



Changing childhoods.  
Changing lives.

# OUR APPROACH TO HEALTH INEQUALITIES

June 2025



**In everything we do, we'll be working with children and young people to be safer, happier, healthier and more hopeful.**

## **SAFER**

So children at risk of harm are better protected.

## **HAPPIER**

So children struggling with their wellbeing can access support and feel they belong.

## **HEALTHIER**

So children growing up with disadvantage can experience good physical and mental health.

## **MORE HOPEFUL**

So children experiencing challenges can move into adulthood with hope and confidence.

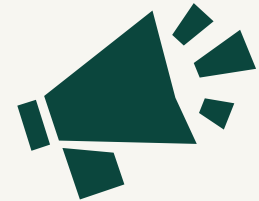
# **We're determined to make this happen. Here's what we'll do:**



**Run excellent, inclusive services that improve the lives of children and young people**



**Improve practice, policy-making and systems so that they really work for all children and young people**

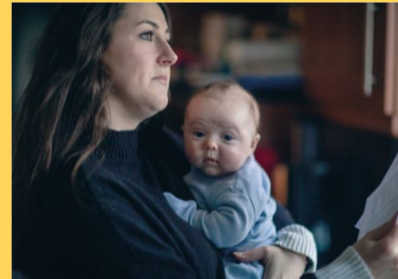


**Drive change in attitudes towards childhood, working closely with partners and supporters**

# Barnardo's works with a wide range of commissioners and partners

We work at neighbourhood, place-based and regional geographies to provide innovative, cost-effective integrated health and social care services that operate across the following spectrum of support: **Early intervention, Prevention, Targeted and Specialist.**

Our services take a trauma-informed and inclusive approach to address health inequalities. This is based on the principles of personalised care and shared decision making, with the voice of children, young people and their families at the heart, ensuring all services are accessible and appropriate.



**Early intervention**



**Prevention**



**Targeted**



**Specialist**

# Addressing health inequalities is in Barnardo's DNA.

The first Barnardo's home for boys focused on helping children living in poverty, striving to give every child the best start in life, regardless of their background.

For over 150 years, Barnardo's has been here for children and young people who need us most – bringing love, care and hope into their lives and giving them a place where they feel they belong.



# We are committed to working towards health equity for babies, children, young people and families



Children and young people from different backgrounds and with different life experiences can have different physical and mental health outcomes. These differences are known as **health inequalities**.

The term health inequalities refers to the unfair, avoidable and systemic differences in health outcomes between different groups.

These can be affected by a wide range of factors, with four often used to classify health inequalities in England:

- Personal characteristics including ethnicity, disability status, and sex (and the impacts of discrimination relating to these characteristics, such as racism, ablism and misogyny)
- Socio-economic factors, like family income
- Geographic factors, such as rural or urban deprivation
- Social exclusion, including homelessness

Health **equity** is the “state in which **everyone** has a **fair** and **just opportunity** to attain their **highest level of health**” and reflects the importance of equitable access to services and support.

# Children and young people's health is shaped by a complex interplay of factors

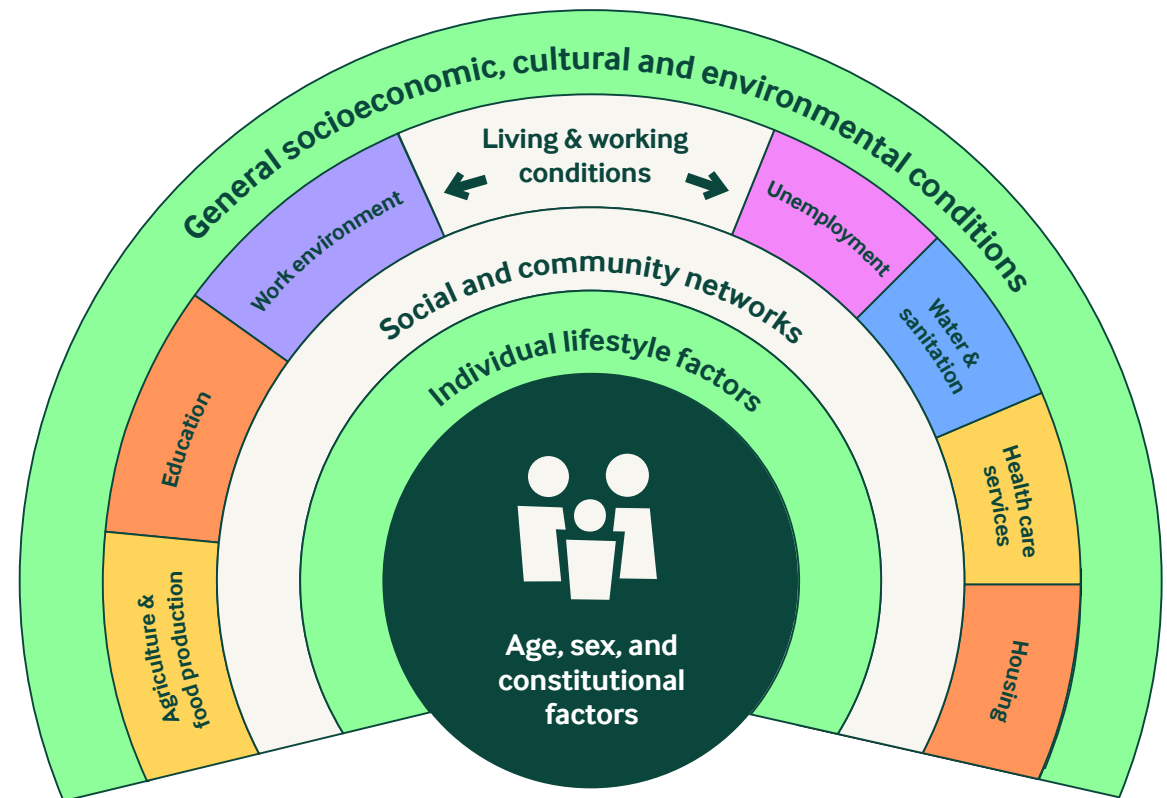
**The social determinants of health are the conditions in which people are born, grow, live and age.**

Many health challenges and inequalities have foundations in childhood and are already evident at birth, leading to differing trajectories and outcomes across the course of a person's life.

