BUILDING THE HEALTHIEST EVER GENERATION: A CHILD-CENTRED VISION FOR NEIGHBOURHOOD HEALTH

2026

BARNARDO'S

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Executive summary

One in five children has a probable mental health condition; childhood obesity remains stubbornly high; and tooth decay is the leading cause of hospital admission among young children. Yet services continue to respond after problems emerge rather than preventing them.

Neighbourhood health is a major opportunity to tackle these and other poor health outcomes. Its focus on prevention, community-based support and integration aligns with what children, young people and families consistently tell Barnardo's they need. But the Neighbourhood Health Framework does not provide a clear route to delivering the healthiest ever generation.

Drawing on Barnardo's delivery experience across family hubs, social prescribing, community wellbeing, mental health and health equity programmes, this report contains the clear route that is needed. It sets out a vision for neighbourhood health that works for children and young people.

To move from ambition to outcomes, neighbourhoods must be:

- structured to promote integration;
- designed around the needs of children and young people; and
- focused on prevention and equity.

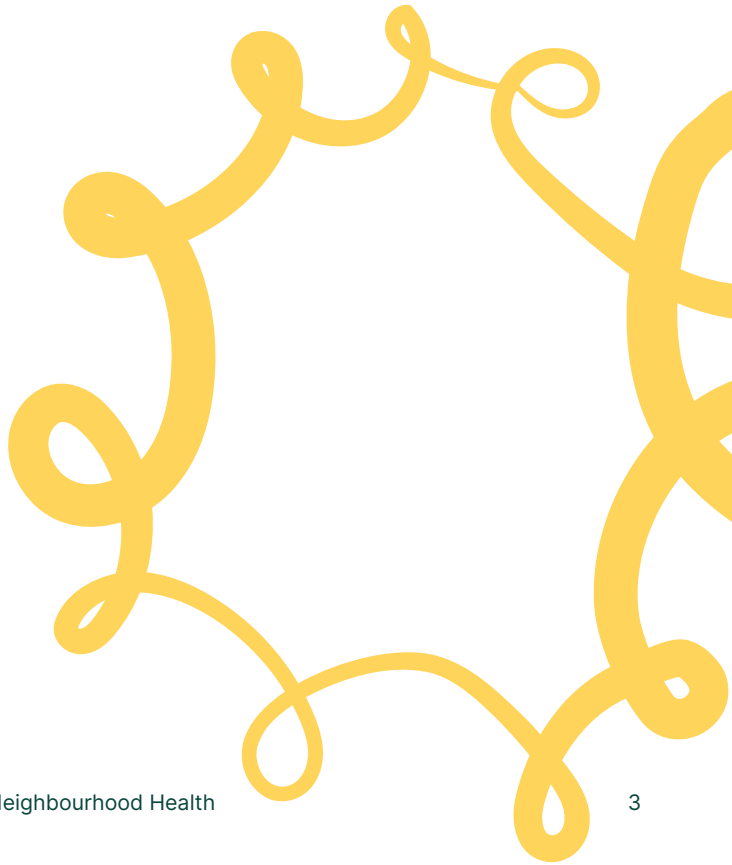
Engagement with children and young people, parents, carers and practitioners was undertaken to understand their experiences of health and wellbeing, the barriers and enablers they encounter in accessing support, and their views on the priorities for improving outcomes. Insights from this engagement have informed the recommendations throughout the report. For more information, please see Annex 1.

To deliver on the Government's ambition, Barnardo's is calling for a Child Health Action Plan that defines "healthiest ever generation", establishes an outcomes framework and aligns national, regional and neighbourhood delivery.

The Child Health Action Plan should set out:

- the improvements Government expects to achieve in children's health, wellbeing and equity;
- how different departments will contribute to those outcomes;
- the role of neighbourhood health in delivering change locally; and
- a consistent framework for measuring progress.

The success of neighbourhood health should not be measured by how services are reorganised, but by whether children's lives improve. If more children are healthy, thriving, connected and able to access support when they need it, neighbourhood health will have succeeded. Without a clear vision, shared outcomes and accountability for progress, it risks becoming a reorganisation of services rather than the child-centred transformation needed to create the healthiest ever generation.



Chapter 1: Children's health in England: rising need, growing inequality and the case for neighbourhood reform

Across England, children and young people's health and wellbeing are getting worse.

Children and young people's mental health is in crisis. One in five children and young people aged 8–25 in England is living with a probable mental health condition, a significant increase from around one in nine in 2017, with prevalence remaining persistently high since the pandemic[1].

This is driven by a social, economic and environmental factors, as well as the impact of growing inequality. Children and young people are also experiencing barriers to support including rising thresholds for support, long waits, and service design that doesn't work for them[2]. This is contributing to a mental health system that is only able to respond once their condition has escalated to crisis point[3]. This reactive approach contributes to life course consequences including rising school absence and avoidable deterioration, placing further strain on already stretched services[4].

Physical health challenges are emerging earlier in childhood, many of them preventable. Almost one in ten children is living with obesity by the time they start school, rising to more than one in five by the end of primary school[5]. Children living in the most deprived communities are up to three times more likely to be living with obesity than those in the least deprived areas[6], the causes of which include lack access to nutritious food[7], safe outdoor space and opportunities for physical activity[8].

