



QUALITY ACCOUNT 2025/2026



Changing childhoods. Changing lives.



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INTRODUCTION

For more than 150 years, Barnardo's has worked alongside children, young people, parents, and carers to ensure they receive the care, support, and opportunities they need to thrive. Each year, we support over 350,000 children and families across all four nations of the United Kingdom, delivering services that respond to need early, reduce inequalities, and strengthen families and communities. Our work includes one-to-one support for children in care and those on the edge of care, services for foster and adoptive families and care leavers, Children's Centres and Family Hubs, and school-based programme that promote mental health and emotional wellbeing.

This year's Quality Account is published at a pivotal moment for health and care. The NHS 10 Year Health Plan sets out a clear national ambition to shift care away from hospitals and into communities, with neighbourhood health positioned as a cornerstone of this transformation. This direction reflects a growing consensus that outcomes, experience and equity are best improved when services are designed around people's lived realities, delivered closer to home, and focused on prevention and early intervention.

Barnardo's services are confidently aligned with this direction of travel. Our Children's Centres, Family Hubs, and community-based programmes already operate at neighbourhood level, providing accessible support from pregnancy through adolescence. Our work with care experienced children and young people, those facing mental health challenges, and families affected by poverty and inequality demonstrates the value of trusted, locally delivered services that are integrated with wider health, education, and social care pathways.

This Quality Account reinforces our commitment to embedding quality, safety, and inclusion across all our services in this changing landscape. It fulfils our responsibilities as an NHS-funded provider and provides transparent assurance on the quality, safety, and effectiveness of the services we deliver. We are focused on listening to children, young people, and families, learning from their experiences, and using that insight to drive continuous improvement. Our approach to quality is not limited to compliance and performance, we focus on creating systems and cultures that are equitable, trauma-informed, and responsive, and that genuinely work for those who rely on them.

As the health and care system moves towards neighbourhood-based models and care closer to home, Barnardo's remains committed to playing an active, collaborative role. We will continue to work with partners to ensure children, young people and their families have access to the right support, in the right place, at the right time, so that every child and young person has the strongest possible foundations for their future.

Changing Childhoods. Changing Lives.

Our Strategy 2024–2027 sets out our ambition and purpose to 'change childhoods and change lives'. At its heart is a commitment to work with children, young people, and their families and carers, placing them at the centre of everything we do so they can live safer, happier, healthier, and more hopeful lives.

Barnardo's has set out specific priority areas for action, as shown in the diagram below. We are committed to driving positive change for the following groups:

Barnardo's Strategy 2024–2027



To support these groups of children and young people, we have established three strategic goals that shape how we work with them to be safer, happier, healthier, and more hopeful:



Our Theory of Change

Our theory of change is grounded in Barnardo's Strategy 2024–27, demonstrating clear alignment with our ambition to address the challenges faced by children and young people that can limit their ability to grow up in safe, nurturing environments and achieve positive outcomes into adulthood.

These outcome domains describe the changes we seek to achieve. All of Barnardo's work is focused on improving outcomes for children and young people:

Barnardo's Theory of Change

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

MORE HOPEFUL

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

What is a Quality Account?

The Quality Account is a statutory annual report required of NHS healthcare providers in England. While this requirement applies only to England, Barnardo's has chosen to reflect our work across all four nations of the United Kingdom within our Quality Account. This reflects our pride in the quality, impact, and consistency of our health and social care services, and our commitment to transparency and continuous improvement wherever we work.

This Quality Account sets out how we deliver, monitor, and continuously improve safe, effective, high-quality, and inclusive care for children, young people, and their families. It provides assurance to children, young people, families and carers, commissioners, partners, regulators, and communities, and demonstrates how quality is embedded within our everyday practice, leadership, and governance across the UK.

The report brings together learning from performance data, ongoing quality improvement activity, incident data, audit, inspection activity, and lived-experience feedback, ensuring that the voices of children, young people, families, and stakeholders actively shape service evaluation and development. It enables us to celebrate progress, reflect honestly on our impact, and identify where further focus is needed to strengthen outcomes and reduce inequalities.

The following section sets out our key quality priorities for the year ahead, highlighting where we will focus our improvement efforts to continue delivering inclusive, high-quality care and support across all four nations