Young people's developmental and life stages make them particularly sensitive to changes in their environment, providing an opportunity to improve or worsen inequalities in health.

Addressing these as they emerge can significantly improve the healthy life they will live, prevent chronic conditions, and reduce reliance on healthcare services later in life.

In addition to the factors in the diagram, exposure to racism, discrimination or stigma can significantly increase the likelihood of poor lifelong health and wellbeing.



The Social Determinants of Health, Dahlgren and Whitehead, 1991

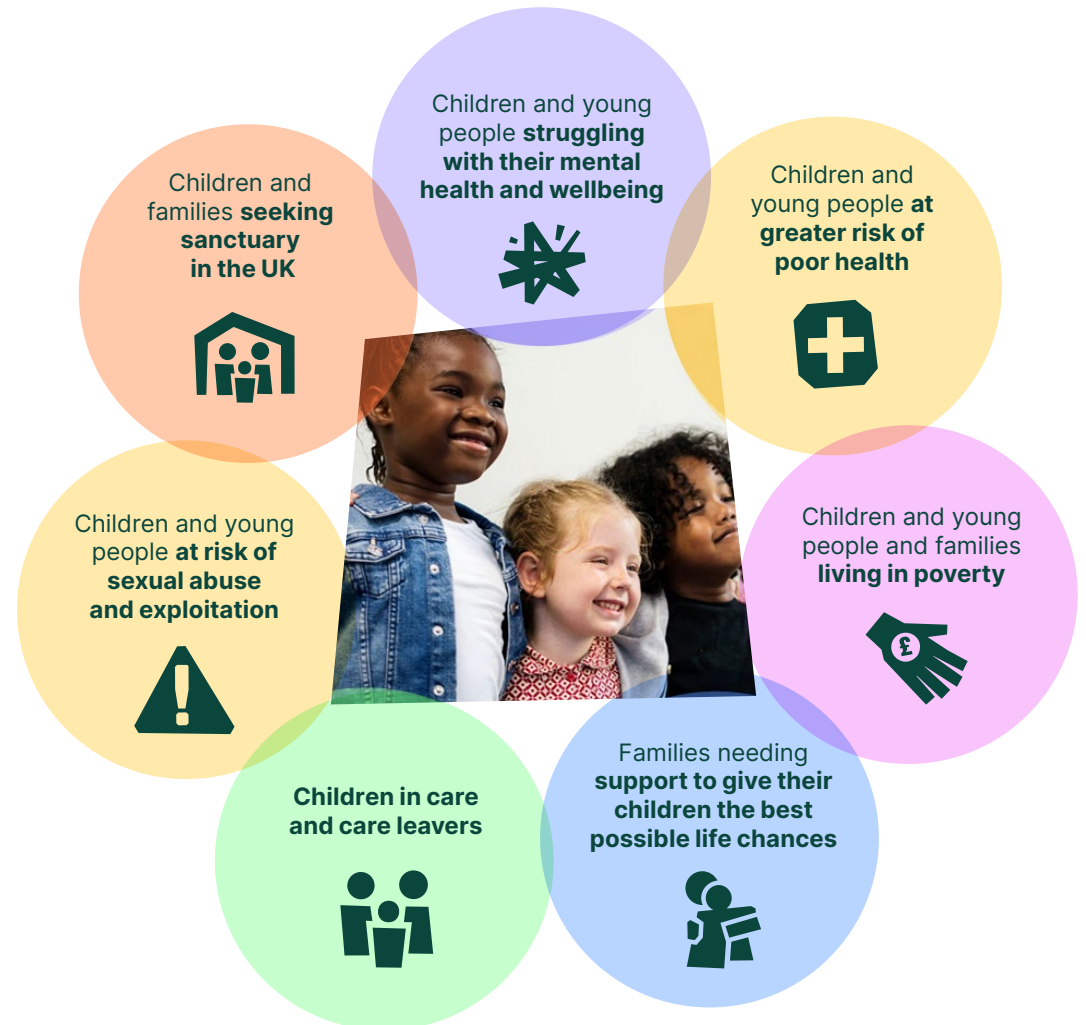
# Our commitment to reducing health inequalities

Children and young people tell us they're ambitious for their futures. It's our job to be ambitious for them too. We believe in them so they can believe in themselves.

That's why, right now, we're focused on **changing childhoods and changing lives.**

A huge amount of change is needed, but as a charity we know we can't do everything, and we need to focus our efforts and energies where we can make the biggest difference for children.

At the heart of the **Barnardo's three-year strategy 2024-2027** is the commitment to reducing health inequalities.



# We will ensure our services reach children when and where they need us



We are **committed to driving positive change** for children and young people across the UK, so children growing up with disadvantage can still experience good physical and mental health.

To achieve this, our services must be **inclusive, accessible, targeted where necessary**, and delivered by those who understand the needs of all children and young people from all backgrounds, including those who are Black, minoritised ethnic, LGBT+ and/or disabled.

To address health inequalities, **early help is vital** – both to prevent children and young people from reaching crisis, and to promote good health for their future lives.

As an integrated health and social care charity, Barnardo's works to deliver services that support prevention, encourage early intervention and promote children and young people health and wellbeing.

**“Science tells us that a child’s experiences from conception through their first five years will go on to shape their next 50... It tells us that investing in the start of life is not an indulgence, but economically, socially and psychologically vital to a prosperous society.”**

Jason Knauf,  
CEO of the Royal Foundation



# Too many children and young people are growing up with disadvantage, missing out on a good childhood and opportunities to thrive as an adult

**More than 1 in 4 children in the UK live in poverty**, whilst some one million are in destitution, with consequences for their education, health and happiness now and for years to come.



**Children arriving in the UK too often miss out on the right support** and, in some cases, their rights as well as their wellbeing are at risk.



Young people growing up in local authority care are **more likely to have poor health, become homeless and to die prematurely.**

**Too many families across the UK are struggling to make ends meet**, with too many children going to school hungry and returning to a cold home.