Undernutrition and obesity increasingly coexisting in early childhood, particularly in deprived communities, pointing to diets that are energy-dense but nutrient-poor. These patterns are shaped less by individual choice than by rising food costs, constrained household budgets and limited access to healthy options[9] [10].

Tooth decay is the leading cause of hospital admissions for children aged 5 to 9 in England, despite being almost entirely avoidable. In 2024–25, more than 21,000 children in this age group were admitted to hospital for dental extractions, many requiring general anaesthetic[11]. This represents both a significant cost to the NHS and children's wellbeing. The burden falls on children in the most deprived communities, where dental extraction are more than three times higher[12], reflecting inequitable access to NHS dentistry, healthy diets and effective prevention.

At the root of these trends is poverty. The compounding effects of unsafe or temporary housing[13], food insecurity, unsafe neighbourhoods and chronic stress create conditions in which poor health becomes more likely and harder to avoid. Critically, these risks accumulate before clinical services are ever involved[14].

Despite the clear role of these economic, social, and environmental factors, the health system remains largely organised around episodic and reactive models of care. Services are often designed to respond to individual symptoms rather than to prevent problems or address the broader context in which children live. Children's health is inseparable from their families, schools and communities. If services do not respond to the context children and young people are growing up in, approaches to prevent and tackle poor health cannot be successful.

Children do not experience their lives in siloes. Their health is shaped across homes, schools, neighbourhoods, parks, and online environments. A neighbourhood health approach offers the potential to align services with lived realities, if designed around children and young people's outcomes.

Barnardo's experience demonstrates that:

- prevention works;
- children want joined-up support;
- trusted relationships improve outcomes;
- community assets improve health; and
- shared outcomes strengthen integration.

This report shows how neighbourhood health can be delivered for children and young people.

The economic case for the healthiest ever generation

Poor childhood health creates costs across multiple public services:

- Rising mental health needs contribute to school absence, lower attainment and longer-term economic inactivity.
- Childhood obesity increases the likelihood of adult obesity, diabetes and cardiovascular disease.
- Preventable dental disease consumes NHS resources despite being largely avoidable.
- Children who do not receive early support are more likely to require specialist and crisis services later.

The cost of inaction

- Poor childhood mental health problems could lead to £1 trillion in lost earnings across the generation[15].
- Health inequalities cost the NHS an estimated £4.8 billion a year in hospitalisations alone.
- Despite being largely preventable, cardiovascular disease costs the NHS over £7 billion a year[16].
- Diabetes cost the NHS more than £10 billion in the year 2021-22[17].
- Hospital based childhood tooth extractions cost the NHS £87.7 million in 2024-25, and an estimated 60% of these were preventable[18].

Prevention and early intervention support are proven to be cost effective, improve outcomes for children and young people across the life course, and ensures that the next generation will meet their potential[19]. Estimates vary, but NHS Confederation estimates that **prevention measures could save the health service £22 billion a year**[20].

A recent analysis by Pro Bono Economics estimates that expanding appropriate early intervention mental health support to children and young people could **generate £56 billion in economic benefits**[21].

Chapter 2: Problems with the neighbourhood health model

The government has committed to creating the healthiest ever generation of children. The 10-Year Health Plan aims to shift care towards prevention and early intervention, into communities, and to digitise the health service. The government has also committed to reorganising health and social care through the creation of neighbourhood health to operationalise these shifts. It has published a Neighbourhood Health Framework detailing its vision for neighbourhoods, their footprints, and priority populations.

We believe that the commitments in the 10-Year Plan and the Framework will not deliver the governments aims. The key gaps include:

