The Blueprint for Child Health Equity: The Strongest Start

A new national framework for long-term, preventive, and equitable systems for children in the UK.

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Children North East

A resource created from the outputs of the Population Health Strongest Start Conference held in November 2025 by Centre for Population Health in partnership with Children North East

The Imperative for Action is Now

The Moral Case

More than Double

In England, the mortality rate for infants in the 10% most deprived areas is more than double that of the 10% least deprived areas.

"The health of our children today will determine the health of our population for generations to come."

The Economic Case

£39 Billion

The annual cost of child poverty to the UK economy is an estimated £39 billion. 3 in 10 children (31%) in the UK currently live in poverty.

"The question is: Can we afford NOT to invest in children's health?"

“Why is this mummy having to think about how to get here?”

The Story

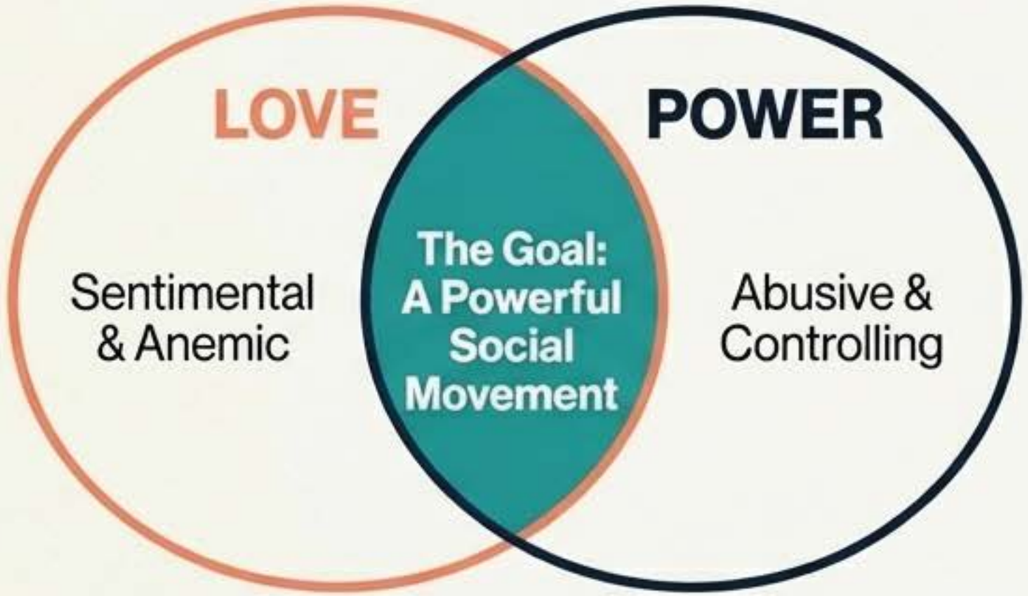
“A child with an aggressive cancer. A mother, dehydrated and rough-looking, who arrives late for a scan because her ride fell through and she couldn’t get a bus. The team’s reaction was ‘she just doesn’t turn up.’ I had to step away to cry in the toilet.”

The Systemic Question

‘Could nobody in these years she's been treated have sussed out where they live and decide maybe she doesn’t get a morning scan? We have some parents who have other kids to look after and the letter says, ‘we cannot have other children on the ward.’ What are they supposed to do?”

Our system is designed without considering the differential needs of children or the lived reality of families, leading to missed appointments, preventable harm, and profound inequity.

Our System's Diagnosis: Power Without Love



Love without power is sentimental and anemic. Power without love is abusive and controlling. – Dr. Andy Knox

Evidence from the Frontline

Information Blindness

A child arrives at school having been through 22 different carers. The school has no knowledge of this profound trauma unless a distrustful parent volunteers it.

The 'Permission' Barrier

We need parental permission to speak with a child's health visitor. For parents with negative experiences of social services, this is often withheld, preventing any multi-agency support.

The system is reactive and ignorant by design. We must move from fragmented silos to universal, proactive support.

