embedded in strategic discussions and that the needs of CIC are championed across the wider system.

The Staying Healthy and Well subgroup meet quarterly and feedback progress through the main Corporate Parenting Group meetings. The group consists of mainly health and social care members with co-opted colleagues where needed. The meeting is chaired by a County Council Corporate Parent assisted by lead officers from Children's Social Care and NHS Gloucestershire ICB.

The work of the group is informed by Ambassadors, Corporate Parents and partners initially from a consultation event in 2023.

### What's Already in Place:

- Specialist Health Teams for CiC (Hadwen and GHC)
- Pledge by CYP service leads in GHC to prioritise CiC
- Health Passports
- Support with NHS costs for Care Leavers for those not otherwise eligible
- Young Adults/Linked Up+ service to support Emotional and Mental Health of 16–25-year-old care leavers
- Hope Boxes (memory boxes for children and mothers where babies are removed into care at birth) delivered by the Maternity service at Gloucestershire Royal Hospital
- Youth Support Health Team (not just for CiC /Care Leavers)

- Annual health checks (with a GP) for people over 14 with a learning disability
- Training and employment opportunities in the NHS for Care Leavers
- Life Story Work (Every Story Matters) for children and young people in care
- Mind of My Own app (MOMO)
- ICON (babies cry, you can cope) national programme to support parents (especially Dads) of young babies; <https://iconcope.org/>
- Leisure passes (available in most, but not all districts)

#### You Said, we are Doing:

- Improving capacity in CiC health service
- Reviewing Strengths and Difficulties Questionnaire (SDQ) process (via multi-agency task and finish group) to make it fit for purpose
- Prioritising access to NHS dental care where needed for CiC and Care Leavers
- Broaden knowledge and understanding of the needs of Care Leavers for GPs through GP/practice manager forums, safeguarding practice visits, updates in Primary Care newsletters, and one-to-one advice as needed
- Improve Care Leavers' access to health info (i.e. improving the Graduating Care Southwest app)
- Improve health support for Personal Advisors
- Providing financial support with NHS costs for Care Leavers not already eligible has been extended to include other NHS costs i.e. dental, vision testing and spectacles as well as prescriptions for medication.
- Support transition to Adult Mental Health Services for Care Leavers (multi-agency task and finish group) to establish if there are any gaps in services already commissioned

#### Aspirations:

- Extend the CiC nursing service remit beyond 18 where needed
- Develop a system and process for flagging health records of Care Leavers
- Develop a countywide sports and leisure offer and support hobbies
- Support access to active travel options
- Deliver healthy living (growing food, budgeting, cooking) around living independently

The Children's Wellbeing and Schools Bill currently going through Parliament has been amended to include a requirement to extend Corporate Parenting responsibilities to other public bodies in England (i.e. OFSTED, CQC, schools and colleges, NHS bodies) as well as the Local Authority.

## 9. Gloucestershire County Council Data and Performance Team – Children in Care Health Data

The graphs and information in **Appendix 1** showing health performance data were kindly shared by GCC data and performance team, they show that at the end of March 2025.

- 92.8% of children had an up-to-date health assessment: The latest comparator data (March 24), shows our statistical neighbours at 84%, the South West 88% and England 89% for up-to-date health assessments.
- 84.7% of children aged 2 and older have an up-to-date dental assessment: The latest comparator data (March 24), shows our statistical neighbours at 76%, the South West 72% and England 79% for up-to-date dental assessments.
- 90% of children in care aged 4 -17 had an up-to-date Strengths and Difficulties Questionnaire (SDQ): The completed SDQ helps us to understand the emotional and therapeutic needs of our children in care and supports us to identify additional support where this is needed.
- 33% of children with completed SDQs had a mean score of 17 or above – a higher score is an indication of a higher level of need

## 10. Other Work Across the Partnership

### Improving Training and Employment Opportunities in the NHS in Gloucestershire:

In the UK care experienced young people are ten times more likely than their peers not to be in education, employment, or training (NEET) in their 21st year. They also face other significant challenges including the risk of homelessness and health inequalities. There are strong links between population employment, health and healthy life expectancy (The Health Foundation 2024).

