



Children and Young People's Health Equity Collaborative

Children and Young People's Insights Report



Introduction to the Children and Young People's Health Equity Collaborative

Barnardo's believes that good health and wellbeing for children and young people is fundamental to their journey towards a positive future. We know from our work across the UK that there are wide disparities in health outcomes experienced by children depending on their circumstances, and that the basic conditions needed for good health and access to essential services are not guaranteed for many. So, investing in creating sustainable change is vital to the legacy we want to leave for future generations as a charity. It is with this in mind that Barnardo's collaborated with the Institute of Health Equity to develop The Children and Young People's Health Equity Collaborative. This is a programme that aims to improve health equity for children and young people by working in new, innovative ways across the voluntary sector, academic partners, and healthcare systems. The programme is co-ordinated by Barnardo's and UCL's Institute of Health Equity, and works with three Integrated Care System (ICS) sites, who are directly involved in shaping the programme at a local level. These areas are:

- Birmingham and Solihull ICS;
- Cheshire and Merseyside ICS;
- South Yorkshire ICS.

Our three ICS areas were chosen following a selection process of a written expression of interest, introductory interview, and shortlisting interview, a process that ran from August to December 2022. The three ICS areas that were successful in the programme provided exemplary commitment to improving health equity that was demonstrable both at system and ground level, as well as each providing unique strengths that could be shared with other partners across the programme.

Each ICS that was selected was at a different stage of mobilising away from the previous healthcare commissioning model towards the new ICS method of working. This was done

to ensure that the Collaborative programme worked well with both well-established ICSs and ICSs that may still be in their infancy, creating learning that can apply to all ICSs irrespective of where they are on their journey. The selected ICSs also host a unique mix of demographic groups, a mixture of urban areas and rural areas, and a variety of different local government and governance systems, to ensure the pilot is as applicable to as many systems as possible.

The Children and Young People's Health Equity Collaborative operates on three key workstreams, each of which will be delivered by the end of 2025. Each workstream has been devised by Barnardo's and the Institute of Health Equity after consultation with key partners. Each of them have been identified as potential opportunities for partnership working with ICS systems.

These workstreams are as follows:

- The Child Health Equity Framework – describes the social determinants that influence health equity for children and young people, informed by the children and young people's engagement described in this report and consulted on by children and young people themselves;
- Data analysis and collation – work across all five partners to develop a core set of indicators to measure and form an assessment of child health equity incorporating Barnardo's, local authority, and healthcare data to identify priority areas for action on child health equity;
- Intervention in ICS areas – developing a specific pilot programme in each ICS area, based on the findings from the Framework, data workstream, and co-produced with children and young people.

Each workstream builds on the WHO's Social Determinants of Health – recognising that

This report documents the children and young people's engagement exercises that took place as part of the Children and Young People's Health Equity Collaborative from July to August 2023.

The purpose of the engagement work was to understand key social factors that children and young people themselves identify as being important to their health and wellbeing, to ensure that children and young people's voices are at the heart of the Health Equity Framework, as well as the Collaborative's work going forward.

Resources used to guide workshop participation included in this report were developed by the Barnardo's Voice and Influence team, and adapted for delivery by voluntary sector organisations. These voluntary organisations included (but were not limited to) Birmingham Voluntary Sector Council, CHILYPEP (Children and Young People's Empowerment Project), and Youth Focus North West.

This report provides an introductory background to the Children and Young People's Health Equity Collaborative, an exploration of the methodology of the sessions, and an in-depth look at the findings from children and young people in each ICS area.

addressing the social determinants of health appropriately is fundamental for reducing longstanding inequities in health and wellbeing. In 2018, the WHO identified that “action (to tackle social determinants) requires not only equitable access to healthcare but also means working outside the healthcare system (...) to address broader social well-being.” It is with that in mind that Barnardo’s are working with both the Institute of Health Equity and our three partner ICSs to take action across the system to reduce health inequity for children and young people.

An introduction to the Health Equity Framework

The first workstream and output of the programme is the Health Equity Framework, a conceptual framework used to underpin our theoretical understanding of social factors that can impact children and young people’s health, leading to inequitable health and wellbeing outcomes. The first draft of the Framework was primarily drafted by the Institute of Health Equity, using their expertise and understanding from published literature, supported by stakeholders who sit on the Health Equity Board, our key strategic governance Board for the programme. This Framework was then taken to children and young people for their insight and experience, to see if the social determinants that were highlighted as most impactful in the research evidence resonated with children and young people’s lived experience of what was most impactful to their health in their everyday lives. After the lived experience of children was incorporated into the framework, it was ‘road tested’ via consultations with a range of stakeholders across the health and social care ecosystem and members of the Child Health Equity Board. As a result, the engagement work undertaken and explored in this report has been primarily used to influence the Health Equity Framework, but the wealth of insights available will be an invaluable resource to draw upon as the programme continues.