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How We Must Work: The Principles of Transformation

To rebuild our systems, we must first change how we relate to each other and the communities we serve. Our work must be guided by five core principles:

BETTER

"Better mental health literacy. Better relationships with food, with screens, and with each other." - George Anibaba

PATIENCE

"We work on cycles that are too short... we have to have a model that allows us to be patient and see results in a generation's time." - Matt

SINCERITY

"Something that is sincere and comes from communities directly to be implemented would be my word." - Conference Attendee

HUMILITY

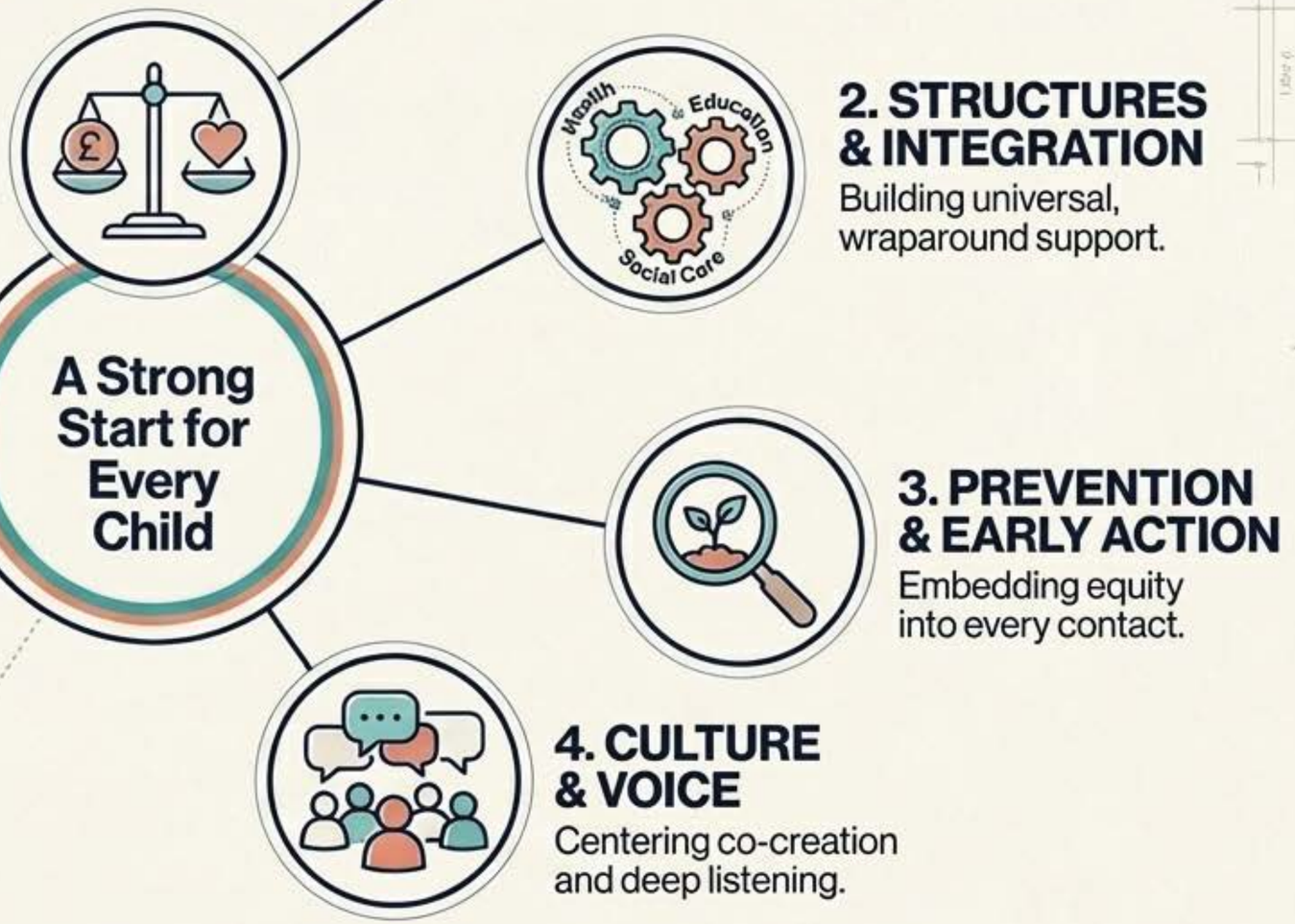
"How will we know if we don't listen? And how will we listen if we're not humble? We can't design interventions if we don't know what problem it is we're trying to fix." - George Anibaba

COMMUNICATION

"How many times in safeguarding meetings have we heard from colleagues and thought, 'I wish I'd known that before'?" – Carol Barwick

The Blueprint: Five Pillars for Systemic Change

Our blueprint translates these principles into five interconnected pillars of action. Together, they form the foundation for a long-term, preventive, and equitable system for every child.