In Gloucestershire around 53% of our Care Leavers are in education, employment or training and our young people have set us an ambitious target to reach 70%. To help us achieve this, work is ongoing with our ambassadors and the local NHS system to undertake a wide-reaching survey of people of all ages who have experience of the care system, specifically around their experiences of education, employment, and training.

As part of Gloucestershire's widening participation agenda, a small group of colleagues from across Gloucestershire's Integrated Care System (ICS) has been established to consider what reasonable adjustments may need to be made to current systems and processes to ensure that opportunities are available for young people who may struggle to access a traditional work placement. The aim would be to develop a career pathway for care leavers across the ICS, starting at the very earliest point all the way to post recruitment support and career development.

There are multiple entry points and overlapping services within the system for care leavers which can result in sporadic engagement and confusion for them. This highlighted the need for a more streamlined and accessible pathway for care leavers to gain meaningful career/employment opportunities.

Step Forwards and the ICS We Want You (WWY) careers engagement team have been pivotal in the delivery of interventions to support care leavers within Gloucestershire to find work experience and employment. Working alongside our partner agencies and in conjunction with The University of Gloucestershire (UoG), we ran a healthcare taster day which provided care leavers with insights into various healthcare careers on offer at UoG and facilitated interactions between care leavers and NHS staff with similar experiences. We had 2 care leavers attend, and both had further follow-up conversations resulting in one pursuing a health and social care Level 2 qualification.

Referrals from Step Forwards, Youth support team, Out of County Social services, and schools have resulted in several career coaching conversations with young people and the WWY team. To date, 3 CL have gone to secure employment within health and social care settings. The team continues to work collaboratively with our partners to support the education and employment needs of care leavers within the County. 2 CL have gone onto gain work experience within the sector because of career conversations and support given. (See Appendix 3 for a summary of one of the CL's journey).

#### Safety in Relationships Training for Unaccompanied Asylum-Seeking Children (UASC)

Two of the Children in Care nurses identified a gap in knowledge and support for UASC around staying safe in relationships and the law in the UK. The nurses worked with colleagues in the local authority and Gloucestershire Action for Refugees and Asylum Seekers (GARAS) and held some sessions once a month for a cohort identified as needing this intervention. Groups were kept small at 4-5 plus interpreters.

The information was very well received by the young people themselves and the interpreters who attended also found it helpful. The nurses had initially expected that there could be a barrier to such sensitive information being delivered by female workers to mainly young men. This never proved to be an issue, and the presence of male interpreters was helpful in this respect.

Feedback from young people included:

- That they would have got into trouble without the information
- That they welcomed access to condoms
- They spread the word to their peers about the value of the training and encouraged others to attend
- They found the information about consent very helpful

The nurses were able to extend the conversation at the next Review Health Assessment (RHA).

Unfortunately, the nursing team do not have the capacity to continue this very valuable piece of work. The Named and Designated Nurses met with the Public Health sexual health led to discuss how this could be captured and taken forward within commissioned services i.e. Eddystone Trust.

### Hope Boxes 2024/25

The Giving Hope project and distribution of Hope Boxes is based on the principles of memory boxes long given to bereaved parents following a stillbirth or neonatal death of their baby. Hope Boxes are offered to Mothers when babies are removed at birth due to safeguarding concerns. An identical box will be issued to the baby that will stay with them during their journey to Permanence whatever that looks like.

The Hope Boxes were developed with women who had children removed from their care and contain small souvenirs and special objects i.e. cot labels, photos, soft toys, blanket etc. This provides a tangible object that will stay with the child as part of their story and may help to fill in some gaps in later life.

Maternity services have given 24 pairs of HOPE boxes during this period.

There have been 3 times the mothers declined HOPE boxes for themselves. There are a variety of reasons for this (no room for box, feeling of anger about removal of the child). Maternity services plan to work more closely with Family Focus, social workers and Health Visitors.