For a more detailed exploration of the Framework, please see <https://www.barnardos.org.uk/health-equity-collaborative>



Purpose of the engagement sessions and workshop planning

A unique strength of the partnership between Barnardo’s and the Institute of Health Equity is the combination of research expertise combined with the expertise in working with children and young people, allowing us to bring the indicators of the Framework to life with the voices of children and young people’s lived experiences. From the very beginning of the Health Equity Collaborative programme, we have wanted to ensure that children and young people’s voice and influence is a key factor in the work, with real decisive influence to shape the programme.

The purpose of the engagement sessions was to identify the drivers that children and young people identified themselves as having an impact on their health and how these correlated to the theoretical drivers of health inequity, as identified in the Framework from the evidence base. The feedback that we received from the engagement sessions has gone on to shape the Health Equity Framework into its current form, highlighting greater emphasis on factors such as community safety and feelings of ‘belonging.’

While the Framework as a standalone document is intended to be used primarily as a reference tool, Barnardo’s Voice and Influence team worked to bring the Framework to life for children and young people through a variety of questions to shape the workshops in each ICS area. A suite of resources were created to support voluntary sector organisations to deliver the workshops with children and young people, and resources were also created to explain the Health Equity Collaborative programme directly to the participants of each workshop.

What do you mean by ‘health’?



Where we live – both the type of building and the place.



The air we breathe – for example if there’s lots of pollution in the air or not.



Our family’s health and background.



What education we have (or our families have) and jobs.



How much money we have to buy things we need.

The key activities that Barnardo’s developed to explore themes of health equity in a way that resonated with children and young people are as follows:

Activity 1: “What does health mean to you?”

- This session explored the idea of health being so much more than going to the doctors or hospital. Health is all around us – it’s what you eat, drink, the air you breathe, the community you live in, your background and genes, the building you live in, your mood – and with these factors in mind, children and young people were invited to suggest their own ideas on what health could mean to them outside of a traditional healthcare model.

Activity 2: “Home, community, and education.”

- The participants were invited to split into three stations around the room – exploring the themes of home, community and education respectively – with each group spending ten minutes on exploring each of the themes.
- For Home, children and young people were asked to describe or draw what a good home looked like to them. They were asked to think about questions such as what a good home looked like, and what it is made of? How does it feel when you’re in it? How does it keep you safe and warm? How does a good home keep you healthy?
- For Community, children and young people were asked to think about how we connect best with other people who live near to us, and what do we need for people to get along in our communities? Is it important to learn about different cultures? How can having a supportive community impact your health?
- For Education, children and young people were asked to think about the importance of a good education, and what good education could look like for children and young people. They were asked questions such as what makes a good environment to learn? What inspires you? How would you like to learn things? What makes you feel safe and excited to explore new things? How can good education impact your health as an adult?

Activity 3: “Hello Alien, I’m me!”

- In this exercise, children and young people were asked to imagine they had met an alien from another planet, with no understanding of Earth society or tradition. They were asked to write or draw how they would introduce themselves to the alien.
- Children and young people were encouraged to explore how they would introduce themselves and think about their own sense of identity. They were asked to use words they liked to describe themselves, including words they liked to use to describe their appearance, their gender, their interests, and their health and wellbeing in their own words.

Activity 4: “Your views.”

- As a proposed activity for the end of the session, children and young people were asked to write their thoughts independently to answer the following questions.
 1. What would you want to change in your life so you could feel happier, healthier and more well?
 2. What dreams and ambitions do you have in your life? – this could be a house you want to live in, job you want, health, hobbies.
 3. What would you change in your life to make your dreams easier to get to?
 4. What matters most to you about your wellbeing?
 5. Is there anything else that we haven’t spoken about today that affects what you need to stay happy, healthy and well?
- These answers could be submitted either identifying the child or young people or anonymously, depending on their preference.

Facilitators of the workshop could choose which of the activities they focused on, depending on how receptive the children and young people were to each of the exercises.

Participation and insights

Throughout the months of June and July 2023, five workshops took place in Birmingham and Solihull, consulting with 152 children in total. Eight workshops took place in Cheshire and Merseyside, consulting with 72 children in total. Seven workshops took place in South Yorkshire, consulting with 78 children in total.