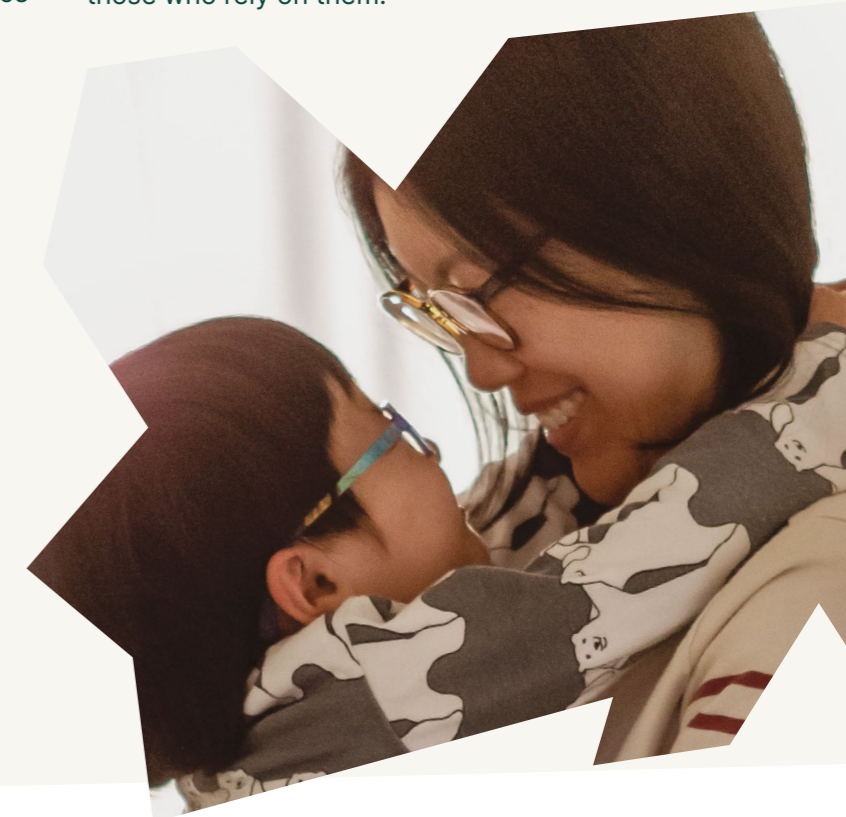
Statement from the Executive Director

Barnardo's is the UK's leading children's charity, working alongside children, young people and families to change childhoods and change minds. Since launching our Strategy 2024–27, we have been clear in our ambition: to ensure that everything we do helps children and young people to be safer, happier, healthier and more hopeful. Central to this ambition is our commitment to working with children and young people, recognising them as partners in shaping the services and systems that affect their lives.

This Quality Account details our quality priority progress in health and social care over the past year and outlines our priorities for the year ahead. We remain proud of what has been achieved while recognising the growing and increasingly complex needs of the children, young people and families we serve. Looking ahead to 2026/27, our focus is on building children's services in line with the NHS 10 Year Health Plan, with a particular emphasis on the importance of neighbourhood health to improve accessibility, equity and outcomes.

Neighbourhood health offers opportunities to intervene earlier, reduce escalation and crisis, and address the wider determinants of health, including family stability, education, housing and emotional wellbeing, that influence outcomes across the life course. Stronger collaboration between the NHS, local authorities, schools and the voluntary and community sector have the potential to create more joined-up, responsive systems that support children and families before needs become acute.

Barnardo's will continue to strengthen purposeful integration between services, improving pathways, reducing avoidable variation, inequity and barriers to access, and ensuring the voices of children, young people and families inform both service delivery and system development. As neighbourhood health models continue to develop, Barnardo's sees a critical role for the voluntary sector in bringing trusted relationships, specialist expertise and the voices of children and families into system design and delivery. Our approach to quality moves beyond compliance and performance, focusing on creating systems and cultures that are equitable, trauma-informed and responsive, and that genuinely work for those who rely on them.





Priorities for Quality Improvement

Update on Quality Improvement Priorities for 2025/2026

This section reflects on the progress made with our Quality Improvement Priorities identified within last year's Quality Account. This is followed by our Quality Improvement Priorities for 2026/2027:

1 Review and Development of Health and Social Care Services

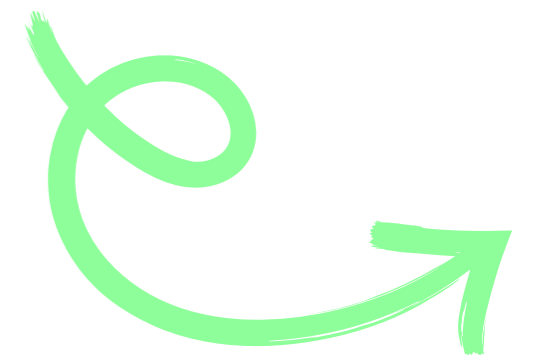
This priority focussed on continued improvement of the quality and effectiveness of our services through systematic review, service development, and evidence-informed innovation.

2 Increase Reach and Accessibility

This priority aimed to expand the reach and accessibility of our services to ensure equitable access and positive outcomes for children, young people, and their families, particularly those who experience health inequalities or barriers to care.

3 Key Frameworks

The embedding of national frameworks into Barnardo's practice was a key priority for Barnardo's during the last year.



1 Review and Development of Health and Social Care Services

3.1.1.1 An organisation-wide review of service design and delivery through an anti-racist lens was undertaken in 2025.

This was progressed through joint working with children and young people, families and colleagues, and resulted in a number of recommendations which included:

- The building of long-term partnerships with community groups and leaders.
- Increased visibility and presence of Barnardo's in schools, religious spaces, and local events.
- Increased commitment and embedding of co-production and feedback loops in service design from African, Asian and Caribbean children, young people, families and communities.
- The strengthened use of demographic and outcome data to inform excellent and inclusive practice.
- Increased language access – expanded provision of interpreters and multilingual, accessible materials to better meet diverse communication needs.

This work informed the development of a dedicated project to implement the recommendations and create a framework for excellent and inclusive children's services, as described in section 3.2.1.

3.1.1.2 Building on Barnardo's Inner Resilience & Development Service, develop a model that is flexible and system-focused and that suits integration into acute settings, with the aim to reduce re-attendance for children and young people at acute settings by 8%.