**Black and South Asian women are more likely to experience severe complications or die during pregnancy.** These maternal health disparities can affect early child health outcomes. [Further information here.](#)

**LGBTQ+ youth are more likely to face barriers to accessing mental health support**, including fear of discrimination or lack of understanding from services. [Further information here.](#)

**One in five children aged 6-16 years have a mental health condition**, rising to one in four among young people aged 17-19 years. But there is a shortage of support at school and in the community and for those who need clinical services, the waiting lists are far too long.



# Integrated Care Systems face huge pressures due to increased demand and economic challenges

## Integrated Care Boards (ICBs)

are required by the Health and Care Act 2022 to set out the steps they will take to address the needs of children and young people under the age of 25 in their five-year Joint Forward Plans.<sup>1</sup> The new Integrated Care System (ICS) blueprint<sup>2</sup>, published by NHS England in May 2025, outlines a strategic shift in how ICBs operate. It emphasises their role as system leaders and strategic commissioners focused on improving population health outcomes.

## A recent survey by the Health Devolution Commission suggested

that while many ICSs identified children and young people as a priority cohort, many of the issues were deemed too complex, involving too many interdependencies or requiring more joined-up thinking at a central government level.<sup>3</sup>

**Core20PLUS5 is considered helpful by ICBs** in tackling inequalities. However, it focuses on healthcare inequalities and some ICBs have expressed a need to give greater attention to the social determinants of health and working with system partners to address health inequalities in a broader sense.<sup>5</sup>

**ICBs are required to consult with local leaders** as they draw up their plans, and they should have involved children and families themselves. Although it is mandated, ICBs are under pressure.<sup>1</sup>

**Only 6% of strategies and 17% of Joint Forward Plans** highlighted how engagement with children and young people influenced their strategy and plan.<sup>1</sup>

## Interviews with 20 ICSs found that:

**50%** used **all** of their ringfenced funds for health inequalities projects;

**35%** (7 systems) used **some** the funding for health inequalities projects and put the rest into the wider system budget (baseline); and

**15%** (3 systems) used **none** of the allocation for health inequalities projects, putting all of it into the wider system budget.<sup>5</sup>

**Objectives on health inequalities are often overshadowed** by immediate priorities like hospital waiting times and financial constraints.<sup>4</sup>

# Aligning with national policy

**The UK Government has set out an ambitious vision to create the healthiest generation of children ever, with a strategic focus on early years support, mental health, nutrition, and education.**

The forthcoming NHS 10-Year Plan is anticipated to reinforce long-term commitments to improving population health and reducing health inequalities and incorporate the proposed 'three shifts' from Lord Darzi's 2024 review: a focus towards prevention, improved use of technology, and a shift to community-based care.

Barnardo's plays a critical role in achieving national health policy goals, especially those related to child and family health, mental wellbeing, and reducing inequalities.



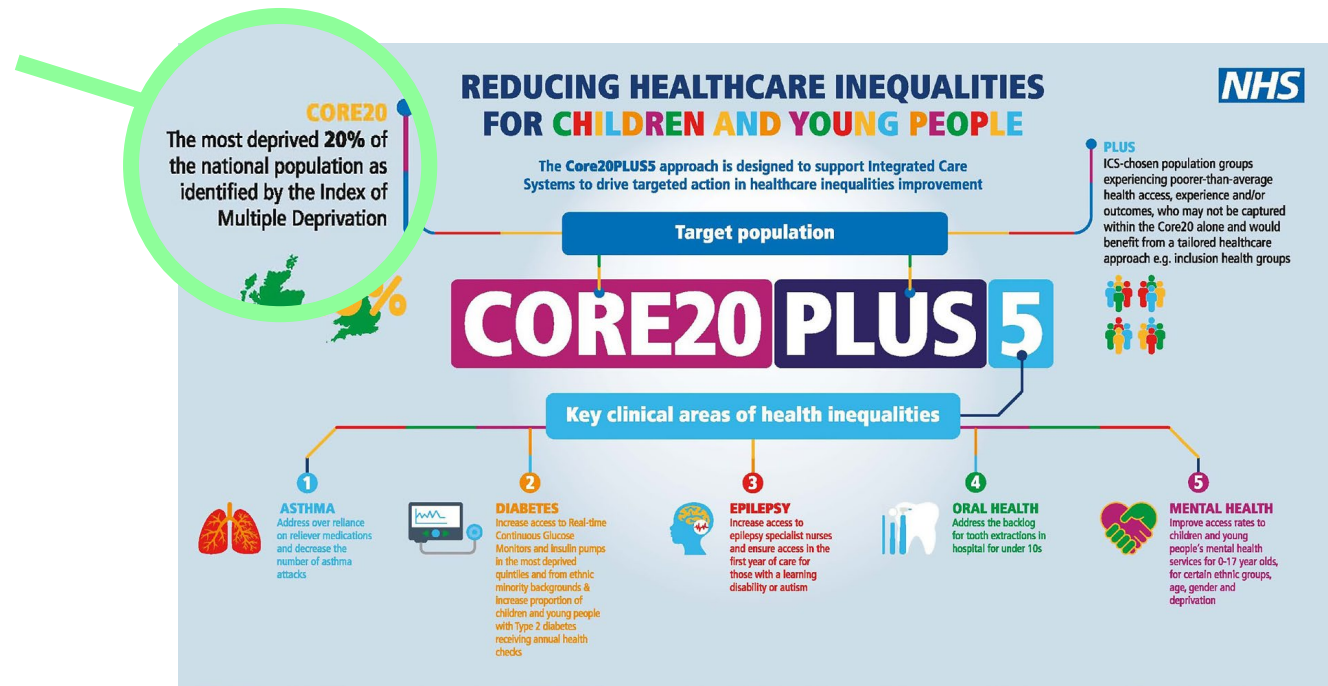
# Reducing healthcare inequalities for children and young people

We are focused on driving change for children and families experiencing poverty and families needing support to give their children the best possible life chances.