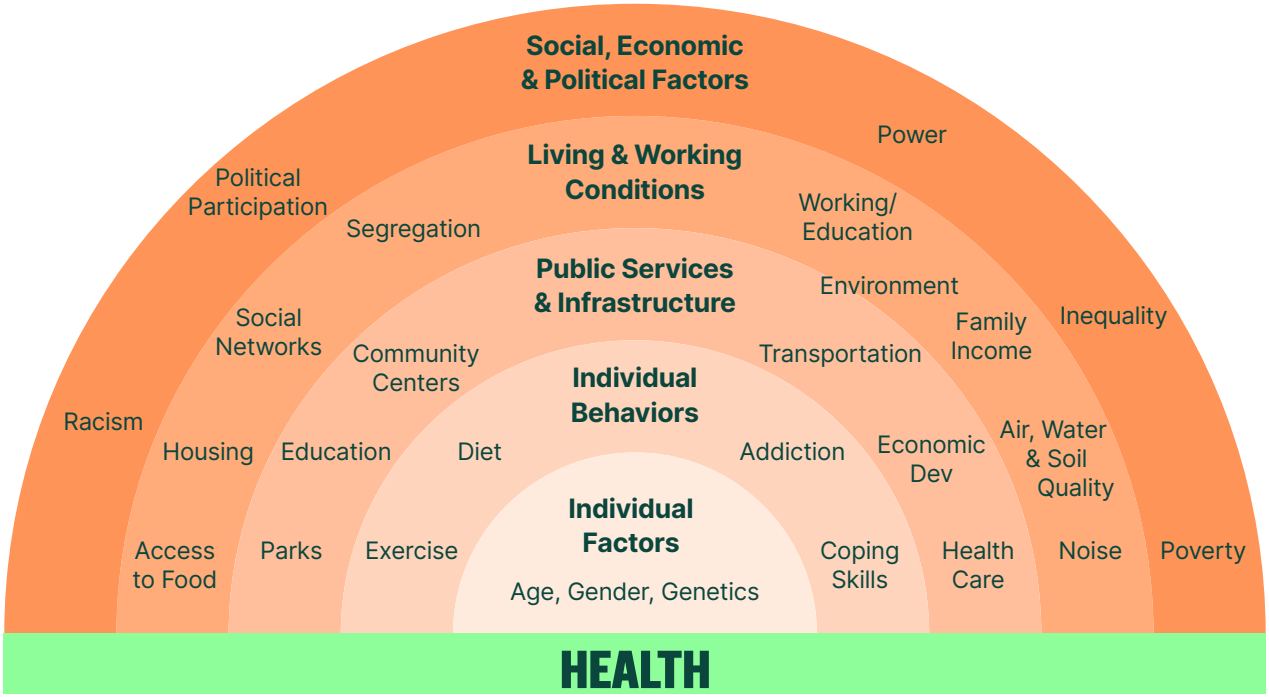
- **Neighbourhoods are not structured to promote service integration**. The framework does not sufficiently shift funding or incentives away from activities and towards outcomes. It does not direct collaborative working towards prevention and support the creation of a sustainable health service.
- **Neighbourhoods are not designed around the needs of children and young people**. The voices of children, young people and families, and the services they use are not at the heart of their design or delivery, and their needs are not addressed in outcome measures.
- **Neighbourhood health lacks a clear vision for prevention and health equity.** There is no national framework for delivering the healthiest ever generation, alongside a lack of agreed outcomes and accountability mechanisms. This means local areas have been left to develop their own approaches. In practise, we believe this is likely to lead to variation in how neighbourhood health is delivered, which population groups are a focus, and a lack of clarity about roles and responsibilities.

Problem one: Neighbourhoods are not structured to promote service integration

Health means more than the absence of illness. Economic, social and environmental factors act together to form the building blocks of children and young people's health.

The greater part of children and young people's health depends on their behaviours, education, other public services, living and working conditions and socioeconomic factors.

Children, young people, parents and carers told us that neighbourhoods are not just spaces where they receive health care, they are places in which health is promoted or undermined on a daily basis. They described how local areas provide a barrier to good health and wellbeing.



"Everywhere is different, in some places you live in a high-rise block of flats, and the sign outside says not to walk on the grass. In other places there is space, but you can't stay there and get a good job."

Young person from Barnardo's Health Power Up Group

"As a young woman with children, I need to feel safe getting anywhere. But the alleyways aren't safe. Its dark, it's full of litter."

Parent supported by Barnardo's

"We came here through the park and that is ok this time of day. But safety is always in my mind. I am always checking if anyone is around me. When I am on my own with my son, I can't protect him."

Parent supported by Barnardo's

The environments children and young people grow up in cannot be separated from the delivery of neighbourhood health and the services required to promote and improve their health and wellbeing. Children, young people, parents and carers described how their ability to play outdoors, be active and connect socially is shaped by their surroundings. For example, when public spaces feel unsafe or unwelcoming, children are excluded from them, creating a barrier to good physical and mental health.

"Our big problem is litter. I don't want to use the park, it doesn't feel safe."

Parent supported by Barnardo's

"Outdoor spaces need to be inclusive and accessible for all ages and abilities."

Young person from Barnardo's Health Power Up Group

Families point to the importance of community centres, family hubs and religious buildings as places they can access free activities, and support for themselves and their children.

"Our Gurdwara does a lot of sessions. They put on lots for women and separate sessions for men. They do mindfulness, they do sewing, they do lots that helps."

Parent supported by Barnardo's

Best practise example: B-Wild, improving access to outdoor spaces

Barnardo's nature based and community wellbeing programmes, such as B Wild, illustrate how this principle can be delivered in practice. B Wild uses outdoor, group based activities to support children and young people's mental health, focusing on confidence building, resilience and social connection. Evidence from these programmes shows improved wellbeing, increased self esteem and reduced isolation. By embedding structured, inclusive activities within local environments, these interventions demonstrate how neighbourhoods themselves can become active contributors to children's health rather than barriers to it[22].

"If we aren't here with the kids we are at the Gurdwara, they do good things."

Parent supported by Barnardo's

"I come here (to the family hub) all of the time, its where he socialises and plays. He cries when we leave because he wants to keep playing."

Parent supported by Barnardo's

The social determinants of health and wellbeing are widely known but the health and care system is still organised around diagnosing and treating disease using a medical model, not by addressing underlying causes of poor health. Improving children and young people's health, and the success of neighbourhoods, requires full integration between health and care services. Key system partners include services that prevent poor health, ensure neighbourhoods are places that promote good health, and that provide early intervention[23].