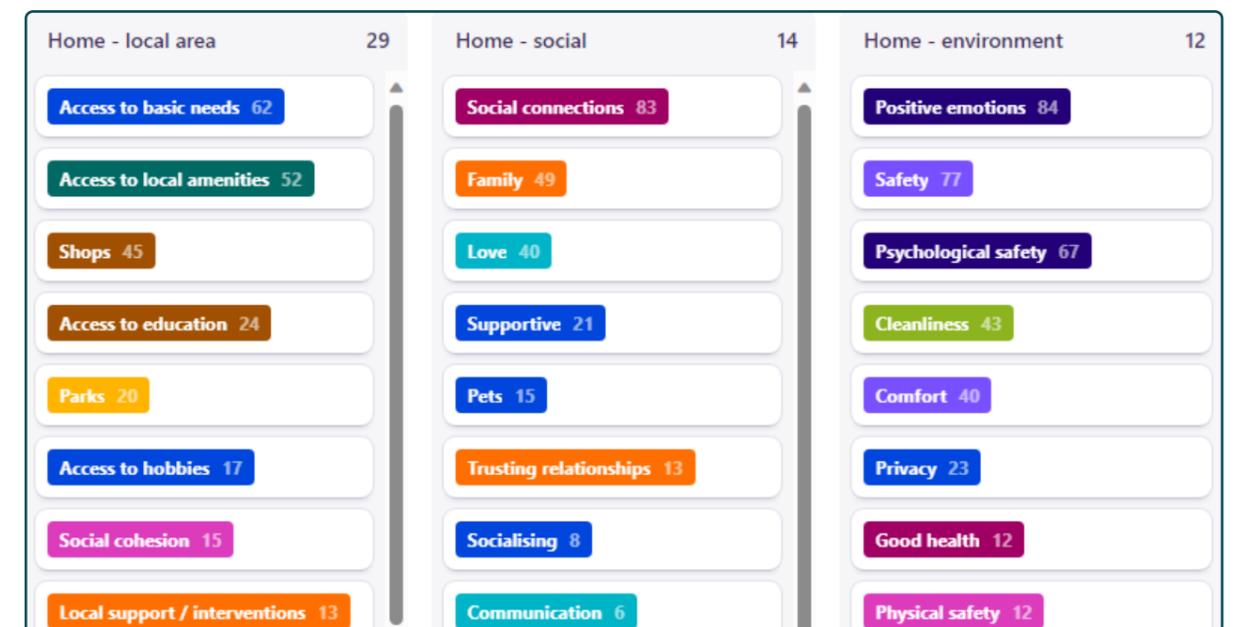
Through these workshops, we consulted with 302 children and young people in total.

Transcripts, notes, photographs and recordings of the sessions were sent to Barnardo’s Voice and Influence Team after the sessions were complete, as well as forms including any demographic information from the children and young people involved in the sessions. The information recorded by the ICSs was then sorted through manually, and each part of the transcript was highlighted with different colours for different topics that emerged. Using data and insights platform Dovetail, these topics could then be grouped into themes, with the most frequent tags being some of the topics that were mentioned most consistently across each of the workshop sessions.

The outcomes from the engagement workshops are summarised below and were specifically

designed to bring voices and influence of children and young people into the Health Equity Collaborative Framework. If the findings are used beyond this original scope, a few caveats should be considered. For example:

- Responses will reflect those areas which the locally organised workshops focused on. Voluntary sector partners within each ICS ran a different number of workshops and could adapt the training materials accordingly. As a result, there may be some areas which remain important but that facilitators did not have the time or scope to cover within the workshops.
- Participants in workshops were mostly between the ages of 11-18, with no participants aged 0-7 years, making findings most relevant to older children and young people.
- Not all underserved communities will have been reached as part of this engagement piece, as this was not initially the intended purpose of the work – this is something that will be strengthened as the programme further develops.



An example of the tagging process in progress.

Outcomes from the engagement sessions

The findings from the engagement sessions can be split into the three themes that were core to the workshop activity; those of home, community, and education. Within each of these are a series of subthemes, based on the tags that appeared most frequently on Dovetail cumulatively across the three ICS regions. These themes account for the issues that were most consistently highlighted by children and young people.

Home

“Home can be a place that is outside of where you rest or sleep – it could be a friend’s house, a youth club or a space where you feel like you have freedom of experience. Some young people don’t always feel safe in the place that is technically classed as their home.”

Youth club member at FireFit Youth and Community Hub

“I think that a healthy home is mostly about the people inside it. It is important to have a place where you can feel comfortable all the time when school sometimes isn’t.”