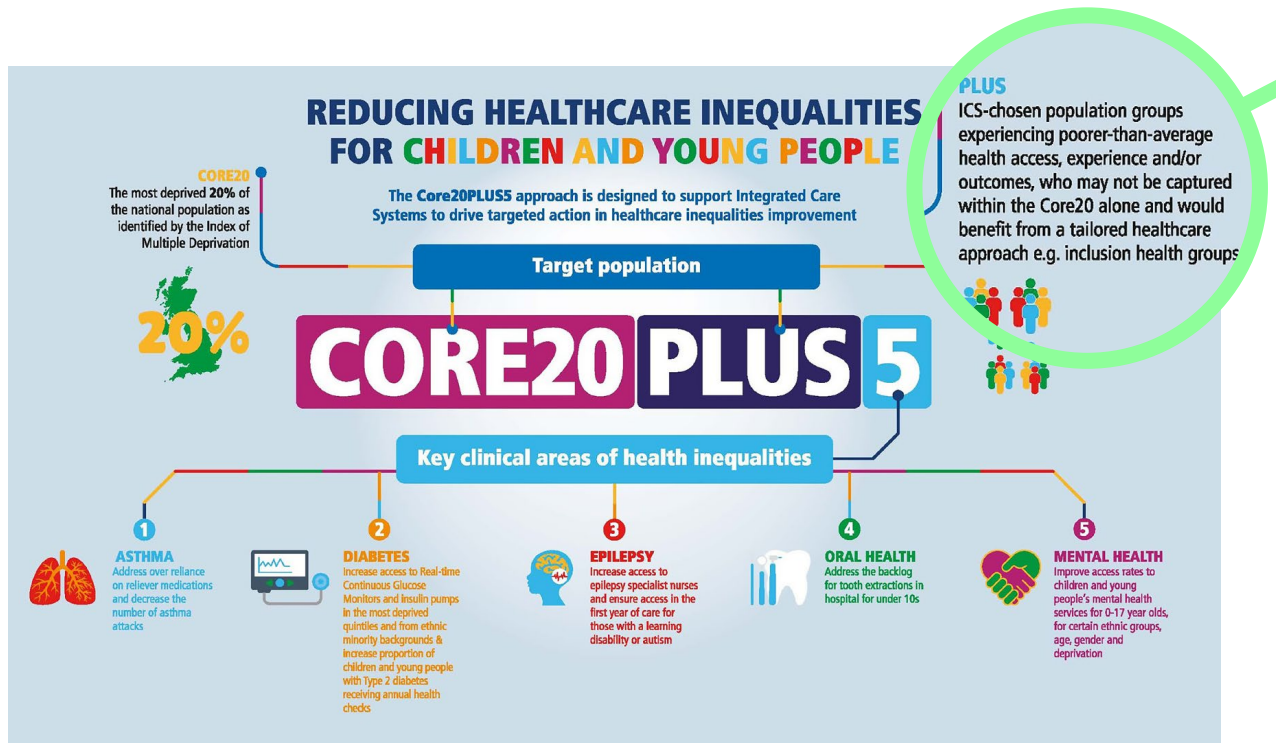
## Example:

Barnardo's has established a Child Poverty Fund to make support available to children, young people and families accessing Barnardo's services, who are in need, who can no longer afford the basics and may need additional support as a result of the pressures that they are facing. Through this fund, we have been able to help struggling families by providing them with emergency support such as beds, access to food, clothing and fuel meter costs.

We also provide ongoing support all year round by helping to find suitable accommodation, and empowering families with access to longer term financial advice to set them up for a better future.



# Reducing healthcare inequalities for children and young people



We are focused on driving change for **children and young people**:

- at greater risk of poor health
- seeking sanctuary in the UK
- at risk of sexual abuse and exploitation
- Children and young people in care and care leavers

## Example:

Barnardo's keyworker schemes for children and young people with autism or a learning disability focus on transformational change. They not only support the young person and their family or carer network, but they also bring together partners from across the system to drive significant change in the way we work together.

[See other examples here.](#)

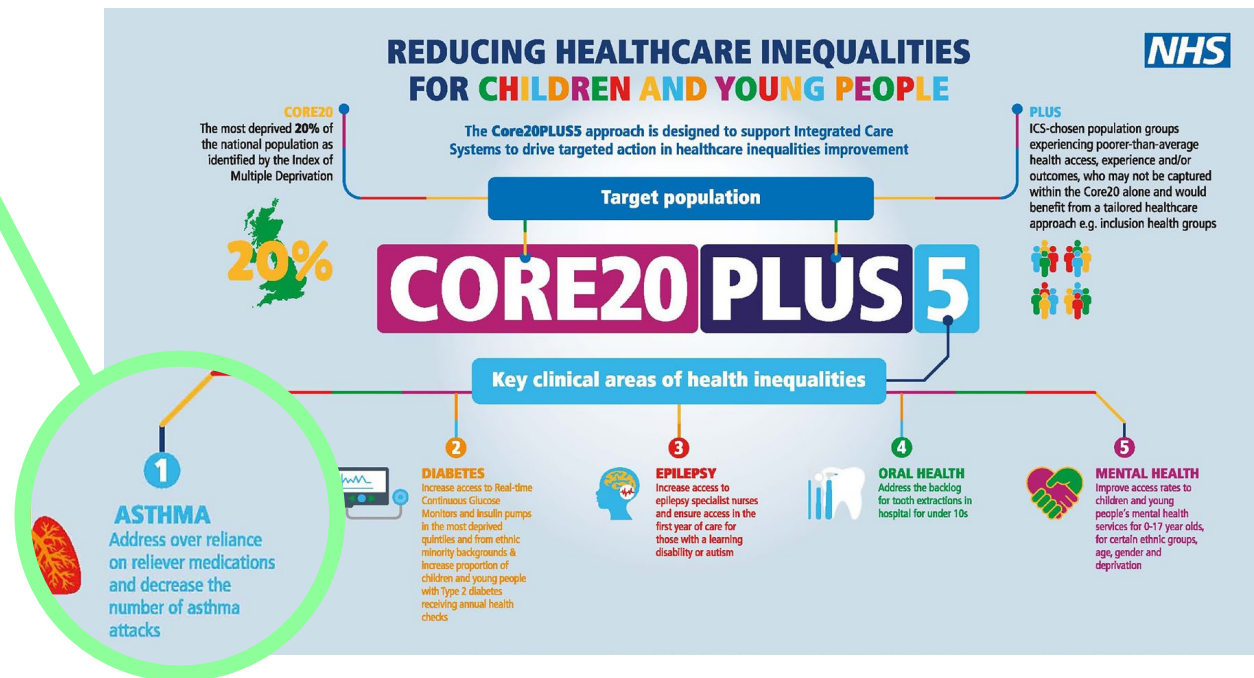
# Reducing healthcare inequalities for children and young people

## Example:

Our family support workers (FSW) in emergency departments (ED) model reduces pressures on the health system whilst providing accessible, non-clinical support to families when they need it most. We work in partnership with the family and local providers to help families access the right support at the right time to reduce inequalities.