The Neighbourhood Health Framework does not adequately promote integration. It:

- **Maintains existing silos by organising around services instead of outcomes.** Each service within neighbourhood health has its own funding streams, measures of success, and incentives. These are not routinely aligned to the goals of neighbourhood health, and the success of health services is often measured according to the activities they perform, and not on outcomes for children and young people.
- **Lacks a minimum service criterion** that details the services, spaces and opportunities that all children and young people should be able to access within their neighbourhoods that will promote and improve health and wellbeing.
- **Does not support local understanding of need and existing neighbourhood strengths**. It does not support local systems to map their existing community assets, to use data to understand population health needs and the challenges faced by children, young people and their families, or to bring services together around shared goals.
- **Does not support engagement with children, young people, and families**. Doing so would help understand the barriers they experience to good health and wellbeing, what good looks like for them, and how they would like services to be joined up and delivered.

Many neighbourhoods cannot currently measure and understand their starting points, the anchor institutions that families engage with and the factors most affecting their health and wellbeing. Children, young people, families and professionals are unaware of local services and the barriers to health promotion and improvement are not well understood.

Problem two: Neighbourhoods are not designed around the needs of children and young people

Children and young people's voices are essential to achieving the ambitions of neighbourhood health. Their lived experiences strengthen service design, improve access for underserved groups and support greater accountability for outcomes.

While the Neighbourhood Health Framework identifies co-production and community participation as core principles it currently does not go far enough:

- The framework does not explicitly set out how children and young people will be engaged, represented or empowered within neighbourhood governance, service design or decision-making. Without a clear expectation for participation, there is a risk that children's voices remain peripheral to the development of neighbourhood health despite being central to the outcomes it seeks to improve.
- The development of Integrated Neighbourhood Teams fails to involve patients in multi-disciplinary discussions about their care. It also fails to account for the unique participation needs of children and young people.

Children, young people, parents and carers describe a health system that feels fragmented, difficult to navigate and insufficiently responsive to their needs. They spoke about the loss of preventative and early intervention services, difficulties accessing physical and mental health support, and a lack of coordination between the services that support them.

“The biggest problem is that this (points at image of hospital) isn’t connected to this (points to image of school). Nothing is connected. No one knows what is available.”

Parent supported by Barnardo’s

“They said they couldn’t do anything for me anymore and just wrote me off.”

Young person supported by Barnardo’s

Children and young people consistently told us that they want to be involved in decisions about their care and the support they receive. They described the importance of Integrated Neighbourhood Teams that are designed around their needs, include trusted professionals with whom they have established relationships, and create opportunities for them to participate meaningfully in discussions about their own care.

As experts in how services are experienced, children and young people have unique insight into where systems work well and where they fall short. Their involvement should therefore extend beyond consultation to genuine partnership, influencing how neighbourhood services are commissioned, designed, delivered and evaluated.

Without embedding children and young people’s voices within governance, commissioning and service delivery, neighbourhood health will continue to be being organised around institutions rather than the children and families it is intended to serve. Integrated Neighbourhood Teams may become better connected from a professional perspective but still fail to reflect children’s lived experiences or improve outcomes. Creating the healthiest ever generation will require children and young people to be recognised as active partners in neighbourhood health, with a meaningful role in shaping decisions both about their own care and the systems designed to support them.

Problem three: Neighbourhood health lacks a clear vision for prevention and health equity

The government has committed to create the "healthiest ever generation" of children. However, neither the 10-Year Health Plan nor the Neighbourhood Health Framework sets out what this ambition means in practise or how progress will be measured.

While both documents emphasise the shift from hospital to community, treatment to prevention and analogue to digital services, they do not establish a shared set of child-focused outcomes capable of aligning local systems around a common goal. Without such a framework, neighbourhood health risks becoming a structural reform rather than a transformational programme for children and young people.

Creating the healthiest ever generation requires more than changes to service delivery. It requires a clear vision of the improvements Government expects to see in children's health, wellbeing and life chances, supported by a consistent set of measures that can drive accountability across neighbourhoods, Integrated Care Systems and Government departments.

The current measures of success for children and young people focus primarily on service access and efficiency. By March 2029, the aim is to:

- reduce acute outpatient appointments for children under the age of 16 by 10%; and
- make substantial progress towards reduction of community waits for children, as part of delivering Medium Term Planning Framework success measures[24].

These measures would make progress towards delivering more care in community settings and improving access to support. However, they cannot demonstrate whether neighbourhood health is improving children's overall health and wellbeing, reducing inequalities or strengthening prevention. They do not measure whether children, young people and families understand how to access support, feel confident engaging with services, or are benefitting from stronger local integration.

If neighbourhood health is to deliver the healthiest ever generation, it must be judged not only by how efficiently services operate, but by whether children's lives are improving.

Chapter 3: The solution? Principles of neighbourhood health

Principle one: Creating true integration within neighbourhoods

Neighbourhood health cannot shift towards prevention without full integration. The Partners within the health system will continue to focus on responding to need in siloes, and face ever increasing demand.

Creating true integration requires:

- **Aligning funding, incentives and accountability around shared outcomes.**

Government should move away from commissioning arrangements, funding and incentives that reward services for acting in siloes, or that reward services based on activities carried out and not on improved outcomes. Government should align funding, incentives and accountability around shared outcomes for children and young people, encouraging health, education, local government and community services to work together towards common goals. This would help shift neighbourhood health away from responding to need in siloes and towards preventing poor outcomes and improving children's wellbeing.