Youth club member at Cheshire East Youth Club

Throughout the sessions, family life and the importance of a safe and accepting family home was highlighted by children and young people as being essential to their health and wellbeing. They also spoke about the physical features of a home, such as warmth and security, as well as the emotional security of a home. Three key themes emerged from children and young people’s discussions of home.

- Local area and community housing
- Family environment and support
- Quality of housing

Local area and community housing

When asked to describe what a healthy home and local area looks like for children and young people, they spoke about how their local areas could be better equipped to facilitate health behaviours. They spoke about the importance of green spaces near them, especially in urban areas, and about how green space can be good for both physical and emotional health – playing football as an example of the former, and walking the dog as an example of the latter.

A healthy local area, as defined by the children and young people in our engagement sessions, is one that has close access to essential amenities; such as shops, schools, doctors’ surgeries, hospitals, parks, community centres, and youth groups. The importance of public transport links, walkability, and general accessibility of their local area was highlighted as essential to children and young people’s health and wellbeing, particularly when it came to opportunities for travelling to school or applying for and travelling for jobs. The affordability of public transport was identified as a barrier to children and

young people accessing opportunities near to them – unless travel was subsidised by school or local authorities, it was difficult for some children and young people to use it.

Children and young people also spoke about how a healthy local area should be well-lit and have safe paths to walk through at night, with some children reporting that they felt unsafe to walk through their local area at night.

Family environment and support

Home and the family environment was a theme that came up incredibly often throughout the sessions. Children and young people identified that having a loving and supportive family unit was essential to their emotional health and wellbeing, and that not having this in place was something that could have life-long impacts on their health.

Children and young people were clear that support did not have to come solely from parents. Having a trusted adult that children and young people see every day was highlighted as important, whether that was a parent, grandparent, carer, teacher, social worker, or youth worker. Having a constant presence in their life that children felt they could rely on for love and support was essential to children and young people’s health. Having time to connect with these trusted people was something that was important, too – having time for communal activities such as going out together, eating together, and spending time together in the evenings were all important to solidifying that sense of support.

Love was a word that came up very frequently during the engagement sessions; feeling loved is a difficult thing to quantify but it was one of the most valuable supports to health and wellbeing that children and young people identified in their conversations. Having a family who love and support them was essential to children and young people, supportive through being understanding of their mental health and wellbeing, and not putting pressure on children to act or perform a certain way.

Quality of housing and poverty

Children and young people identified the importance of the quality of their housing as important to their health. While they were clear that a healthy home does not have to be a big home, they did say that a healthy home is a safe home that feels well-loved and well looked after.

Lack of essentials such as heating and insulation were identified by children and young people as risks to their health, especially in the winter months. Some described a healthy home as one with a cupboard of food, with several children and young people throughout the sessions speaking about their experiences of food poverty and use of food banks. Children and young people also expressed that having the finances required to maintain a home was essential to their health and wellbeing, through examples such as being able to leave the lights and heating on, as well as being able to afford rent or a mortgage.



Community

“Community (...) is a place where we are all individuals and come together as one team effort. It’s important that different communities come together to understand equality and diversity and create opportunities for new friendships. This is also a space where we can learn from each other, listen to different viewpoints and to us this is what community means.”

Youth group from CHILYPEP Barnsley, explaining what community means to them

Throughout the sessions, communities, be they physical or virtual, were spoken about at length. Community was identified as one of the key social factors influencing health and wellbeing for children and young people, speaking about the importance of its presence, but also its absence, through problems such as social isolation and mental health problems. Three key themes emerged from the sessions with children and young people:

- Community cohesion and connection
- Culture and heritage
- Digital communities and social media

Community cohesion and connection

Throughout the sessions, children and young people spoke about the importance of feeling connected to their local community. It was something that they considered important both to their overall wellbeing, and to their sense of personal identity as well.

Similarly to the theme of local area, physical locations within the community were highlighted as being essential to health and wellbeing. Having safe spaces locally – not just in city centres – to meet, socialise, and play, was very important, with a varied range of options available in an ideal world (such as coffee shops, cinemas, youth groups, and parks.) At an even more local level, children and young people spoke about the importance of knowing their neighbours and working to develop friendships with them, communicating with them in person, and being in regular contact. Children and young people reported that when they are kind to their neighbours and their neighbours are kind to them in return, it boosted their mental wellbeing and made them feel part of a greater whole.

Some children and young people spoke about the importance of looking out for more vulnerable members of the community, such as older people, people living alone, or disabled residents. There was a sense of community being something that should be a supportive environment for everyone in the local area. Some children and young people identified that this could be done through several ways – whether it be supporting other neighbours with gardening, or having a tea or coffee with someone who might be feeling isolated, the children who participated in the workshops were always keen to support the people around them.