FSWs are trained to support families and children experiencing asthma related issues. Asthma can be exacerbated by home and environmental issues; FSWs provide recourse to wider support for parents/carers, children and the wider family.

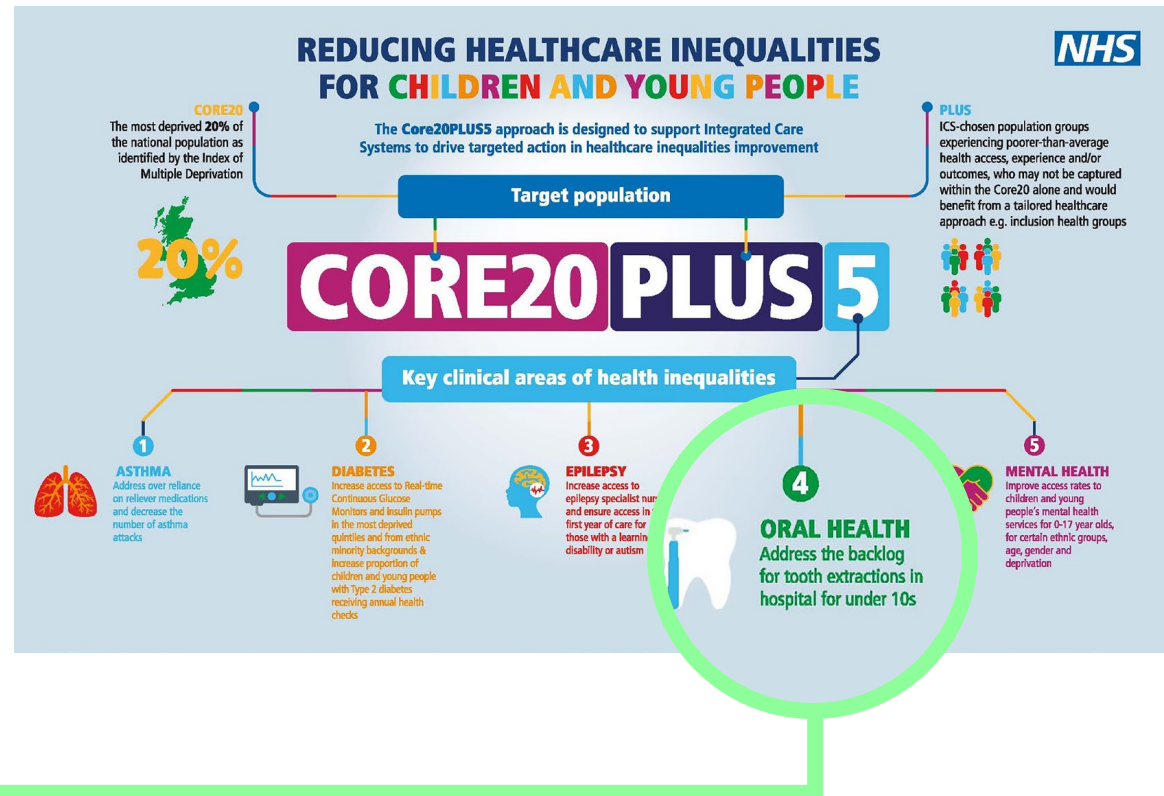
[See other examples here.](#)



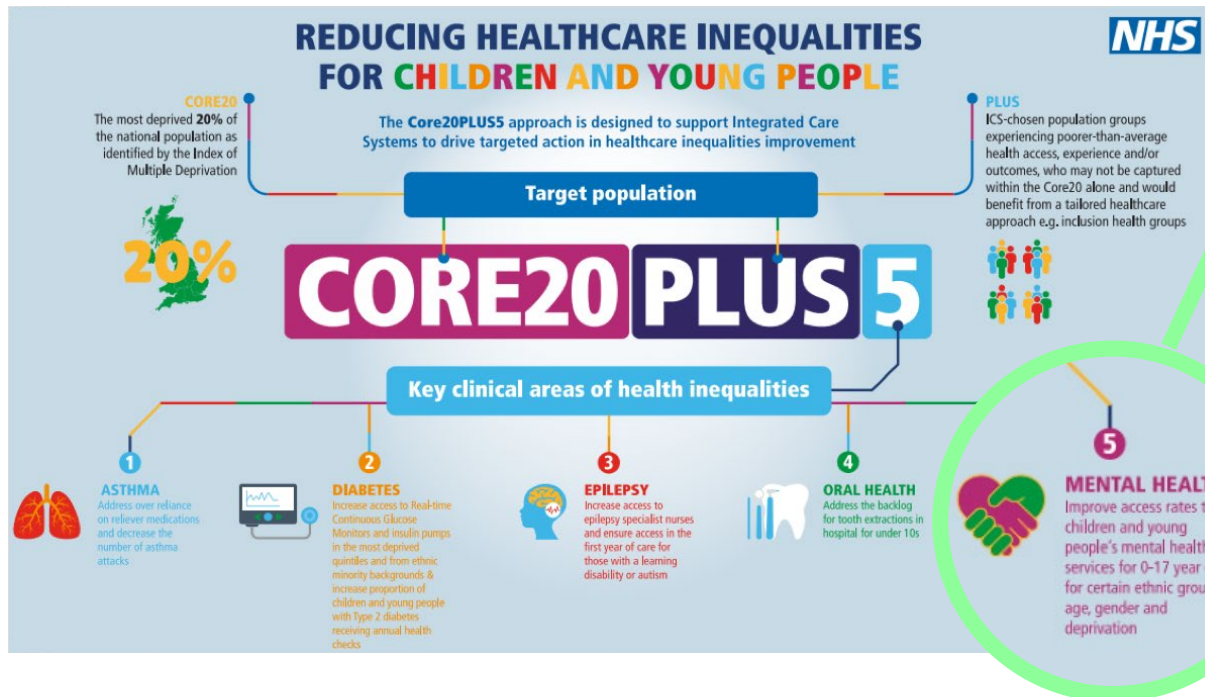
# Reducing healthcare inequalities for children and young people

## Example:

Barnardo's worked in partnership with Hertfordshire Community NHS Trust, Hertfordshire County Council and One YMCA to deliver 69 pop-up dental clinics at family hubs for children under five years of age. The aim of this initiative was to improve access for families living in areas of social deprivation in Hertfordshire and support the oral health focus within Core20PLUS5.