Barnardo's has developed a scalable, flexible, and system-focused model for the Barnardo's Inner Resilience and Development (BIRD) Service, designed to integrate effectively into acute settings. Independently evaluated by the Centre for Mental Health (CfMH), the service has been shown to reduce re-attendance rates to Emergency Departments, ease pressure on NHS systems and deliver measurable improvements for children, young people, and their families.

3.1.1.3 Development of a Mental Health Support Worker model that sits in the community to support NHS statutory services/waits.

Work to develop a community-based Mental Health Support Worker model, intended to support NHS statutory services and help mitigate waiting times, was paused. This model was derived the BIRD service, and progress was contingent on completion of the BIRD evaluation and associated findings.

In parallel, discussions with Integrated Care Boards (ICBs), NHS England, and NHS colleagues indicated limited appetite for commissioning this model at the time, primarily due to financial constraints. However, Barnardo's is now a delivery partner within the NHS Mental Health and Wellbeing Framework, through which our existing service models are available to support the reduction of NHS mental health waiting lists.

3.1.1.4 Work with MEL (measurement, evaluation, learning) Research and Institute of Health Equity (IHE) to deliver an evaluation of the overall Children and Young People's Health Equity Collaborative (CHEC) programme and its interventions to demonstrate its impact.

The independent evaluation found that the CHEC programme provided a proof of concept for how ICBs, local authorities, voluntary, community and social enterprise (VCSE) organisations, and children and young people can work together to address the social determinants of health. It showed that the CHEC raised the visibility of child health equity, built stronger cross-sector partnerships, and piloted new tools for data and participation.

The intervention evaluations showed positive local impacts. In South Yorkshire, the Friday Fun Club (a safe space for children to improve school engagement and wellbeing) showed improved confidence, self-esteem, emotional regulation, friendships and school engagement among the participants. Early impacts of Tell Me a Story, Liverpool (using storytelling to promote literacy and attachment), included increased engagement, stronger bonds at home and improved early learning experiences.

In Birmingham and Solihull (using social value and corporate social responsibility in procurement to promote child health equity), the ICS partnered with public, private, and VCSE organisations to embed social value and corporate social responsibility into procurement, directing supplier commitments toward child health equity. These enabled community organisations to deliver practical support to disadvantaged families. July 2025 data showed over half of all projects listed on the platform Match My Project (102/200) were directly related to children and young people.

3.1.1.5 Development of an evidence-based tool, alongside comprehensive training, to ensure a consistent and structured approach to risk assessment, formulation and safety planning across all mental health services.

Barnardo's has progressed with the development of an evidence-based risk assessment formulation and safety planning approach for all mental health services. Alongside this is the development of mandated and comprehensive staff training to support colleagues and upskill them in the use of the approach, the context behind it and the national government directions around risk.

Both are being co-developed with children and young people, clinically trained colleagues, colleagues with significant experience of working in mental health, learning and development and safeguarding colleagues.

The new approach will be piloted and evaluated, prior to a larger scale implementation. It will promote a consistent way to risk assess, formulate and safety plan and will enable the charity to understand the greatest clinical risk and the complexities of risk that children and young people experience within our mental health services.

3.1.1.6 Align Barnardo's Signature Programme to neighbourhood health models for children and young people. This will test how Family Support Workers in primary care can be the catalyst for developing a children and young people neighbourhood model.

High numbers of children present to primary care for challenges that require a social, rather than a clinical, solution. Families in the most deprived areas, experiencing multiple disadvantages and health inequalities struggle to access the support they need due to fragmented services, limited resources, and systemic barriers.

Family Focus is a health strategic programme that aims to reduce health inequalities among families with the highest levels of need, by placing family support workers in primary care who pro-actively reach families who have not been able to access the care they need; this helps them to overcome barriers and connect with the right support, at the right time. Family Focus formally started in January 2026 following the successful recruitment of four Family Wellbeing Workers (FWWs) who will be based flexibly across 5 GP practices in Ladywood, Birmingham and Smethwick, Sandwell.

These localities were chosen as delivery sites due to high levels of deprivation and over 90% of families living in Core20PLUS5 postcodes. The service will run until July 2028. There are three routes into the service including targeted engagement with families, proactive identification and self-referral. The proactive identification is the use of primary care data to target families who are in highest need of support.



2 Increase Reach and Accessibility

3.1.2.1 Increase the number of children, young people and their families who benefit from the Virtual Family Space programme.

This year we have continued to develop VFS into a more flexible, locally shaped offer that meets families where they are. We secured four new contracts (Croydon LA, Cornwall LA, Coventry & Warwickshire ICB and Moondance/Wales), extending the VFS footprint across four English local authorities and, through the Moondance partnership, all 22 local authorities in Wales. Alongside delivery, we developed new content where families and commissioners told us it was needed: a Ready to Learn / Ready for Reception offer piloted in Croydon and Winter Wellness package including a Healthy Kids, Happy Parents Clinical Panel. We mobilised a new digital platform, moved to a more agile 'As & When' delivery model with seven facilitators and six volunteers supporting delivery, and built strong new strategic relationships with LGA Regional Family Hub Leads, NHSE CYP Regional Leads and Children's Services, opening doors for next year's growth.