Family Focus supports the mother in the postnatal period and are keen to work with Maternity services in distributing the HOPE boxes and continuing the HOPE box journey. This is a good development so that this intervention is not seen as a one-off opportunity. Maternity services are hoping to develop different language versions of the HOPE letter for mothers from different ethnic groups

### PAUSE - Gloucestershire

The Pause Gloucestershire pilot began in June 2024. Gloucestershire County Council are working closely with the National Pause Team and Nelson Trust as the local delivery partner to lead this programme. The initial scoping activity of women known to children's social care, highlighted that up to 94 women may be appropriate for the programme.

As is recognised with this cohort of women there was an initial period of limited engagement. However, the programme now has its first full cohort of 16 women who are engaging well with their Keyworkers. The initial pilot phase comes to an end in May 2026. Gloucestershire County Council are now looking at the plan beyond this date, to ensure as a local area we continue to support women who have had children removed from their care.

## **11. Other Key achievements**

This year, the ICB CIC Health Team has continued to strengthen its partnerships across the system, providing consistent support to health services through regular supervision, training opportunities (ICB lunch and learns, quarterly CPD meetings, bimonthly IHA quality supervision meetings, GP forum) and active engagement.

Our CIC and CL Strategic Health meetings have evolved significantly, enabling the team to shape and align strategic priorities with our social care, health, and education colleagues. This collaborative approach has been instrumental in advancing the ambitions of the Corporate Parenting Board.

Nationally, the team has also made meaningful connections, with the Designated Doctor serving as the South West representative for the National Network of Designated Health Professionals. This role has opened valuable opportunities for networking, shared learning, and the ability to draw on best practices from other regions, helping us avoid duplication and enhance the quality of care for Children in Care. The Designated Nurse continued in her national role chairing the RCN Looked After Children network and organising the group's annual conference

## **12. Key risks/ areas of concerns**

The future configuration of the Integrated Care Board (ICB) remains uncertain following recent announcements regarding reductions in running costs. This presents a significant risk to the statutory roles and responsibilities of the CIC Health Team. A recruitment freeze has already impacted on succession planning, particularly in light of the planned retirement of the Designated Nurse for CIC and C5 in June 2025. The request for a full-time equivalent (WTE) replacement was declined by the ICB vacancy panel prior to the government's cost-reduction directive, leaving the post currently at 0.6 WTE. In parallel, the Designated Doctor for CIC is employed at only half the recommended sessional commitment for the Gloucestershire population. These constraints pose a serious challenge to maintaining statutory compliance, safeguarding leadership continuity, and delivering high-quality health oversight for Children in Care

### 13. References

**Centre for Child and Family Research Justice;** Giving Hope Project, <https://www.cfj-lancaster.org.uk/projects/giving-hope>