# Reducing healthcare inequalities for children and young people



We are focused on **driving change for children and young people struggling with their mental health and wellbeing.**

## Example:

Barnardo's is working in partnership with Black Country NHS Partnership to deliver a co-located pilot service for the mental health and wellbeing support for children, young people and their families. Working as part of the Black Country CAMHS Crisis teams, the Barnardo's mental health and wellbeing key workers provide a range of support and interventions to promote access to relevant family support services, reduce barriers to engagement and build resilience. The service works across four acute hospital settings.

[See other examples here.](#)

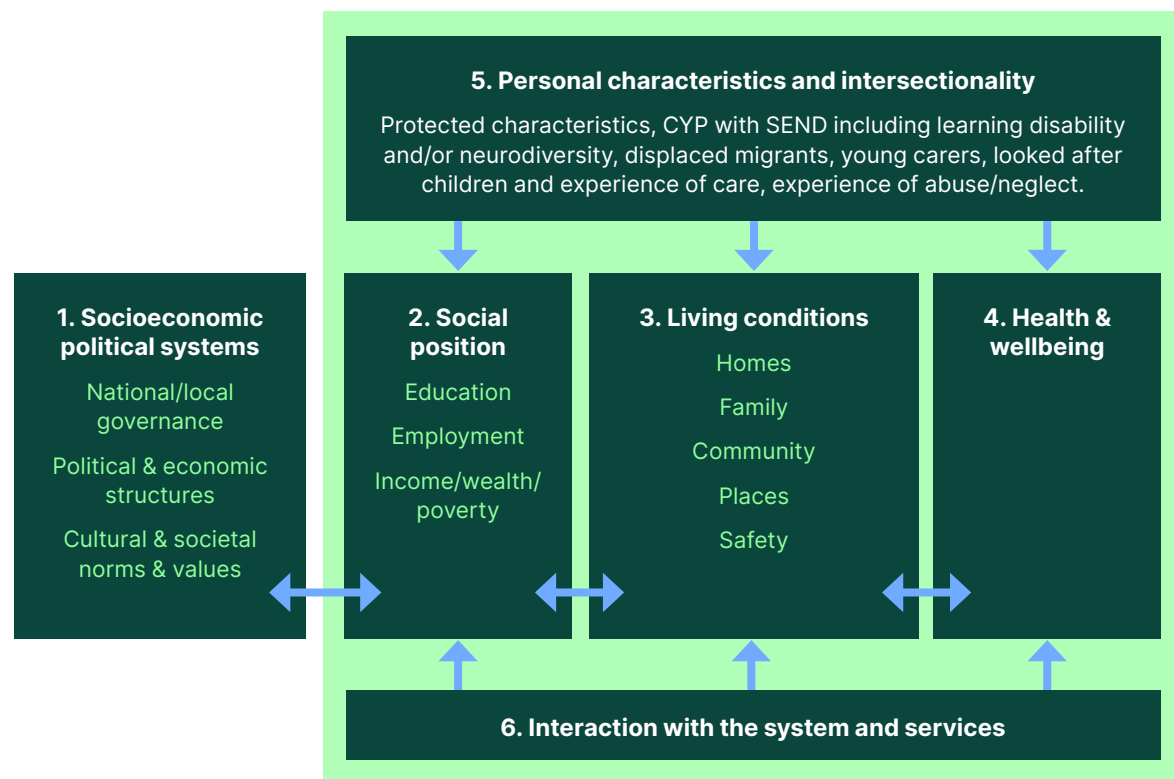
# The Child Health Equity framework has been developed to support greater equity in children and young people's health and wellbeing

The Children and Young People's Health Equity Collaborative (CHEC) is a partnership between Barnardo's, UCL's Institute of Health Equity and three Integrated Care Systems (ICSs): Birmingham and Solihull, Cheshire and Merseyside and South Yorkshire.

The Child Health Equity Framework has been developed to support ICSs in the commissioning and development of interventions and services to improve children and young people's health and wellbeing.

The focus on social determinants in the CHEC underpins the objectives of Core20PLUS5 and other NHS health inequalities approaches. This framework can support ICSs to make links between the social determinants of health and the priority areas within Core20PLUS5 and support action in those areas.

[Full information here.](#)