Culture and heritage

The workshops included the voices of children and young people from a range of communities and backgrounds, and discussion around the importance of diversity and celebrating diversity was a common theme throughout the sessions. The strength of a variety of communities, particularly in Birmingham and Solihull, was viewed as a hugely positive source of pride for children and young people, and that a flourishing and healthy society was a diverse one.

Children and young people expressed a desire in the sessions to learn more about communities that were different to their own, through celebrating a wider range of holidays from different religions, and from sampling different foods from different countries. Children and young people wanted to hold events to celebrate the cultures in their community, with some children and young people suggesting community barbeques or street fairs as good ways to start conversations around different traditions.

Digital communities and social media

Whilst most of the discussion during the sessions was about the health benefits and social impact of in-person communities, children and young people also spoke about their experience of community online, and what that looks like.

Children and young people spoke about how online communities can provide space for subcultures to develop and thrive, which can support those with a shared hobby or interest to feel more included and feel a sense of positive mental wellbeing from those connections. Children and young people felt that in amongst some adults, there was a perception that social media is something that is exclusively bad, when it can help young people connect with others. Several children and young people cited that social media was essential for them to feel connected to their community, particularly during the periods of lockdown in 2020 and 2021 due to the COVID-19 pandemic.

In the sessions, participants also identified an awareness of aspects of social media that can support unhealthy behaviour, such as promotion of unhealthy body images and content encouraging self-harm. Children and young people in the sessions had a strong online literacy and wanted to avoid these topics wherever possible, instead focusing on ways that social media could benefit their mental health.



Education

“A good school is made up of students and teachers who have no bias (...) whether it be of race, gender, background or anything else. There should be equality, especially in a place meant for children to converse and learn. As a person from a racial minority myself, I have experienced racial inequality from students and teachers. How do you expect people to learn when all they can think of, in a supposedly safe place, is ‘How do I leave here safely?’”

Student at Aston University Engineering Academy and Sixth Form

As somewhere where children and young people spend huge portions of their lives, it's no surprise that education was discussed widely in our engagement sessions with children and young people. A good school experience was identified as a key social factor for a child's current health and wellbeing, but also as a predictor of their future health, as well – identifying the importance of education on attainment in later life. Two key themes emerged from the discussions:

- Content of lessons and teaching quality
- School environment and support

Content of lessons and teaching quality

While children and young people did not speak a great deal about specific subjects of their curriculum, they spoke very clearly about things that they felt were missing from their curriculum at school, especially things that they felt would be useful for them in the future. Children and young people spoke about wanting lessons on more 'practical' life skills, such as budgeting, financial literacy, and cooking, and they also wanted the opportunity for more extra-curricular activities in school.

Teaching quality was important to children and young people as well – having teachers who brought subjects to life and made them fun was something participants spoke about as a real positive.

Most important of all, however, was the social environment within a classroom, and how teachers could directly support in creating a welcoming and supportive environment in which to learn. Children and young people spoke about the importance of feeling listened to by teachers, as well as feeling safe to talk about mental health in the classroom. They also identified that teachers have a key role to play in ensuring that their classrooms are well-managed spaces where bullying of any kind is not tolerated, as they said this has huge impacts on children and young people's health, both today but also on future mental health and wellbeing. Teachers who involve all students, especially those who may feel nervous to speak publicly, were highlighted as being crucial to supporting students and encouraging them to grow in confidence.

Safe, supportive, inclusive schools

Children and young people spoke very clearly about the influence of their school environment on their health and wellbeing. Having a safe space to learn was incredibly important to them – having classrooms that were properly heated, safe and insulated were key, as well as having a safe space to learn without fear of bullying or violence. Several children and young people spoke about fear of and experiences of knife crime in their schools, and said that having a school environment where there is a fear of being harmed was difficult to learn in, impacting both on their mental wellbeing and their academic achievement.