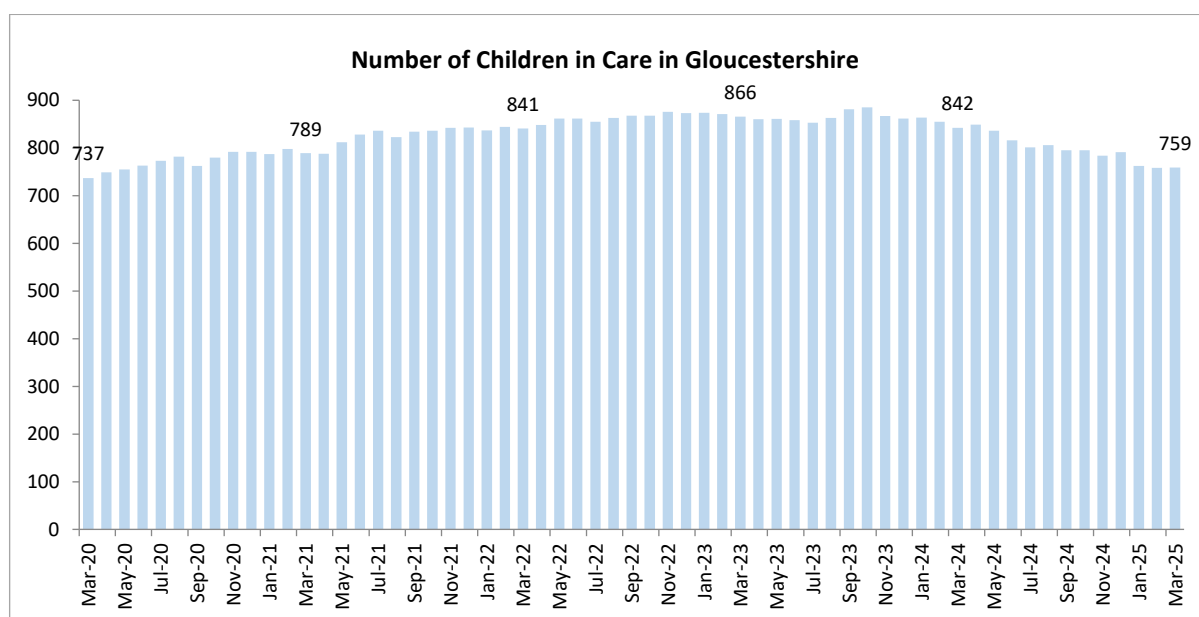
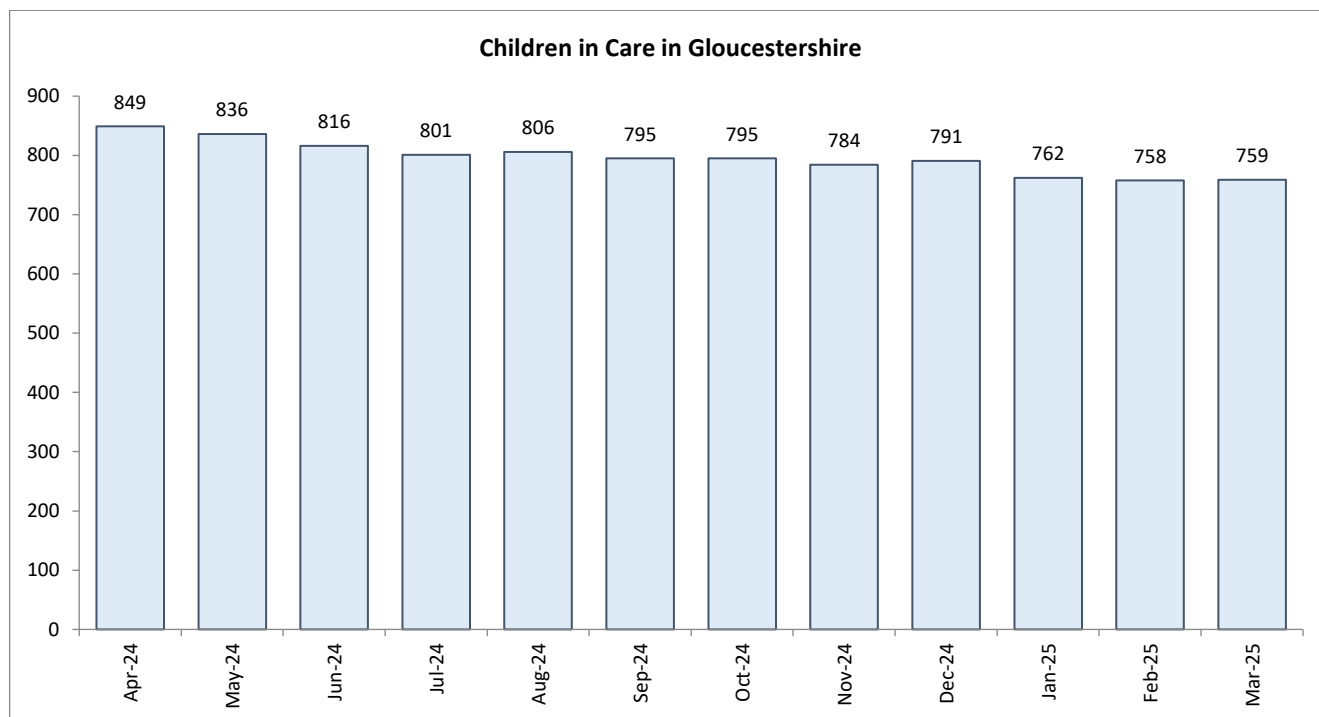
**Felitti VJ, Anda RF, Nordenberg D, et al. 1998,** Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. Am J Prev Med. 1998;14(4):245-258. doi: 10.1016/S0749-3797(98)00017-8 [[DOI](#)] [[PubMed](#)] [[Google Scholar](#)]