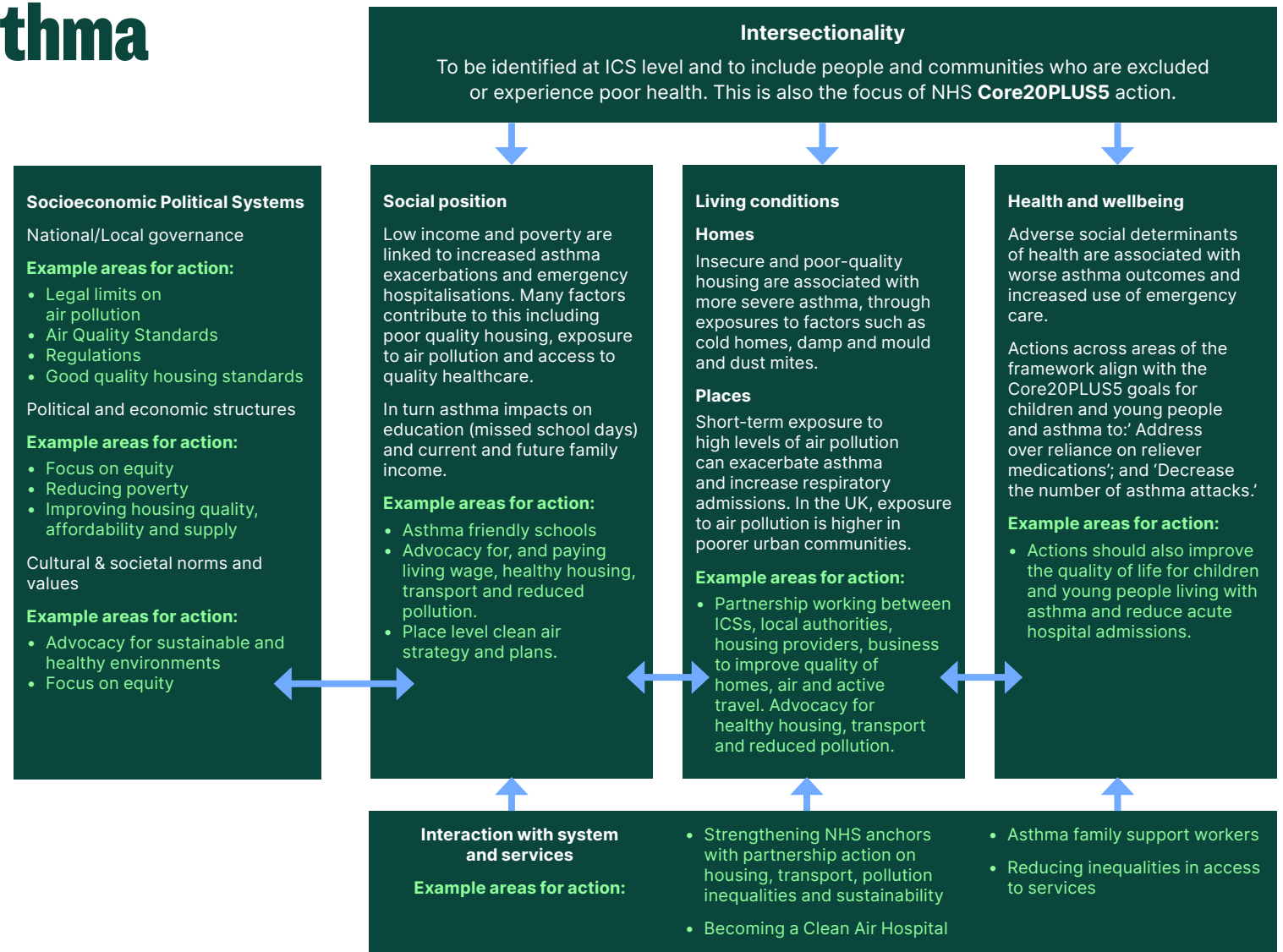


# Child Health Equity Framework - Asthma

This shows an illustrative example for asthma, which is a clinical priority area within the Core20PLUS5 approach to children and young people and is related to social and economic inequalities.

The framework shows how actions on the social determinants of health can be mapped out to identify interventions which ICSs and partners can develop to improve outcomes and reduce inequalities in asthma.

The framework can be used for other conditions in a similar way.



# Taking action to ensure equitable access, excellent experience and optimal outcomes

## Access

Barnardo's has significant expertise and experience in delivering an integrated approach to the **Healthy Child Programme** across the country.

- An external evaluation in 2023 identified that Barnardo's practitioners, overseen by an integrated health visiting team, significantly increased accessibility and reach of universal mandated contacts. This enabled more families to access services and supported a reduction in health inequalities, through:
- Shared best practice, innovation and resources in establishing and maintaining Healthy Child support offers.
- A flexible response to resolving capacity issues through non-clinical support to allow trained professionals to focus on complex cases.
- Broad experience of delivering parenting, infant and child support offers through our 87 child and family hubs.

### Further information here.

Peer connectors offer one to one support as part of **Bump, birth and beyond in South Yorkshire**, focusing on building trusted relationships and working with them to access local services.

Services are co-produced with families, communities and services to deliver a holistic intervention model which is accessible, culturally appropriate, and responsive to the needs of South Yorkshire's diverse communities.

## Experience

**Barnardo's SEEN** is an initiative with the mission to identify, understand and tackle the structural inequalities which limit the opportunities of children and young people of African, Asian and Caribbean heritage by achieving system change in the provision of services to tackle the disproportionate outcomes they face. From its inception, SEEN has sought the views and expertise of children and young people by establishing the SEEN Ambassador Network. Through this network we have been able to create a community of young people, representing SEEN at national conferences, delivering targeted workshops, working with external and advising on the day-to-day delivery of SEEN.

Barnardo's has implemented the Patient and Carer Race Equality Framework (PCREF). As part of this, we:

- Engaged directly with children and young people.
- Defined PCREF governance to strengthen leadership, oversight, and accountability.
- Conducted research to identify good practice and barriers for ethnically and racially diverse communities.
- Aligned PCREF with existing transformational programmes to avoid duplication and identify gaps.
- Created a plan outlining actions, timelines, and outcomes across its three core components.

### Further information here.

## Outcomes

### **Cumbria LINK Social Prescribing Service**

- Barnardo's delivers one of the largest children and young people's social prescribing services in England. The LINK service runs across Cumbria and Lancashire, and aims to address issues before they escalate, offering timely support to children and young people focusing on preventing mental health problems from developing or worsening.
- As at the end of December 2023, for 87% of children and young people accessing the LINK service, their outcome rating score was improved compared to the start and end of their support intervention.
- In 2021, an independent evaluation of the first year of delivery found the following outcomes achieved by children and young people supported by the service:
  - 88% feel less isolated
  - 78% have increased self-awareness and feel able to manage their emotions
  - 66% experience positive relationships with family and friends.
- LINK is a personalised service – every child and young person works with a link worker to establish what is important to them as individuals and find a solution that works for them, using assessment tools based on Signs of Wellbeing.

### Further information here.

# The NHS 10-year plan will set out three shifts that the government, health services and experts agree need to happen

This agenda aligns with several areas of Barnardo's core work:

## Moving care from hospital to communities

- Family Support Workers in Emergency Departments
- Link Worker services embedded in Child and Adolescent Mental Health services offering support while waiting for specialist intervention.