In Croydon alone we delivered 38 workshops against a commissioned 36, engaging 327 parents and carers and reaching 82% of our attendance target in just six months. The reach data tells the story we hoped for: 23% of attendees came from neighbourhoods in the most deprived 20% nationally, 80% from neighbourhoods in the most deprived 50% for child income deprivation, and 46% identified as Black, Black British, Caribbean or African, exactly the families that traditional Family Hub provision often struggles to reach. 73% of bookings were for sessions outside normal working hours, showing that virtual delivery is genuinely extending the Family Hub offer beyond the weekday model. And the outcomes are landing: 89% of parents were satisfied overall, 95% would recommend the workshops to others, 87% left with practical ideas for what to do next, and 72% said the workshop would make a positive difference to how they parent in future.

3.1.2.2 Expansion of the 0–5 Early Years offer for parenting workshops, to include foster parents and extending the offer to families with children of older ages.

Expansion of the 0 to 5 Early Years offer to include foster parents and families with older children has been carried forward into the year ahead. The original plan was tied to the launch of our new book and pay platform, scheduled for December 2025 but now expected in May 2026, which set the timeline back. More significantly, the success of the Moondance bid and the opportunity to roll VFS out across all 22 local authorities in Wales meant we made a deliberate decision to refocus capacity on delivering at scale across Wales, rather than splitting effort across new audience groups before the Welsh rollout was secure. Moondance has opened up national reach across Wales, including the development of a fully bilingual English and Welsh offer, which is a significant step forward for VFS and for the families we'll be supporting. The foundations laid through Moondance, particularly around co-design, cultural adaptation and outcome measurement, will directly strengthen the offer in 26/27.

3.1.2.3 Enhanced oral health pop up clinic – as part of a three-year strategic plan, phase one is to enable 12 enhanced oral pop-up clinics in year 1 (over a minimum 9-month period), with the proposal that these could be delivered in Wales (Swansea and Newport) pending final decision-making.

Changes were made from the original proposal referenced in Barnardo's Quality Account 2024–25 and the clinics were launched in two Birmingham children's centres as the Healthy Children, Happy Smiles initiative. The clinics started in January 2026 and will run until August 2026 with two clinics (one in each children's centre) per month. The initiative is delivered in partnership with Dentaaid, who provide dental staff and a mobile dental unit for the delivery of dental examinations and treatment for children and their families who are experiencing health inequalities. Families also receive holistic oral health and nutrition messages.

3.1.2.4 The NHS 10-year plan sets out a vision and strategic priorities to support quality improvement efforts across children's services. Barnardo's intends to increase its reach to more children and young people through expansion of our mental health support teams (MHST) offer.

In response to the UK Government's ten-year plan to extend MHSTs to 100% of schools by 2029/30, Barnardo's has undertaken a comprehensive internal review. This included analysis of internal procedures, process and structures. The review focused on aspects that Barnardo's can influence, to ensure our service delivery model remains evidence-based and scalable in anticipation of national expansion.

Three thematic areas were in focus for this review: Clinical and Quality Governance, Finance, and Digital. NHS England (NHSE) has developed an MHST framework to address unwanted variation in MHST Mental Health Service Data Set (MHSDS) activity. By adopting the framework, Barnardo's will be able to clearly demonstrate how we promote a culture of excellence and ongoing development, ensuring our data demonstrates quality improvement and showing how our workforce planning and resource is allocated. This is in addition to Barnardo's internal clinical and quality governance processes; this includes Barnardo's Quality and Clinical Governance Framework (detailed in section 4.1).



3 Key Frameworks

3.1.3.1 Full establishment of the Patient Safety Incident Response Framework (PSIRF).

NHS England introduced the PSIRF in August 2022, replacing the previous Serious Incident Framework (2015). Barnardo's has embedded PSIRF across all health and social care services and has established a PSIRF plan and policy. These have been reviewed and approved by NHS Lancashire and South Cumbria Integrated Care Board (ICB) as the main ICB approver. Patient safety and PSIRF training are being rolled out across the charity to support all colleagues to meet the compliance with the PSIRF principles.

A key principle of the framework is compassionate involvement with patients and the public, ensuring they have a clear voice and a say in how care is provided. In Barnardo's, the voice of children and young people (CYP) has always been central to how we work. We engage fully with children and young people at every opportunity. Therefore, it is natural that Barnardo's reaches out to young people and parents who have been involved with the Charity. Recruitment is in progress for at least four Barnardo's Safety Champion Volunteers.

3.1.3.2 Patient and Carer Race Equality Framework (PCREF) Update:

In March 2025, Barnardo's implemented its first ever PCREF and action plan. The PCREF outlines excellence in practice and has provided Barnardo's with an evidence-based framework for good practice which lays the foundation for the work we are seeking to do as a charity to develop excellent and inclusive children's services.

By complying with the PCREF requirement and incorporating it as part of Barnardo's business as usual planning, we are actively trying to understand and improve on barriers to accessing services, and the outcomes and experiences of children, young people and families from Black and Minoritised Ethnic communities. Through our action plan, we have been able to revise and enhance our EDI training to include the importance of and confidence in data collecting. We have carried out a deep dive into the children and young people we work with, where English

is not their preferred language, identifying what their predominant language is. We have held conversations with the Child Outcome Research Consortium (CORC) to consider how we capture race related feedback within the experience of service questionnaires (ESQs) and internal discussions are now taking place to enhance the ESQ, to gather meaningful data.