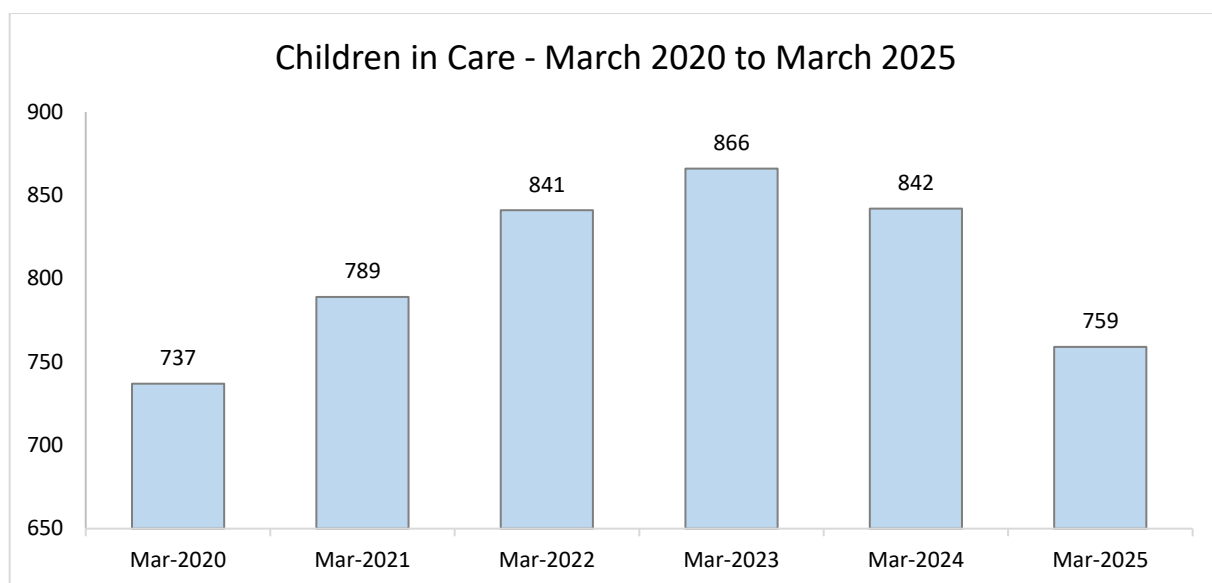
**PAUSE – creating space for change;** [Pause – Creating Space for Change](#)

**The Health Foundation, 2024,** Relationship between Employment and Health; <https://www.health.org.uk/evidence-hub/work/employment-and-unemployment/relationship-between-employment-and-health>