- **Embedding social prescribing as a core neighbourhood function.**

Neighbourhoods should systematically map local assets, trusted services and community networks, enabling children, young people and families to access personalised support and overcome practical, social and cultural barriers to engagement.

Social prescribing has significant potential within neighbourhood health to improve outcomes for children and young people by providing personalised, relationship-based support that connects families to community services and addresses the wider factors affecting health and wellbeing. Barnardo's service evaluation shows that this approach can improve mental wellbeing, school attendance and social connection, while reducing pressure on statutory services through prevention and early intervention[25].

Children, young people, parents and carers would welcome this coordinated approach.

"The other day I heard that above my local shop is a place that does yoga, knit and natter, that does digital literacy and that sort of thing. But I didn't know."

Parent supported by Barnardo's

"It would be good, and maybe this exists but we just don't know, to get more sessions that include things like healthy eating and toothbrushing. It helps when children see other children doing these things. And it helps when a different adult says you have to brush your teeth and here is how."

Parent supported by Barnardo's

To realise the benefits of social prescribing, services should be embedded within neighbourhood health, and government should support future sustainable social prescribing provision through the development of a national strategy for children and young people's social prescribing.

Best practise example: LINK social prescribing

Barnardo's social prescribing link workers provide a service that meets the unique needs of children and young people. Link workers do not simply refer children onward but work alongside them and their families to explore what matters to them, identify relevant community assets, and actively support engagement. This includes addressing practical barriers such as transport, cost, confidence and understanding of services. Crucially, LINK operates across multiple access points, including primary care, schools and community routes, reflecting children's varied entry points into neighbourhood health and aligning with the Neighbourhood Health Framework's emphasis on multi agency, place based access rather than clinical support acting as a gateway to non-clinical help[26].

Evaluation of LINK demonstrates improved mental wellbeing, increased social connection, improved school attendance and reduced loneliness among children and young people. Evidence shows a reduction in repeat GP attendance for non clinical needs, confirming the preventative value of this model for primary care. These outcomes directly support the Neighbourhood Health Frameworks aims regarding prevention, reducing demand on acute services and improving population health[27].

- **Supporting neighbourhoods to develop shared outcomes, priorities and intelligence.**

Neighbourhood health requires a shared understanding of local need, strengths and inequalities. However, many neighbourhoods currently lack the integrated data, analytical capacity, and shared outcome measures across local partners needed to identify priorities, target resources effectively or demonstrate progress. As a result, different organisations often work towards separate objectives, making it difficult to coordinate action around the outcomes that matter most for children and young people.

Neighbourhoods should be supported to identify and bring together data and insight from health, education, local government, Voluntary, Community and Social Enterprise (VCSE) organisations and communities. This should include quantitative data on health and wellbeing, as well as qualitative insight from children, young people and families about what good health means to them, and barriers and facilitators within their neighbourhoods. Together, these sources provide a more complete picture of children's lives, helping neighbourhoods understand both need and opportunity.

A shared approach to outcomes and intelligence would enable neighbourhoods to identify underserved groups, understand local drivers of poor health, target preventative support more effectively and track progress over time. It would also strengthen accountability by providing a consistent basis for decision-making, commissioning and evaluation. Each partner within a neighbourhood should be able to see their role in child health, and how they can contribute towards improved outcomes.

- **Embedding local government, education, VCSE, faith and community organisations within neighbourhood leadership and delivery structures.**

Local government, VCSE, faith and community organisations should play a central role in the design, governance and delivery of neighbourhood health, including participation in Integrated Neighbourhood Teams and Neighbourhood Health Centres. These organisations are often the places where children, young people and families already go for advice, support and connection. Through trusted relationships and a deep understanding of local communities, they are able to identify emerging needs early, understand the wider factors shaping children's health and respond in ways that feel accessible and non-stigmatising.

Their contribution extends far beyond referral into statutory services. Through the provision of universal services, health promotion, prevention and early intervention support, they help children and families stay well, build resilience and address problems before they escalate. As local anchor institutions, they strengthen community connections, reduce demand for higher-cost statutory and clinical services, and create the conditions in which children and young people can thrive.

Best practise example; Smethwick Family Hub

In 2023/24, Barnardo's provided 75 family hubs and centres across England, including our hub in Smethwick.

Family hubs offer a universal service to children, parents and carers from conception onwards. The service supports a shift towards prevention and early intervention in several ways. Services offered by Smethwick family hub include;

- Parent-infant relationship and wellbeing support
- Dad and male carer sessions to support the development of positive relationships
- Mindfulness and wellbeing sessions
- Sessions for healthy communication and speech development, as well as early identification and speech and language support
- Support for healthy development through play-based activities
- School readiness sessions and advice
- SEND support
- Sessions for teenagers
- Early family support[28].

Family Hubs demonstrate the value of bringing support together around the whole family in trusted community settings. By combining universal access with targeted support, they help families build relationships, navigate services and access help before challenges escalate. Neighbourhood health should build on this principle by ensuring that VCSE, faith and community organisations are embedded within neighbourhood delivery as equal partners in prevention, early intervention and health promotion.