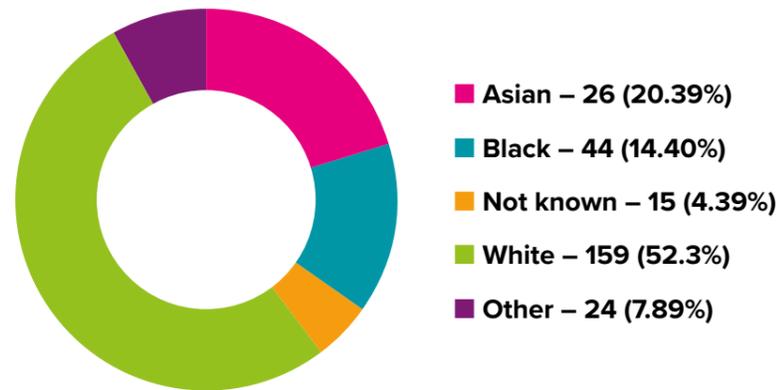
Children and young people spoke about the importance of teachers and staff who go out of their way to promote equality, and who will actively take action against inequality or discrimination. Teachers and pastoral staff who saw each child or young person as an individual were praised by children and young people, identifying that adults who took the time to understand their needs, hopes, life circumstances and ambitions as an individual were some of the most positive influences in their school lives. Teachers who motivate students of all abilities to try their best, support them when they are struggling, and protect them from bullying or discrimination, are key to supporting a pupil's health and wellbeing.



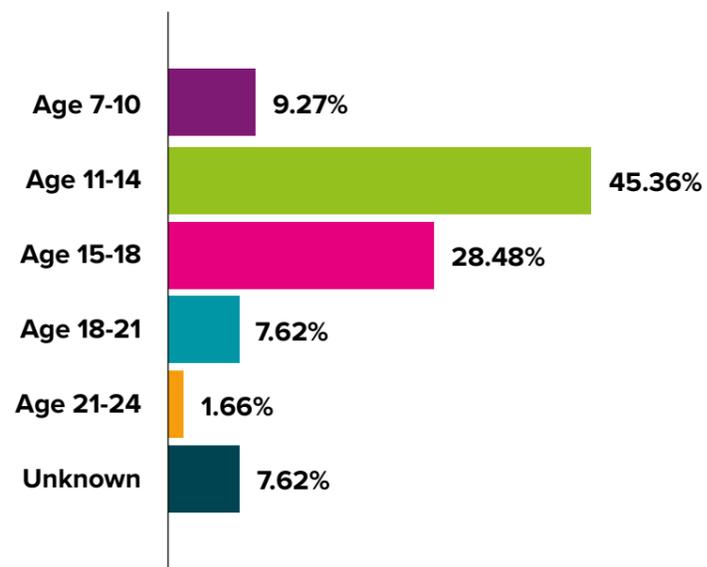
Demographic information

The demographic information that we have available for each session varies based on the amount of information each child and young person wished to disclose as part of the evaluation process. The information provided below is a summary of the demographic data collected as part of the workshops, with the caveat that some fields contain more information than others.

The image below identifies a breakdown of participants by ethnicity. 52.3% of the workshop's participants were from White backgrounds. 14.4% of participants identified themselves as 'Black' children and young people, 20.39% were from Asian communities and 7.8% had their ethnicity recorded as 'Other.' 4.93% of children and young people did not record their ethnicity when participating.



The majority of children and young people who took part in the workshops were between the ages of 11-14, with 45% of participants being from this age group. While the Children and Young People's Health Equity Collaborative is a programme that aims to be inclusive of the voices of children and young people from 0 – 25, no children under the age of 7 participated in this series of engagement sessions. A breakdown of participants in the workshop by age can be seen below.



Children and young people's feedback from Birmingham and Solihull

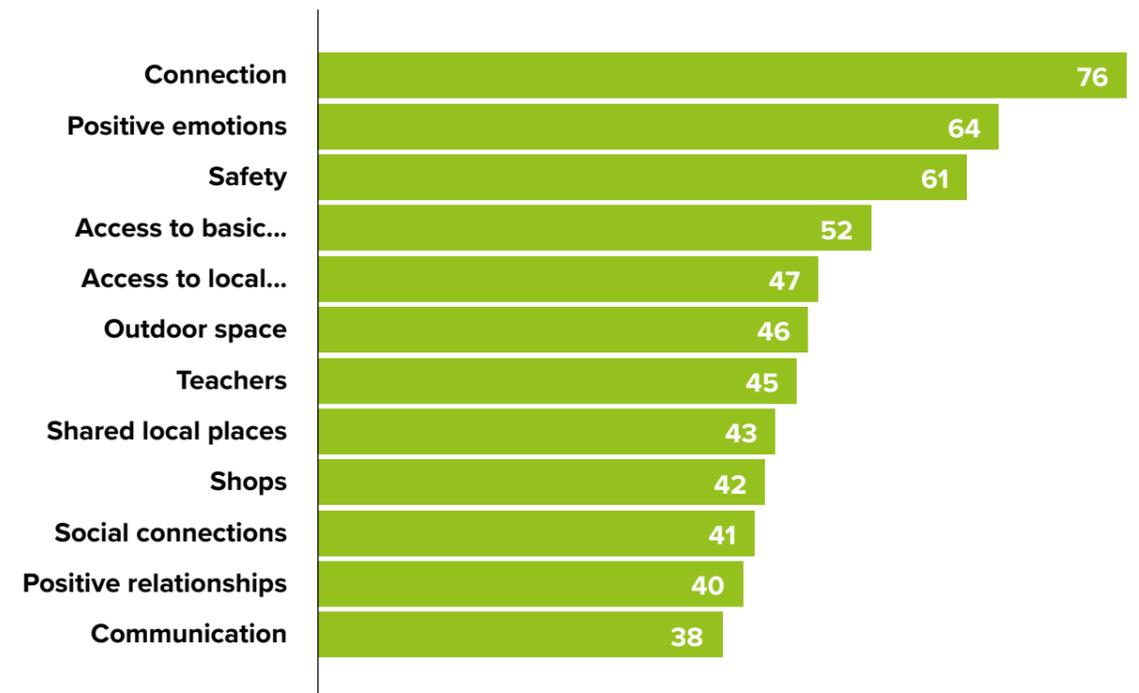
The themes that emerged most prominently as being integral to children and young people's health and wellbeing from the sessions held in Birmingham and Solihull were connection with others, positive emotional health, safety (both physical and emotional safety), access to basic needs, access to local amenities, and outdoor space.