## 14. Appendixes

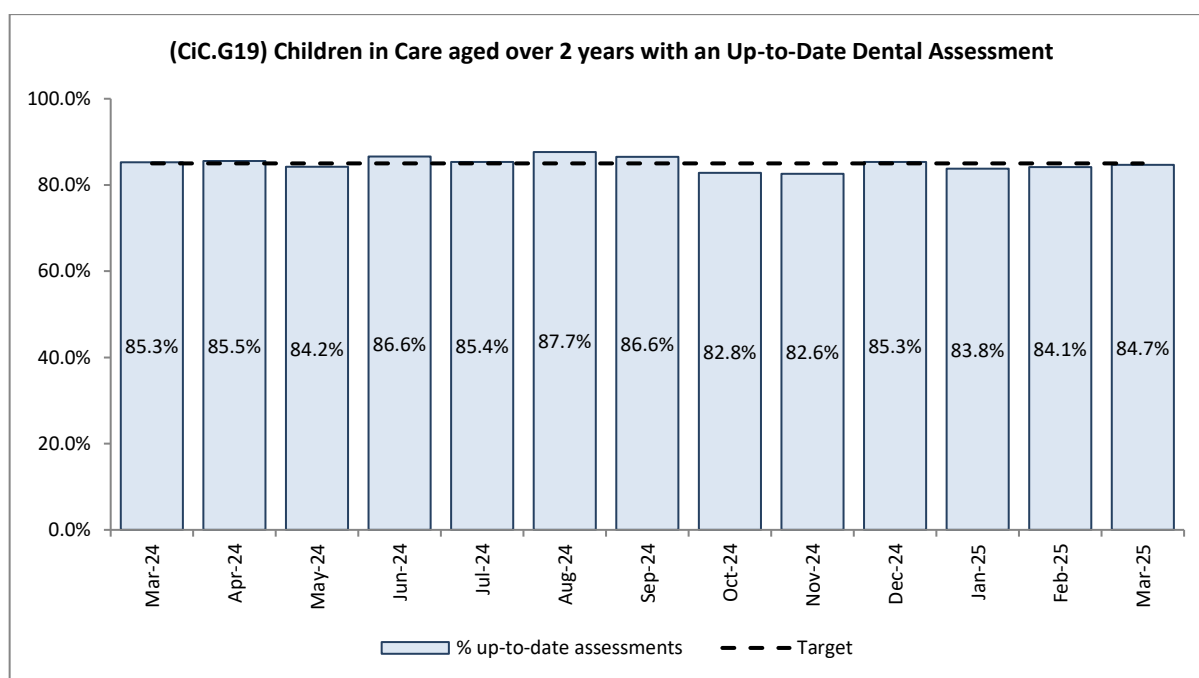
### Appendix 1 – GCC Health Data

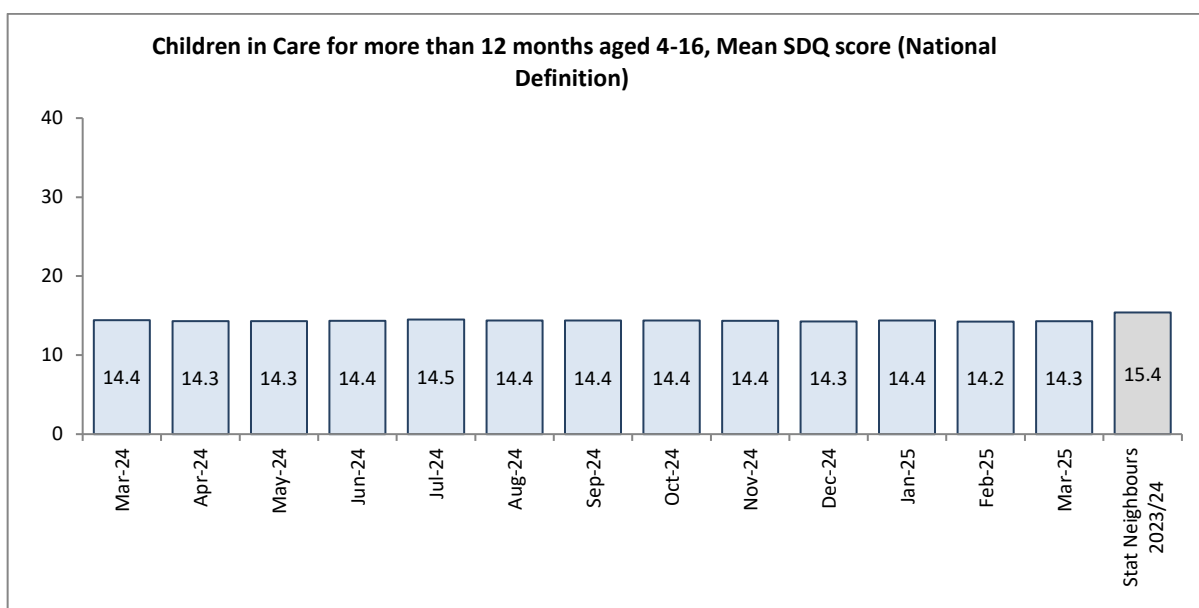
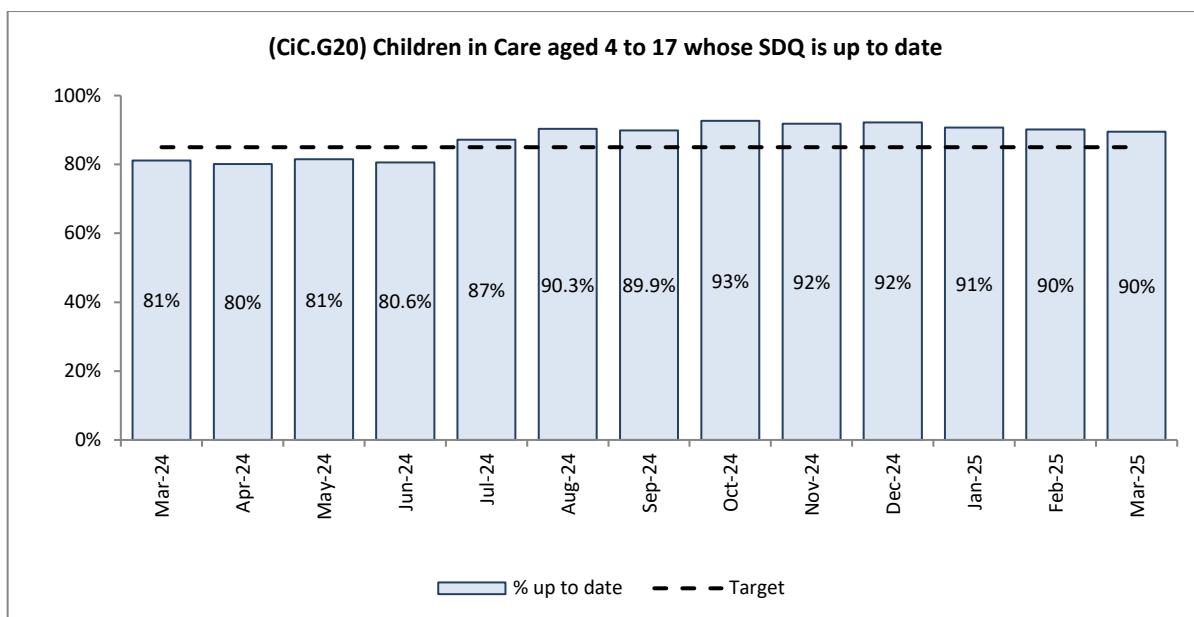