We are also considering how we will capture race related feedback regarding the therapeutic alliance between CYP and therapists, doing so through the Session Rating Scale (SRS) as this offers immediate feedback on the session's effectiveness, allowing the therapist to receive real-time feedback about the CYP experience and enabling them to identify and address any issues promptly. We are developing our 26/27 action plan with a focus on greater involvement from children and young people to support local embedding and evaluation and in policy development, as this is currently not standard practice within the Charity.

3.1.3.3 Launch a series of 'learning products' to support Integrated Care Systems (ICSs) to understand their readiness to undertake work similar to CHEC. Furthermore, Barnardo's will work with Institute of Health Equity (IHE) to develop a joint consultancy model of support for ICSs, working with ICS engagement leads to establish a legacy for the Health Equity Champions.

At a joint Barnardo's and King's Fund event, Barnardo's and IHE launched a series of products based on our learning from the CHEC. These consist of:

- An independent evaluation of the programme by MEL Research (and evaluations of the CHEC interventions in each ICS area).
- The 'Born Unequal' summary report with the programme's calls to action
- The Child Health Equity Framework which sets out the drivers of health and wellbeing for children and young people.
- The insights report with feedback from 302 children and young people about what good health means to them, which informed the Child Health Equity Framework.



- The Child Health Equity Monitoring Framework which shows a list of priority indicators mapped to the different domains of the Child Health Equity Framework.
- A Child Health Readiness tool and action plan to support ICBs and other ICS organisations to reflect on their readiness to undertake child health equity work. A Children and Young People's Voice and Influence tool which supports ICBs and other ICS organisations to reflect on how children and young people are involved in decision making.

We are in the process of developing a consultancy offer for ICBs and other ICS organisations, in collaboration with IHE and the Voice and Influence team.

Our Priorities for Quality Improvement

2026/2027

This section sets out our quality improvement priorities for 2026/2027, shaped by continuous improvement activity across the charity's children's services. Our focus remains centred on delivering consistently high-quality, excellent and impactful care across all services.

We continue to align our quality priorities with our Strategy and Theory of Change.

[Our strategy | Barnardo's](#)

[Barnardo's Theory Of Change](#)

3.2.1. Progress the Framework for Excellent and Inclusive Services

A project is underway to build on the work outlined in section 3.1.1.1, guided by a robust delivery plan. It includes a comprehensive data gap analysis to identify where data is missing, incomplete, or inconsistent, and to highlight gaps between current data and what is required for effective decision-making.

The project will develop a framework, to be piloted prior to implementation across the charity. It will provide practical support, clear standards, and meaningful measures to enable services to take this work forward effectively.

The framework will embed intersectionality beyond race, encompassing disability, neurodiversity, care experience, gender identity, poverty, and migration status. It will deliver measurable improvements across the following themes:

- Power imbalances
- Data collection
- Colleague and volunteer support, training, reflective spaces, and supervision

- Partnership working with commissioners and service providers
- Alignment with existing frameworks and initiatives

This work will move activity from design to delivery, with a clear monitoring and evaluation approach to demonstrate impact. The final framework will strengthen consistency across Barnardo's diverse children's services and position the organisation as a sector leader in operationalising equity.

This is a two-year project, with progress to be reported in Barnardo's 2027 Quality Account. The work closely aligns with Barnardo's Theory of Change.

3.2.2. Further strengthen Children and Young People's Voice as a Core Driver of Quality and Safety

This priority builds on the embedding of the Patient Safety Incident Response Framework (PSIRF), the Patient and Carer Race Equality Framework (PCREF), CHEC insights, and co production allegiances. It is supported by Barnardo's Voice and Influence (of Children and Young People) Policy.

The focus for the coming year is to consistently embed the voice of children and young people into:

- Quality improvement cycles
- Safety learning under PSIRF
- Policy development and review
- Principles of neighbourhood health
- Strengthen feedback loops so children and young people see what changed as a result of their input.

This priority reinforces Barnardo's identity as a child- and young person-centred, rights-based organisation and supports continuous improvement by addressing areas of inconsistency in how children and young people's insights inform organisational learning, risk management, and improvement decisions.

"I feel it's important for every young person to have a voice, no matter how big or small. Barnardo's make sure that everyone has a voice... and to make those that feel like they don't have a voice aware that they do!"

Young Person,
Barnardo's has supported

3.2.3. Demonstrate Impact in Neighbourhood Based and Community Health Models

This priority builds on progress achieved through the alignment of Signature Programmes, Children's Centres, Family Hubs, Barnardo's Inner Resilience and Development (BIRD), and the expansion of Mental Health Support Teams (MHSTs), strengthening neighbourhood-based models of health service provision to support the healthiest possible generation of children. This priority directly responds to the NHS 10 Year Plan shift from acute to community-based care, it strengthens Barnardo's position as a delivery partner of choice for local systems and will support evidence for scaling community mental health and family support models.

The focus for the coming year is to evidence Barnardo's contribution within neighbourhood health models for children and young people, particularly regarding:

- Intentional amplification and utilisation of children and young people's voices to define what matters to them and to set service priorities accordingly, from the outset.
- Early intervention and prevention of poor health.
- Integration with primary care, schools, and voluntary sector partners.
- The development of a clear and compelling Barnardo's neighbourhood offer for children and young people, that are aligned with local system priorities and designed to support commissioners in commissioning with confidence.
- Monitoring and evaluation of neighbourhood-based and community health models through the reported experience and outcomes of the children and young people who use them.