In Birmingham and Solihull, children spoke about the importance of community cohesion and looking out for neighbours on their street. There was a social consciousness about helping people in the community who were less able to look after themselves, such as older members of their community. Sharing community traditions and cultural exchange through food and celebrations were important to children and young people's sense of identity and emotional health.

“As a Muslim, I learn a lot from my neighbours as they are Christians and whenever they come for food, we tend to learn more about their culture as Christians and they learn more about us and more about Islam in general.”

In Birmingham and Solihull...

- We held **5** workshops
- We had **152** children and young people participate
- **57%** of the participants in Birmingham and Solihull were from Asian communities, **23%** of participants were Black, **21%** were White, and **12%** were from other ethnic backgrounds.



Children and young people’s feedback from Cheshire and Merseyside

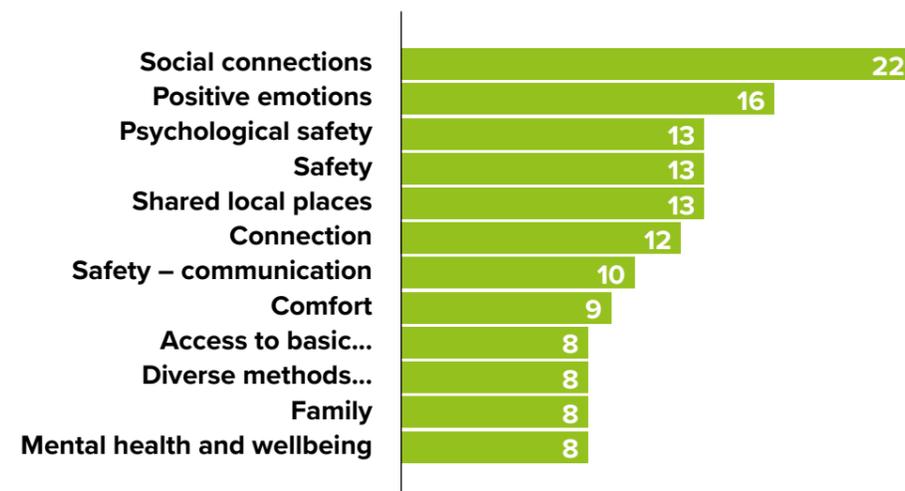
Children and young people from our workshops held in Cheshire and Merseyside cited connection with others and positive emotional health as the two factors they viewed as most important to their overall health. Safety was a focus for children and young people from Cheshire and Merseyside, speaking about various different aspects of it – psychological safety, community safety, and physical safety were all discussed in detail. Participants in some of the Cheshire and Merseyside workshops discussed fear of knife and gun crime in their sessions, fear that has a detrimental impact to a child’s mental health and wellbeing.

Children and young people in Cheshire and Merseyside also spoke about home not being just a physical space. There was discussion around home being a safe space, no matter what that looked like; as long as there was one trusted adult they could confide in with their problems, be that at home, at school, at youth clubs or in their community, they felt a sense of safety and wellbeing that they considered very important to their overall health. Similarly, children spoke about the importance of having a physical space that was theirs, a space where they could close a door and experience privacy and safety. Many children stated that their own space, such as a room of their own, was key to their happiness and wellbeing.