## Making better use of technology

- Online parenting and family support programmes delivered by **Barnardo's Family Space**

## Focusing on preventing sickness, not just treating it

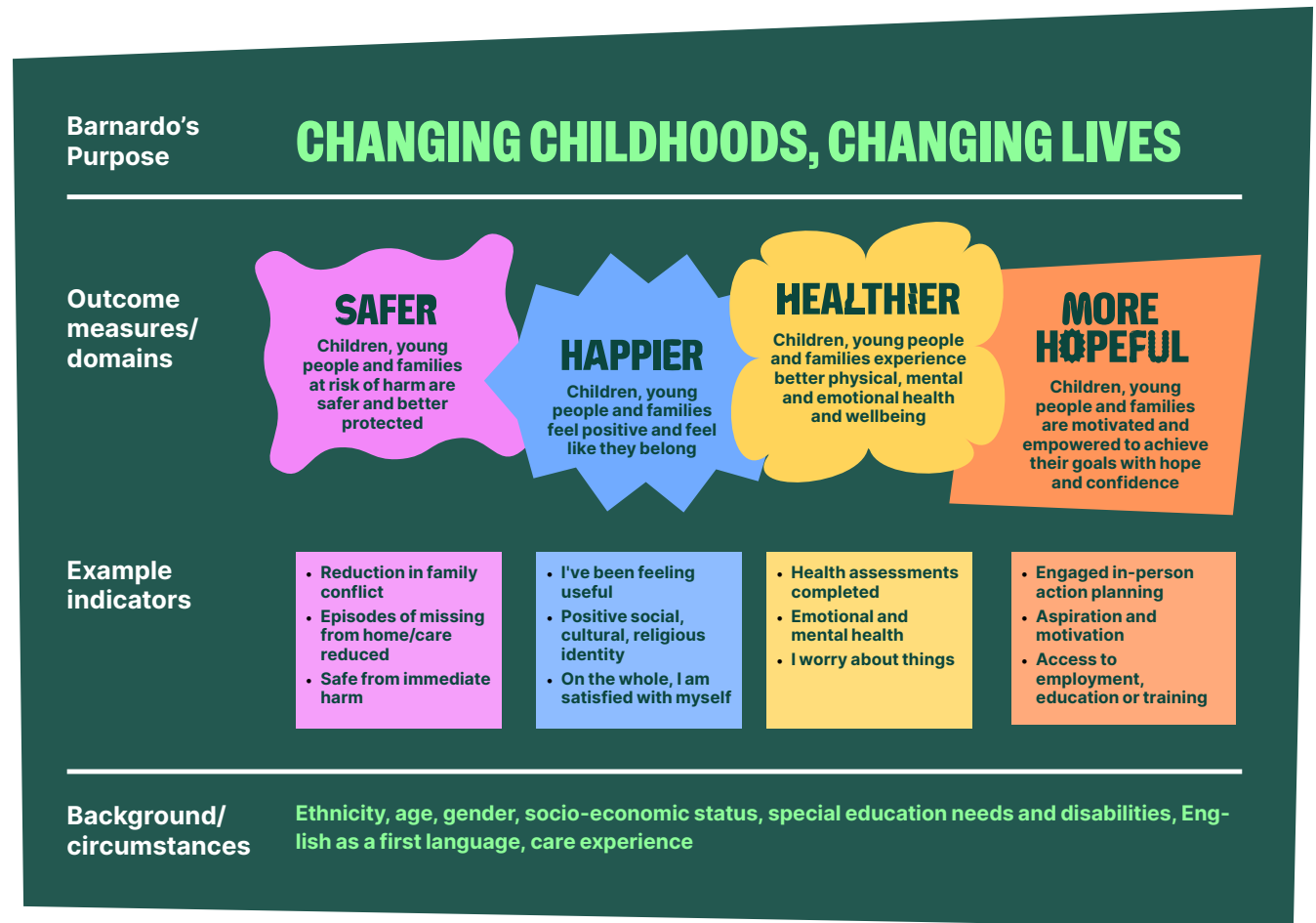
- Family Hubs: face-to-face, hybrid and virtual offers
- Children and Young People Social Prescribing Services
- Mental Health Support Teams in schools

# Outcome drivers

We want to create and sustain health for children, young people and their families through our unique strengths of co-production, early intervention and integrating health and social care.

Our Outcomes Framework will measure our impact across four key domains (areas of measurement), linked directly with our Strategy. It will set out how we help children and young people to be:

- Safer
- Happier
- Healthier
- More hopeful



# Outcome drivers

## How we will do it:



- Develop and / or adopt innovative, future-proof delivery models
- Collaborate with partners and communities
- Create opportunities for children and young people to shape the future



- Develop a strong evidence base
- Improve how we measure and describe our impact
- Optimise our use of data and tech



- Listen and respond to the voices and experiences of children and young people
- Grow a culture where everyone can belong and thrive
- Manage our resources effectively and sustainably

# Our teams play a vital role in tackling health inequalities and driving positive change for children, young people and families

For example:

## Family Support Workers

**Family Support Workers** play a crucial role in assisting families facing various challenges. They work directly with families to provide practical support, often in the family home, at times that suit their needs. They actively engage with partner and community organisations to achieve the best outcomes for families, ensuring a holistic approach to support.

## Perinatal Mental Health Practitioners

**Perinatal Mental Health Project Workers** offer therapeutic interventions to enhance the emotional wellbeing of both parents and infants. Utilising evidence based approaches, they educate parents on the influence of their interactions on their baby's development, and the fostering of strong and healthy relationships.

## Peer connectors

**Peer connectors** play a vital role in supporting families by bridging gaps between communities and services. Peer connectors are often from diverse backgrounds and have personal experience with health inequalities, enabling them to effectively represent and understand the communities they serve.

# Further information

## Why commission us

Barnardo's Quality Accounts 2023-24  
and Assurance Framework:

[quality-account-2023-2024.pdf](#)



# Contact us

[healthteam@barnardos.org.uk](mailto:healthteam@barnardos.org.uk)

Barnardo House, Tanners Lane, Barkingside,  
Ilford, Essex IG6 1QG | Tel: 020 8550 8822

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