3.2.4. Embed High-Quality Supervision, Reflective Practice, and Learning

This priority advances Barnardo's provision of supervision, reflective spaces, and learning spaces that support training commitments.

The focus for the coming year is to:

- Embed high quality supervision, opportunities for reflective practice, and structured learning spaces, including Schwartz Rounds, so they are consistently available across all children's services.
- Through the Children's Services Learning and Development Group, ensure training has strong links with improved practice and outcomes.

This priority will further enrich the connection between workforce wellbeing and quality and safety in children's services.



Key Areas for Assurance



We have established key areas of assurance:

Quality and Clinical Governance Framework

At the beginning of this year, Barnardo's published its Quality and Clinical Governance Framework which brings together quality, safety, effectiveness, and lived experience to drive excellent, inclusive services. The framework is operationalised through an associated plan, and the quarterly Quality and Clinical Governance Group. These developments support Barnardo's strategic aim to deliver high-performing, inclusive, and excellent children's services that generate meaningful impact and better outcomes for children and young people.

The framework sets out Barnardo's structured governance model, defining the core components and systems that ensure safe, effective and high-impact care across all health and social care services. It clarifies Barnardo's governance domains, provides operational definitions, and outlines how the charity can evidence progress through a governance maturity self-assessment.

The framework aligns with national standards and regulatory expectations. By aligning services with local commissioning structures, it strengthens collaboration and supports clear performance monitoring against national frameworks.

Quality and Clinical Governance Plan

The Quality and Clinical Governance Plan operationalises the Quality and Clinical Governance Framework and describes annual aims and objectives from 2026 to 2029, built around three enablers: Intelligence, Inclusion, and Innovation. Intelligence drives evidence-based learning and decisions through integrated quality governance and performance overview. Inclusion reflects Barnardo's commitment to equity, voice, and co-production; and Innovation promotes improvement and creative thinking.

Quality Conversation

The Quality Conversation is a quarterly reporting process that reviews key measures to understand what supports or impacts on Barnardo's delivery of quality services. Robust, timely data is vital for governance, enabling oversight of concerns, strengths, and trends. By assessing performance, experience, and outcomes, it offers insights into service quality, improvement efforts, and decision-making.

Contract Performance Monitoring

Each contract is subject to structured and ongoing performance review with commissioners and local authorities, using established governance and monitoring arrangements that reflect national legislation, regulatory expectations, and devolved commissioning requirements across England, Scotland, Wales, and Northern Ireland. These sessions focus on service delivery, quality, outcomes, and compliance with contractual requirements, as well as progress against any agreed improvement actions. Formal reviews typically take place on a quarterly basis, supported by interim check-ins as required to address emerging issues, risks, or opportunities for service development. This approach ensures continuous oversight, transparency, and collaborative problem-solving.

Inspections

Barnardo's Audit and Assurance team conducts both announced and unannounced inspections of individual services or clusters of services. These inspections are thematically structured to identify patterns, risks, and opportunities for wider organisational learning.

Safeguarding Universe Group

Safeguarding activity occurs across all departments and functions of the Charity and is implemented through a range of teams, roles and groups, all of which are captured within the quarterly Safeguarding Universe Group. The Safeguarding Universe Group supports Barnardo's commitment to high standards of safeguarding practice and to provide assurance to the charity's Risk Committee. This is achieved through oversight, review, and sharing of safeguarding activity across multiple teams, and to identify and improve risk mitigation in key safeguarding areas.

Patient and Carer Race Equality Framework (PCREF)

PCREF has been established and implemented in Barnardo's since March 2025. Please refer to section 3.1.3.2 for Barnardo's progress with its PCREF plan to date.

[Our commitment to the PCREF | Barnardo's](#)

Patient Safety Incident Response Framework (PSIRF)

Barnardo's implemented PSIRF in 2025 with Integrated Care Board (ICB) approval for its PSIRF policy and plan. Please refer to section 3.1.3.1 for Barnardo's progress with PSIRF to date.

[Our commitment to the Patient Safety Incident Response Framework | Barnardo's](#)

Anti-Racism Framework

Barnardo's has committed to anti-racism through a clear set of commitments that describe the collective and individual actions we will take to challenge and address racism wherever it is encountered.

[Our Commitment to Tackling Racism | Barnardo's](#)