- **Commissioning services that promote good health and wellbeing**

Investment decisions should recognise the contribution that children and young people's environments make to their health and wellbeing. Safe and inclusive green spaces, affordable activities, youth provision, family hubs and community assets all contribute to physical health, mental wellbeing, social connection and resilience.

These environments provide opportunities for children and young people to be active, develop relationships, build confidence and access trusted support before problems escalate. They also help reduce loneliness and isolation, strengthen community belonging and create the conditions for healthy development. Investing in these assets is therefore not separate from investing in health; it is an essential component of prevention and a key mechanism through which neighbourhoods can improve outcomes and reduce inequalities.

- **Taking a life-course approach to neighbourhood health.**

Neighbourhoods should support children and young people throughout their development, using integrated approaches to provide continuity of support and reduce cliff edges, particularly during transitions between children's and adult services. Children's needs evolve over time, yet support is often organised around organisational boundaries rather than developmental stages. As a result, children and young people can experience fragmented care, repeated assessments and abrupt changes in support at key moments in their lives.

"You shouldn't age out of support; it's a cliff edge. Some spaces and staff should be dual purpose for adults and young people until you don't need them anymore. Someone should span the gap."

Young person from Barnardo's Health Power Up Group

A life-course approach would ensure that neighbourhood health supports children and families through important transitions, including early childhood, starting school, adolescence and the move into adulthood. By coordinating support across services and maintaining trusted relationships wherever possible, neighbourhoods can improve continuity of care, reduce disengagement and ensure that children and young people continue to receive the support they need as their circumstances and needs change. This is particularly important for young people moving between children's and adult services, where gaps in support can have significant consequences for health, wellbeing and future life chances.

Principle two; designing neighbourhoods around children and young people's needs

Creating meaningful participation in neighbourhood health requires:

- Designing opportunities to participate around children's lives, taking account of accessibility, location, timing, communication methods and the practical barriers that prevent children, young people and families from taking part. Particular attention should be given to engaging groups currently least well served by health services.
- Children and young people's voices should be embedded within neighbourhood health governance structures. Children, young people, parents, carers and representative organisations should have a clear role in setting priorities, shaping service development and determining how success is measured.

Children and young people told us that they often do not feel involved in decisions about their care, that they do not have relationships with professionals, and that their individual strengths are not considered when providing preventative, early intervention or acute health services.

Parents also felt they were not sufficiently involved in their children's care, that they did not know what services were available and if they were right for them, or how to access them. They also described wider barriers to access including a system that feels hostile.

"I am always waiting in a queue for help. Either to make an appointment, or when I arrive at the GP. They will be running late and I have to work."

Parent supported by Barnardo's

"We need a peer support worker or someone with lived experience to help us understand what is being said and to bring us into the conversation"

Young person supported by Barnardo's

"Who is there should depend on individual needs but also on who you have a relationship with and who you trust."

Young person from Barnardo's Health Power Up Group

"The people working in a neighbourhood team should be personalised to their situation. Sometimes you're in a crisis and need a different team to other times when you feel ok but need something else."

Young person from Barnardo's Health Power Up Group

Barnardo's experience as a service provider, and partnering with Integrated Care Boards, shows that services designed with children and young people are more accessible, trusted and effective. Participation improves service relevance, encourages earlier engagement with support and leads to better experiences and outcomes. Children and young people understand what works within their communities and what prevents them from accessing support.

Best practise example; The Children and Young People's Health Equity Collaborative (CHEC)

A partnership between the Institute of Health Equity, Barnardo's, and the Integrated Care Systems in Birmingham and Solihull, Cheshire and Merseyside, and South Yorkshire.

Through CHEC, more than 300 children and young people directly informed the development of a framework for identifying and measuring health inequalities. Their involvement went beyond consultation; they actively shaped how health inequalities were defined and prioritised, as well as the design of local responses. This approach led to stronger engagement, clearer and more relevant priorities, and interventions grounded in lived experience rather than institutional assumptions.

Participating Integrated Care Boards reported that insights from children and young people strengthened their focus on prevention, access, and equity in ways that traditional data alone had not achieved. This demonstrates that embedding children and young people's participation within governance and decision-making structures is both feasible and impactful, and can materially improve how systems identify need, prioritise action, and design neighbourhood health services.

Children and young people told us they want to be involved in shaping neighbourhood health and in decisions affecting their own care within Integrated Neighbourhood Teams (INTs). Doing this effectively requires:

- **Providing space within INTs for children and young people to take part in conversations around managing their care**.
- Ensuring that **the services that are important to children and young people are included within INTs** and that teams flex to their age, needs, and health status. For example, inclusion of relevant education representatives, family hubs, or youth provision.
- **A professional within INTs acting as an advocate**, providing independent support to help them navigate services, understand their options and make their voices heard.

Best practise example; Family Focus

Barnardo's is working in partnership with Modality in 5 medical centres across Birmingham and Smethwick to provide Wellbeing Workers.

Workers provide early practical and emotional support to families with children, tackling the social determinants of health, supporting to navigate and range of services and providing health information and advice.