1. FINANCE
Shifting to preventive, multi-year investment.

2. STRUCTURES & INTEGRATION
Building universal, wraparound support.

3. PREVENTION & EARLY ACTION
Embedding equity into every contact.

4. CULTURE & VOICE
Centering co-creation and deep listening.

5. TECHNOLOGY & INNOVATION
Empowering the frontline to solve problems.

1. Finance: From Reactive Budgets to Preventive Investment

The Goal

- Shift from short-term, reactive budgets to multi-year, pooled funding models that prioritize prevention.
- Fund services based on children's differential needs, not just universal formulas.
- Create clear pathways for successful pilots from the voluntary sector to become sustainably funded core services.

Case in Point: The Power of Social Prescribing

A child post-bone marrow transplant was medically ready for discharge but couldn't go home due to dangerous damp and mold. Formal systems were paralyzed.

£150

A social prescriber from 'Ways to Wellness' used a discretionary budget for a professional deep clean.

Led to

£148,000

Saved by the NHS as the child was discharged 9 weeks earlier.

The Systemic Barrier

The response was, "That's great, keep doing that," but with no offer of sustainable funding."

2. Structures & Integration: From Fragmentation to Wraparound Support

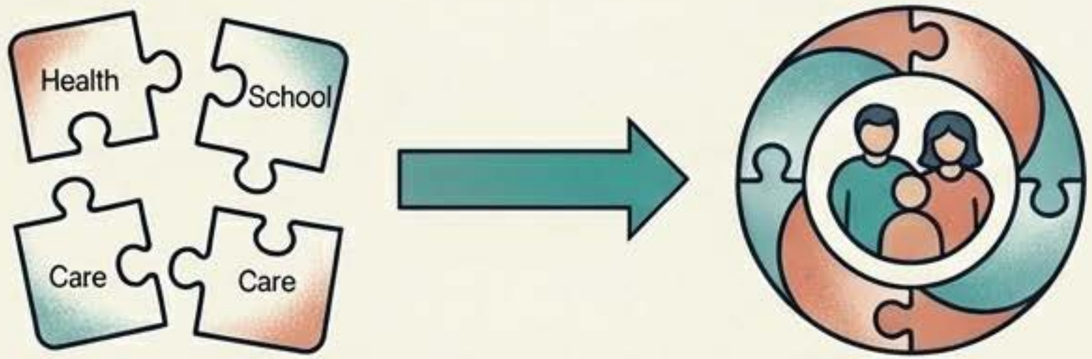
The Goal

- Replace fragmented, punitive systems with a universal, proactive wraparound service for all children.
- Design safe, secure, and automated information flow between health, education, and social care as the default.
- Drive whole-of-government action on the root drivers of inequality: poverty, housing, and education.

Case in Point: The Urgent Need for Universalism

Targeted services like Sure Start, while well-intentioned, can carry a stigma that acts as a barrier to engagement for those who need them most.

A universal offer—accessible to every family regardless of socio-economic status—is the only way to ensure support reaches all children early and without shame.



A seamless continuum of care that shifts the default from fragmentation and 'asking for permission' to holistic, coordinated support.

3. Prevention & Early Action: From Treatment to Upstream Equity

The Goal

- Systematically address the socioeconomic determinants of health in every pathway.
- Transform every acute contact into an opportunity for secondary prevention.
- Build in early, non-judgmental questions about deprivation, childcare, and transport to prevent missed appointments and escalating harm.

Case in Point: Prevention is Everyone's Job

The Mindset Shift

Dr. Maria Clement argues against the idea that prevention is "someone else's job." In the acute sector, it is *secondary* prevention.

""If I see that the child has one or two teeth that are carious, then I need to be asking, 'What are you doing?' That is my moment to start doing something preventive."

Making it Relevant

Frame prevention in terms that matter to
Frame prevention in terms that matter to acute teams: "preventing admis:sting admissions to the emergency department." This makes the agenda important and actionable for them.