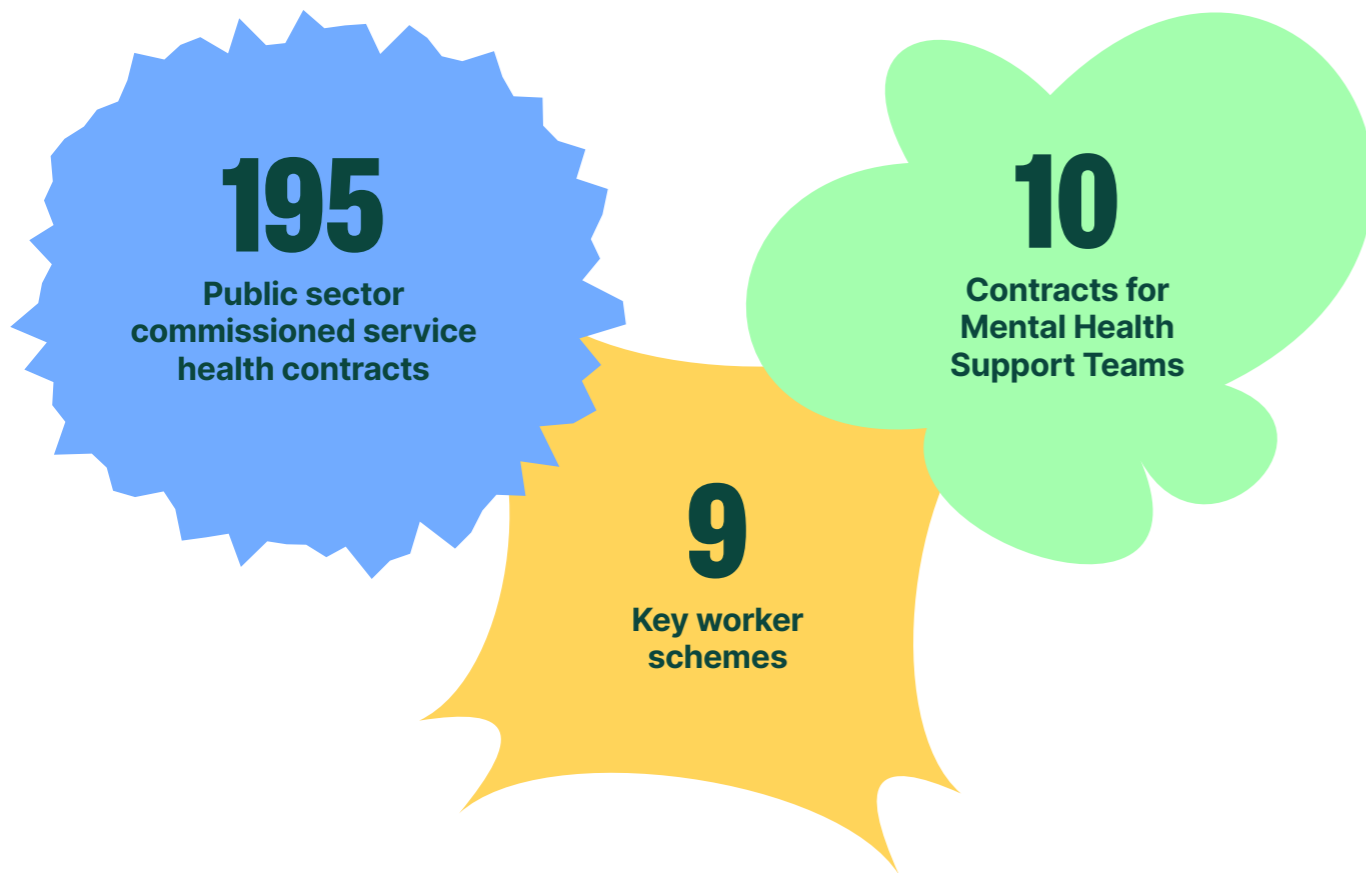
Overview of Barnardo's Health Contracts

Across the whole of 2025/26, Barnardo's had 195 public sector commissioned service health contracts, of which 95 were mental health and wellbeing contracts, 18 integrated child and family health contracts and 4 Sure Start Centres. Barnardo's also had 9 Key worker Schemes as well as 10 contracts for Mental Health Support Teams.

Health Inequalities Approach

Barnardo's is developing a cross-organisational approach to embedding equity for babies, children and young people in all that we do. To support our commitment to drive positive change, our services must be inclusive, accessible, targeted where necessary, and delivered by those who understand the needs of children and young people from all backgrounds. We will bring together our data, insights, learning and practice to understand inequalities and inequities and act on them, wherever we work and whatever our role.

One of the areas of work that will contribute to the process of embedding equity is the adoption of the Marmot principles – eight evidence-based principles focused on addressing health inequalities and improving health equity – to support Barnardo's to become a Marmot organisation. We will work with a small number of services to begin with, to understand how they work to the principles in practice and use them as a guide to enhance our work.



Review of Quality Performance

- Safety

Inspections of Regulated Services

This section outlines inspection outcomes and activity across the regulated services during 2025–26.

Barnardo's currently has 84 Regulated services, with four services pending registration, across 5 individual regulators with their associated frameworks; for example, Ofsted have 4 separate frameworks for inspection of Early Years, Social Care, Education services and Supported accommodation/ Lodgings 16+.

There have been 10 inspections during 2025–26, with 5 of these being from Ofsted (Early Years, Social Care and Education frameworks), 4 services inspected by the Care Inspectorate Scotland (CIS) and 1 service inspected by Care

Inspectorate Wales (CIW) Of these inspections, 1 service received an 'Outstanding' rating, 2 services received a 'Very Good' rating, 4 services received a 'Good', 1 received an 'Adequate' rating, and 1 service received a "Requires Improvement" rating. Following the "Requires Improvement" judgements, Ofsted will complete an Assurance Inspection within 6 months. The further Assurance Inspection visit will assess the progress made in addressing the requirements since the last inspection. 1 service rating remains outstanding – this inspection took place is March 2026.

All services inspected this year have action/ improvement plans in place to support compliance with the recommendations and continuous improvement.