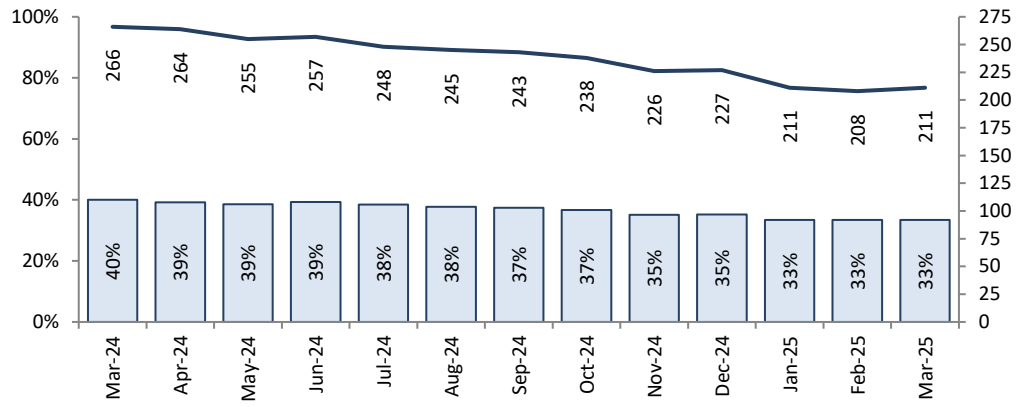
Financial Year Ending March	Number of CiC placed in Gloucestershire by Other LA's
2014	208-286 (GCS/GCC)
2015	No data
2016	263
2017	181 (GCS)
2018	300 (194 according to S1)
2019	No data
2020	236
2021	446
2022	347
2023	372
2024	426
2025	403