“Home can be a place that is outside of where you rest or sleep – it could be a friend’s house, a youth club or a space where you feel like you have freedom of experience. Some young people don’t always feel safe in the place that is technically classed as their home.”

In Cheshire and Merseyside...

- We held **8** workshops
- We had **72** children and young people participate
- **93%** of participants in Cheshire and Merseyside were White, **3%** were Black, and **3%** were Asian.



Children and young people’s feedback from South Yorkshire

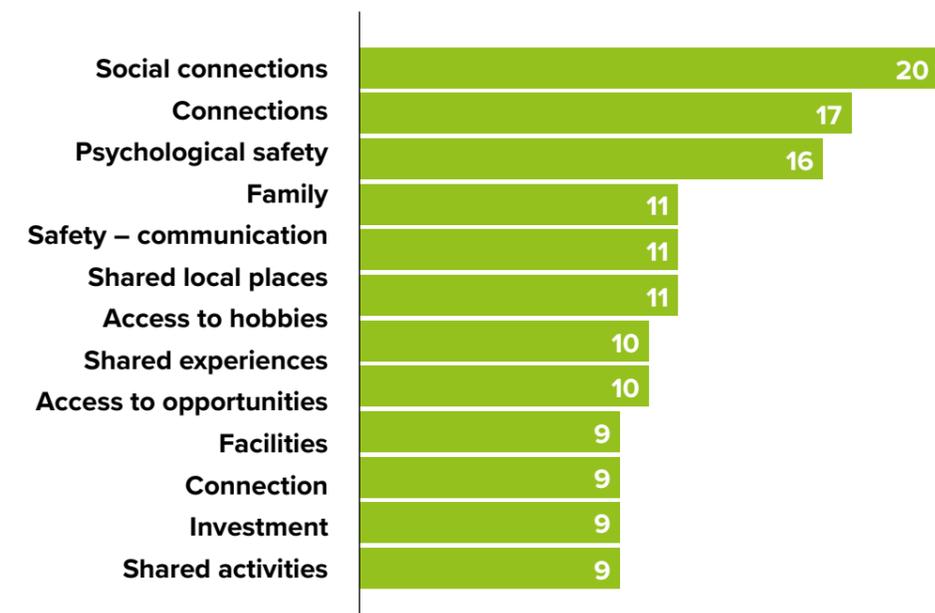
Children and young people in South Yorkshire spoke about the importance of social connection, feelings of psychological safety, safety in the community, and the importance of family relationships. Lots of conversations were held in South Yorkshire about what made a healthy home, looking at the home as something beyond just a physical building. They spoke about the importance of parents, guardians, teachers, or having any other trusted adult in their life that they could trust with their problems as being essential to their mental wellbeing.

Children and young people in South Yorkshire spoke about the essentials of a healthy home, and how essentials such as warmth, light, insulation and having access to food can sometimes feel like luxuries, even though they shouldn’t be. Children and young people in South Yorkshire established a clear relationship between housing and health in their discussions, speaking confidently about the need for affordable housing in affordable areas, as well as access to good local amenities in those areas.

“A good home is an atmosphere where fundamentals such as food, warmth, shelter are present, and not something that feels like a luxury. You should feel comfortable when you are in a good home.”

In South Yorkshire...

- We held **7** workshops
- We had **78** children and young people participate
- **89%** of participants in South Yorkshire were White, **4%** were Asian, **3%** were from other ethnic backgrounds, and **2%** were Black.



Learning from this work

As demonstrated in the Health Equity Framework, the insights gathered from our children and young people's engagement exercises has been integral to shaping the Framework into its final edition. Adding the voices of children and young people to breathe life into the conceptual framework that the Collaborative has produced has enhanced the work greatly, and identified key factors important to children and young people that were not identified in the data.

Feelings of safety and security, both at home and in the community, were some of the themes that emerged most consistently across all the children and young people we spoke to during our engagement exercises. The importance that this issue was given by children and young people was not reflected in the research evidence gathered at first to inform the Framework, and encouraged the Collaborative to rethink the Framework's initial design to give reported feelings of safety and love higher importance. Some of the issues highlighted by children and young people, such as feelings of love and feelings of belonging, are hard to quantify within the format of the Framework. More detail on our process for how we ensured that these factors were demonstrated within our research can be seen in the Child Health Equity Framework.

Throughout our engagement sessions, children and young people have spoken very clearly about some of the key social factors that influence their health and wellbeing. We hope that this learning will be of interest and use to any other Integrated Care Systems, local authorities, or voluntary sector partners who wish to understand the importance of health inequity to children and young people, and who wish to make health and care decisions with the voices of children and young people in mind.





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