External Regulatory body	Service type	Number of services inspected	Inspection outcomes
Ofsted Early Years (EIF)	Early Years	2	2 services November 24 = Requires Improvement February 25 = Good
Ofsted Family Placement (SCIF)	Adoption	1	1 service January 26 = Outstanding
Ofsted Education	School	1	1 service November 24 = Good
Ofsted Social Care	Residential	1	4 services March 26 = Good Dec 24 = Good Feb 25 = Good Feb 25 = Good 1 service July 24 = Requires Improvement
Care Inspectorate Scotland	Support Service	2	1 service August 24 = Good 1 service November 24 = Good
Care Inspectorate Scotland	Fostering and Continuing Care	2	Both services December 2025. 1 rated Adequate and 1 rated Good
Care Inspectorate Wales	Fostering and Adoption Service	1	Rating and report pending at time of writing



Key inspection themes that have informed our improvement plans

Strengths	Recommendations
CYP benefit from detailed but concise individual support plans which promote wellbeing and development	Development plan in place to further develop CYP's participation and involvement in the service and their own care planning
There are positive, warm, respectful relationships between CYP and colleagues	Staff challenges being addressed to mitigate impact on service capacity and effectiveness
The voices of CYP are valued and their wishes and needs identified	A consistent approach to training arrangements/ opportunities to learn

Information Governance

All NHS-funded health and social care services delivered by Barnardo's complete an annual Data Protection Combined Assessment (DPCA), which aligns with the requirements of the Data Security and Protection Toolkit (DSPT). Barnardo's is fully compliant with the DSPT, achieving a status of 'Standards Exceeded', supported by our attainment of Cyber Essentials Plus certification. This status is publicly confirmed on the NHS England (NHSE) website.

In 2025/2026, Barnardo's recorded 260 data breaches. Most were isolated, low-risk incidents. We take every breach seriously and use the learning from each incident to strengthen our approach to data protection. Through ongoing training, process improvements, and refined data handling practices, we continue to uphold high standards.

Learning from Adverse Events

Learning from adverse events is shared across services on a local and national level. All incidents are reported onto Barnardo's Safety Online Reporting Tool (SORT). The questions in the tool correspond with Learning from Patient Safety Events (LFPSE) questions. Barnardo's NHS services continue to use the reporting systems and functions such as Datix to record patient safety incidents directly into the LFPSE via the following link. For our other services, where there are no existing arrangements to use partner systems, all health services in England are supported to establish a secure login so that incidents and events can be recorded directly into the LFPSE data base.

Serious Safeguarding Incidents (SSIs) are investigated locally with support and guidance from the Safeguarding Team and in line with the Patient Safety Incident Response Framework (PSIRF) using System Engineering in Patient Safety (SEIPS). Each region has a safeguarding lead who disseminate any learning from reviews. Barnardo's has a serious incident de-briefing service to support children's services colleagues.



Review of Quality Performance - Service Effectiveness

Policies and Guidance

During the last year, the Health, Quality and Inclusion team have led on the quality assurance and review of health and medicines related policies. This has been undertaken in line with national health legislation and has represented all four nations of the UK in both their unique and corresponding legislative, policy, and delivery frameworks.

The Standard NHS Contract

The NHS Contract is used across England for the commissioning of healthcare services and sets out the expectations, standards and obligations that providers meet when delivering NHS-funded care. Barnardo's delivers 51 contracts underpinned by NHSE Terms & Conditions. Barnardo's is fully compliant with the NHS Contract, and this is essential for ensuring the quality, safety, and equity of services.



Engagement with Children and Young People

Barnardo's Voice and Influence Approach and Framework

Barnardo's Voice and Lived Experience approach (2024–2027) sets out how the charity listens to, amplifies, and acts on the lived experiences of children and young people across all areas of our work. Placing the voices of children and young people at the centre of decision-making to achieve meaningful and lasting change in their lives has been fundamental to Barnardo's mission throughout its history.

[V&I Approach and Framework 24–27.pdf](#)

NHS Youth Forum

On behalf of NHS England, Barnardo's coordinates and facilitates the NHS Youth Forum (NHS YF). Members of the NHS YF take part in regular monthly consultations with NHS England teams, ensuring their voices are heard and their perspectives inform key health issues. Forum members are also offered a range of engagement opportunities, including participation in projects such as focus groups, content creation, skills-building workshops, and attendance at events.

Regardless of background and lived experiences, this role is for any young person between 11 and 25-years-old who wants to make a change.

NHS Young Researchers

The NHS Young Researchers programme provides children and young people with a structured space to share their feedback, ideas, and perspectives on the changes they would like to see across NHS England and the wider health system. The programme supports young people with opportunities to work on a range of projects in close collaboration with NHS staff and decision-makers, contributing their views through regular discussions and helping to raise awareness of the health issues that matter most to them.

The programme also supports the development of key skills, offering opportunities for young people to collaborate with their peers, advocate for issues that are important to them, undertake public speaking, and build confidence.

This is a 12-month voluntary role delivered primarily online, alongside optional in-person residential opportunities. The programme is open to all young people aged 16 to 25, regardless of background or lived experience, who are motivated to contribute to meaningful change.

The 2025–2026 cohort of Young Researchers focused their research projects on the three shifts within the NHS 10 Year Plan: Analogue to Digital, Shifting Care to the Community, and Sickness to Prevention.

Their research reports are available on this link:

[The NHS Youth Forum | Barnardo's](#)



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