4. Culture & Voice: From Tokenism to Authentic Co-Creation

The Goal

- Embed meaningful co-creation with children, young people, and families into the entire process of design, implementation, and review.
- Centre the principles of humility, sincerity, and deep listening in all interactions.
- Improve communication so information on poverty and background is shared to coordinate 'bundled' care, preventing families from repeating their stories.

Case in Point: A Mandate for National Leaders

Youth as Co-Creators: A direct plea from Dr. Yeyenta Osasu & youth representative Lia: Young people must be treated as experts in their own lives and embedded in policy design, not just consulted.

Courage to Listen: Leaders must have the courage to hear and act upon the "inconvenient truths" that young people will share.

Authentic Collaboration: The debate between "Take the badges off" (focus on community trust) and "Wear all your badges" (bring your whole self) shows the need for a nuanced, holistic approach to partnership.

5. Technology & Innovation: From Burden to Empowerment

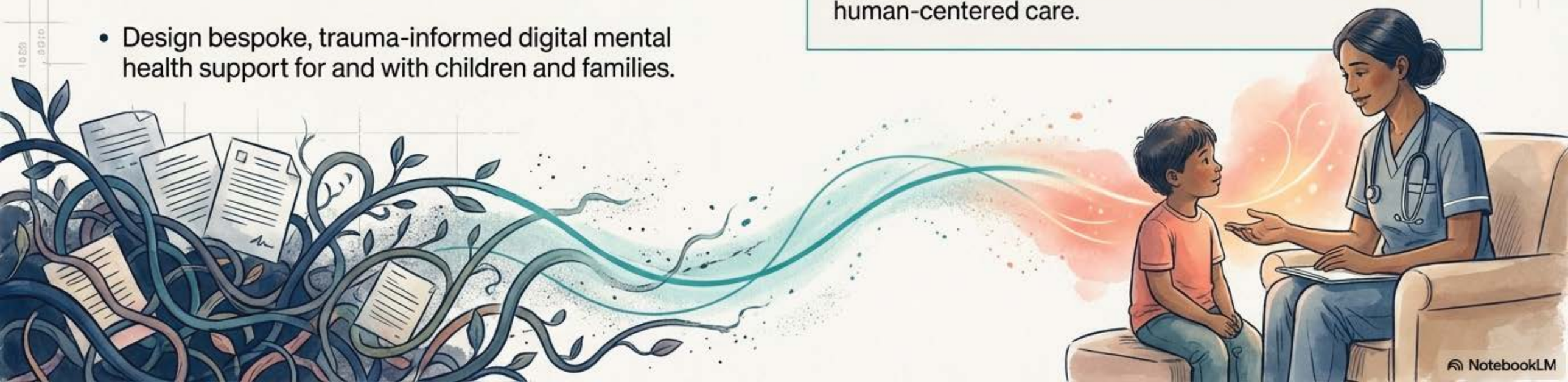
The Goal

- Empower frontline professionals—nurses, teachers, social workers—as 'citizen developers' using low-code AI tools to design their own solutions.
- Use AI to automate administrative burdens (writing notes, summarising reports) to free up time for relationship-building and critical thinking.
- Design bespoke, trauma-informed digital mental health support for and with children and families.

Case in Point: AI as an Enabler of Human Care

"Democratize innovation by putting design tools into the hands of those who have the most intimate knowledge of the challenges." -Lincoln Gombedza

The true potential of AI is not to replace humans but to augment their work, allowing them to spend more time on what truly matters: providing compassionate, human-centered care.



The Work Begins With Our Commitment

The Blueprint for Child Health Equity is activated not by words, but by practical action. At the Strongest Start conference, leaders and community members made their pledges.

A System Leader

Professor Joanne Bosanquet pledged to challenge national leaders on pediatric care delays and lobby the Nursing & Midwifery Council to reform its curriculum to include health inequalities.

A Frontline Clinician

Dr. Helen Estyn Jones pledged to secure a meeting with her hospital's chief executive to make the evidence-backed case to finally fund a vital Epilepsy Nurse for Gateshead.

A Community Member

A *19-year-old attendee* pledged to become more actively involved in her community, determined to make her voice and the voices of her peers heard.

These individuals made their commitment.
What will yours be?

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A Partnership for a Stronger Start

This blueprint is a collaborative effort, instigated and organised by the Centre for Population Health in partnership with Children North East.

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