Year	Glos CiC	Glos CiC placed out of area	OLA CiC in Glos
2014	490	No data	208-286 (GCS/GCC)
2015	514	58	No data
2016	561	73	263
2017	614	98	181 (GCS)
2018	652	122 (95 according to S1)	300 (194 according to S1)
2019	719	No data	No data
2020	745	No data	236
2021	789	205	446
2022	841	208	347
2023	865	256	372
2024	842	225	426
2025	759	192	403





**Children in Care aged 4 to 17 with an SDQ score of 17 or above**



## **Appendix 2- Patient Feedback**

### Male aged 17, 6 months of support:

- How did you feel at the start of your support? Lost.
- And how do you feel now? Less lost!
- Do you feel better prepared to cope with issues or challenges that may present to you? If so, how?  
You said that you feel better prepared to cope with issues and challenges especially in the field of relationships. You spoke of feeling more empowered going forward having learned a lot about healthy relationships and navigating social experiences.
- How has youth work impacted your life outside of sessions?  
You said your relationships around you have improved. You told me you feel you are able to communicate more effectively now and the streams of communication between yourself and those around you have felt better.
- What strategies have you got for the future and where can you reach out for support if needed?  
You said as well as your coping strategies, you have yourself to rely on, as well as key relationships around you: your friends and other support staff.
- How has your experience with Young Gloucestershire differed from other professional support you have received?  
You said you felt heard, seen and appreciated.
- How do you feel about the future/moving forward?  
you said, "Give everything my all!", "I have learned to value what people say".

### Female aged 20, 6 months of support

- How did you feel at the start of youth work? And how do you feel now?  
I felt hopeful to make the changes necessary to improve my views on myself and life in general and now I feel I have made a step in the right direction.
- Do you feel better prepared to cope with issues or challenges that may present to you? If so, how?  
Yes, because I have multiple options and techniques to try dependent on the situation.

- How has youth work impacted your life outside of sessions?  
It has given me different techniques to try when I am struggling.
- What strategies have you got for the future and where can you reach out for support if needed?  
I have the worry tree to choose from if I am struggling plus support helpline numbers if needed. But I don't feel I actually struggle that much now.
- How has your experience with Young Gloucestershire differed from other professional support you have received? I have been listened to and offered advice instead of being given a pill and dismissed.
- How do you feel about the future/moving forward?  
More confident than I did 6 months ago.

### **Appendix 3- Summary of one Care leaver's journey:**

#### **Cassie's (not her real name) Background and Aspirations:**

- **Current Situation:** Cassie was working at a local retail outlet but aspired to work in healthcare.
- **Challenges:** She felt she lacked sufficient experience and faced barriers such as low self-confidence, lack of formal qualifications, and limited professional development opportunities.

#### **Support and Guidance Provided:**

- **Initial Steps:** Cassie was referred by her Key Worker to explore healthcare career pathways. The WWY Outreach Officer and her Key Worker provided insights into applying for healthcare roles.
- **Interview Feedback:** Cassie had an unsuccessful interview with a local NHS Trust. The WWY team helped her gain feedback and improve her interview skills.
- **Exploring Opportunities:** They discussed various roles within the NHS, focusing on entry-level positions that required fewer qualifications and offered professional development.

#### **Overcoming Barriers:**

- **Transferable Skills:** Cassie identified her strong communication skills, empathy, and resilience as valuable for healthcare roles.
- **Confidence Building:** The team worked on building her confidence and addressing gaps in her professional skills through additional training.
- **Financial Concerns:** Cassie needed financial security, so they explored roles that would provide stable income while allowing her to work towards a qualification.

#### **Outcome:**

- **Securing Employment:** Cassie secured a full-time role as a Healthcare Support Worker at a local hospital. She used the feedback and recommendations to stand out in her application.
- **Empowerment:** The personalised career advice and support helped Cassie overcome self-doubt and take steps towards her career goals.

#### **Conclusion:**

- **Positive Impact:** The tailored support and career guidance were crucial in helping Cassie transition into a meaningful healthcare career, where she can make a positive difference in the lives of others.