The service aims to reduce appointment pressure through provision of non-clinical support, prevent repeated healthcare presentations and escalation to statutory services, enhance continuity of care, strengthen links to community and education services and improve outcomes for children and their wider families.

A mother of three was referred to Barnardo's Family Focus service by her GP following a move into temporary accommodation after experiencing domestic abuse. The family had been placed an hour away from their community and the children's school, creating significant challenges including long daily travel times, social isolation, financial hardship and deteriorating physical and mental wellbeing. Language barriers also made it difficult for the family to access support and navigate services.

Working from the GP practice, a Barnardo's Family Wellbeing Worker provided practical, personalised support that addressed the wider factors affecting the family's health and wellbeing. This included advocacy with the local authority regarding housing, support to access financial assistance, signposting to ESOL provision and community organisations, help navigating welfare and employment requirements, and connecting the family to local family hub services. By working across health, local government and community services, the Family Focus model helped coordinate support around the family's needs rather than requiring the family to navigate multiple systems independently.

Within a month, the family had been moved to temporary accommodation closer to their children's school and wider support networks. The parent reported improved confidence, greater awareness of local services and stronger connections within her community. The case demonstrates how neighbourhood-based, non-clinical support can address the social determinants of health, reduce barriers to access and improve wellbeing by integrating support around the whole family.

Principle three: Prevention and equity at the heart of outcome measures

Children and young people told us that progress towards the healthiest ever generation means more than improving the efficiency of NHS services. They suggested measures that support prevention and early intervention as well as wider outcomes.

"For me, the healthiest ever generation would mean increased confidence in accessing services."

Young person from Barnardo's Health Power Up Group

"Knowing where to go, what to do when you get there, what to say at reception. Then I'd feel comfortable."

Young person supported by Barnardo's

"Measuring involvement in clubs and community activities. That is neighbourhood health for me."

Young person from Barnardo's Health Power Up Group

"Health literacy should be a measure. We need guides for how to adult. Otherwise, they just think when you get to a certain age you know exactly what to do."

Young person from Barnardo's Health Power Up Group

Measures describing the healthiest ever generation provide a foundation from which national, regional and neighbourhood delivery can be focused[29].

The Action Plan should set out:

- what improvements in children and young people's health, wellbeing and equity the government aims to achieve;
- how different departments will contribute to delivering those outcomes; and
- how neighbourhood health is expected to drive progress locally.

The work of the Children and Young People's Health Equity Collaborative demonstrates the value of clearly defined shared outcomes in driving meaningful change. Where local systems agree common goals related to children's health equity, supported by robust and relevant metrics, they are better able to commission targeted interventions, align partners and track progress over time. In these contexts, children and young people reported feeling better understood, services saw stronger engagement, and outcomes improved.

The Neighbourhood Health Framework's phased implementation (2026–29) creates a narrow window in which children's needs must be embedded. A Child Health Action Plan is crucial to aligning the decisions made during the 2026/27 transition year, particularly around workforce, commissioning with outcomes that will create meaningful change for children and young people. The next few years will determine whether neighbourhood health improves outcomes for children or entrenches existing gaps.

Recommendation

Barnardo's is calling for a Child Health Action Plan that establishes a clear set of outcomes for the healthiest ever generation and links to existing measures for services including those in the Local Outcomes Framework and development of a Modern Service Framework for children and young people.

Solution four; Measuring What Matters

Neighbourhood health should be accountable for improving children's lives, not simply changing patterns of service use. Government should establish a shared vision for the healthiest ever generation, supported by meaningful measures of children's health, wellbeing and equity. Without these steps, local leaders will not have the resource, vision, or focused priorities required to establish integrated working. Neighbourhoods should be judged by whether more children are healthy, happy, connected and able to access support when they need it.

Barnardo's has identified four outcome domains based on what children and young people told us matters to them, alongside measures that will demonstrate progress on prevention, inequality, and the wider determinants of health. These domains are intended as a starting point for a national outcomes framework, demonstrating an actionable vision for the healthiest ever generation of children.

The proposed framework adopts a whole-system approach. This requires a balanced set of measures spanning individual, service, and population-level outcomes, alongside a clear focus on the social determinants that shape children's health and drive health inequalities.

Some of the measures below are already collected through national datasets and existing frameworks. Others are less developed and will require further testing and refinement.

A future Child Health Action Plan should bring together relevant existing measures from across government departments and strategies, create new indicators in line with those outlined above, and establish a shared framework for measuring progress towards the healthiest ever generation. The domains below illustrate the breadth of outcomes that neighbourhood health should ultimately help to deliver, as well as aligning with what the healthiest ever generation means to children and young people.

Healthy Children	Confident and empowered children	Connected children and communities	Reduced inequalities
Emotional wellbeing delivered through a national wellbeing measurement programme[30]. Children at a healthy weight taken as part of the National Child Measurement Programme[31]. Oral health and incidence of preventable hospital admission for tooth decay[32]. School readiness[33].	Health literacy and ability to access health information[34]. Confidence accessing services[35]. Awareness of support available locally and loneliness[36]. Digital inclusion[37].	Participation in community activities[38]. Levels of social connection and belonging[39]. School attendance[40]. Access to safe places to play, socialise and be active[41].	Narrowing gaps in health outcomes between communities. Reduction in deprivation-related health inequalities. Improved access to and experience of services for underserved populations.

Accountability for Outcomes

Neighbourhood health should be accountable not only for changing where care is delivered, but for improving children's lives.

Shared outcomes would help neighbourhoods align partners around common goals, support more effective commissioning decisions, strengthen prevention and provide a consistent way to assess progress towards the healthiest ever generation.

The success of neighbourhood health should ultimately be judged not by activity or organisational change, but by whether more children are healthy, thriving, connected and able to access support when they need it. This will set them up to reach their full potential into adulthood.

Fit with a Modern Service Framework

A Modern Service Framework for Children and Young People should complement both the Child Health Action Plan and the Neighbourhood Health Framework.

The Child Health Action Plan should define the outcomes Government wishes to achieve, and Neighbourhood Health should provide the mechanism for local delivery, the Modern Service Framework should establish the standards, experiences and service models that children and young people should expect wherever they live.

Together, these reforms would create a coherent approach to improving children's health: clear outcomes, high-quality services and integrated local delivery.

Chapter 4: Summary of recommendations

Barnardo's calls on Government to

1. Publish a Child Health Action Plan

- Defining the healthiest ever generation.
- Aligning with the Modern Service Framework.
- Establishing national outcomes.
- Align ICB and neighbourhoods funding and incentives to the Plan.
- Align accountability mechanisms with child health outcomes.

Implement Barnardo's principles of neighbourhood health by:

2. Create true integration within neighbourhoods

- Embed social prescribing as a core function of neighbourhoods.
- Develop shared outcomes, priorities and intelligence.
- Embed local government, education, VCSE, faith and community organisations within neighbourhood leadership and delivery structures.
- Commission services that promote childrens health and wellbeing
- Take a life course approach to neighbourhood health that supports improved transition from child to adult services.

3. Make prevention the core purpose of neighbourhood health

- Provide space within INTs for children and young people to take part in conversations around managing their care.
- Ensure that the services that are important to children and young people are included within INTs and that teams flex to their age, needs, and health status.
- Create advocacy roles within MDTs to provide support for children and young people and ensure that their voices are heard.

4. Invest in neighbourhood infrastructure

- Use the upcoming NHS Workforce plan to invest in the children and young people's workforce and to shift resource towards prevention and early intervention in communities.
- Provide a consistent minimum service offer for children and young people within neighbourhoods including youth provision, family hubs, mental health support in schools and communities, and social prescribing services.

Neighbourhood health should not be judged by where care is delivered, but by whether children's lives improve. Creating the healthiest ever generation will require neighbourhoods that are designed around children, focused on prevention and accountable for outcomes. The decisions made during implementation will determine whether neighbourhood health becomes a transformational reform for children and young people or simply another reorganisation of services.

Annex one
Methodology: gathering lived experience

This report draws on qualitative evidence gathered from children and young people, parents and carers, and practitioners with experience of neighbourhood-based services.

Between January and July 2026, Barnardo's engaged with children and young people through its Health Power Up Group. The group provides children and young people with an interest in health and wellbeing, the opportunity to take part in projects that shape Barnardo's policy and research work. The group met monthly and played a central role in shaping the report. Members helped design questions for wider engagement activities, shared their vision for neighbourhood health services, and contributed to the development and refinement of the report's recommendations.

Insights from the Health Power Up Group informed a wider programme of engagement, which included:

- Two online focus groups with eight children and young people who had experience of Barnardo's services. Participants were drawn from Barnardo's services from across England and included children and young people receiving support through services for those in and leaving care, as well as those accessing mental health support.
- In person interviews with six practitioners from three neighbourhood- services based in Barnardo's family hubs. The practitioners represented frontline roles across three services providing universal early family support, promoting good health, and offering early health and wellbeing interventions.
- Six in-person engagement sessions with 28 parents and carers across three family hubs based in Birmingham and Solihull. Family hubs were selected because of their established role within local neighbourhood systems and their work with families experiencing a range of complex needs, including those living in temporary accommodation.

Data were captured through facilitator notes, written records, participants worksheets, and reflective observations. The evidence was analysed thematically to identify common experiences, priorities and challenges across participant groups. Findings from the different engagement activities were compared and triangulated, informing both the analysis and the report's recommendations.

Participation was geographically concentrated in Birmingham and Solihull and skewed towards children and young people aged under 5, as well as those aged fourteen and upwards. Participants were recruited through existing Barnardo's services and networks, which may have influenced the range of perspectives captured. As a result, the findings may not fully reflect the experiences of children, young people and families who are not engaged with services or who face barriers to accessing support.

The findings of this report are based on qualitative evidence and are intended to offer a detailed understanding of participants' experiences, priorities and challenges. The evidence reflects the perspectives of those who participated in the engagement activities and is not intended to provide findings that are representative of wider populations.

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At Barnardo's, our purpose is clear – changing childhoods and changing lives, so that children, young people, and families are safe, happy, healthy, and hopeful.

Last year, we provided essential support to over 350,000 children, young people, parents and carers through more than 650 services and partnerships across the UK. For over 150 years, we've been here for the 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.

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Names have been changed to protect identities.

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