

BRADFORD INSTITUTE
FOR HEALTH RESEARCH

| MAKING RESEARCH REAL

From inequality to opportunity:

a plan for recovery and growth



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1. Introduction

*“The pestilence is at once blight and revelation;
it brings the hidden truth of a corrupt world to the surface.”*

Albert Camus, The Plague

1. That our district is increasingly blighted by inequality is a familiar, painful truth. By 2019, 14 of Bradford’s 30 wards were in the bottom 10% of the ‘Index of Multiple Deprivation’, an increase from 12 wards in 2015. Inequality has been increasing, even before Covid.
2. What has been revealed through the response to Covid, are the insights from Born in Bradford, helping us to see how ‘vulnerabilities’ intersect, interact and escalate, crossing traditional service and strategic boundaries.
3. Born in Bradford, and the programmes built from that platform – ActEarly, Better Start, the Opportunity Area, Act as One – do more than describe the challenge. They also show how smarter, more efficient ways of working can help us meet the challenges: a focus on place, partnerships spanning services, interventions informed by data and evidence, priorities shaped by people and practitioners.
4. This document sets out a plan for action on inequality. It calls for a collective commitment to act, now, prioritising the most vulnerable communities in the 14 most deprived wards, and to do so according to the principles and approaches demonstrated to be effective by the Born in Bradford team.
5. Those principles and approaches are increasingly recognised nationally, and internationally, as new, exciting, and credible. There is no district better placed than Bradford to demonstrate the potential to transform public service delivery, leading the system. There is, also, arguably, no district where the need for bold, collective leadership and transformation through partnership is more urgent.

2. Born in Bradford: a snapshot of the latest evidence on inequality

6. **Poverty is increasing:** Compared to pre-covid baselines, fewer families are living comfortably (33% to 20%). More families are 'just about getting by' (19% to 27%) or finding it difficult to manage (7% to 11%). 37% of families are worried about the job security of the main earner; 23% are worried about paying the rent; 12% worry about losing their home (eviction/repossession).
7. **Vulnerabilities multiply:** Six percent of respondents reported poor general health. Respondents where the main earner was unemployed or lived in poor quality housing were twice as likely to be in poor health (14%). Families living in private rented accommodation were more likely to live in poor housing conditions (33% report problems of damp, 20% problems with vermin; 14% need major repairs; compared to 25%, 13% and 12% respectively for owner occupiers).
8. **Food security is decreasing:** 23% of respondents reported that food often didn't last and they couldn't afford to buy more; 10% had to skip meals because there wasn't enough money for food.
9. **Physical health behaviours are worsening:** 41% of parents who smoked reported smoking more. 37% of those who drank alcohol were drinking more during lockdown.
10. **Mental ill health is becoming rife:** Two-fifths of respondents have depression or anxiety. This is more common in these families than before the pandemic. The risk of poor mental wellbeing is higher in those struggling financially. Children's most common worry was health anxiety around Covid-19: themselves or their family becoming ill and dying, particularly family members working for the NHS. There was also anxiety about wider society and when the pandemic would end.
11. **Physical activity levels are decreasing:** Only 27% of children met the physical activity guidelines during lockdown. Boys were more likely than girls to meet the guidelines (30% vs 25%). White British children were more likely to meet the guidelines than children from Pakistani heritage (34% vs 22%). 29% of children didn't leave their home to do physical activity during lockdown, especially children of Pakistani heritage (39% versus 18% of white British heritage).
12. **Digital inequalities are limiting access to remote education:** South Asian heritage children were more likely to have had access to computer equipment only some of the time (25%) compared to children from White British (19%) and other ethnic groups (20%). South Asian heritage children were also more likely to only have access to the internet some of the time (14%, compared to 8% of White British) and to books (17% compared to 5% White British children).
13. **Classroom inequalities are increasing:** In a survey conducted across all Bradford schools, teachers expressed concern over the disproportionate effect of Covid-19 on vulnerable children and children with SEND. Key issues included the lack of access to specialist services such as children's social services, Speech and Language Therapy (SALT), and counselling.

3. From inequality to opportunity: understanding inequality and vulnerability

Multiple deprivation

14. The 'Index of Multiple Deprivation' is a national index, bringing together data on education, health and care, employment, housing, crime and other measures. In 2019, 14 of Bradford's wards were listed in the bottom 10% of the IMD. This represents an increase from 12 wards in 2015.
15. This tells us that our most vulnerable children, families and adults are likely to face not one but many challenges in these 14 wards.
16. It also tells us that the scale of the challenge is increasing. Action is required, now, across multiple services and domains, to stop things becoming worse and to help those communities thrive.

Place matters

17. Crucially, the IMD and similar local analyses also tells us where to find those children, families and adults and shows the challenges vary between localities.

Multiplying disadvantage

18. Our Born in Bradford research base shows us how these challenges intersect. Living with one 'vulnerability' increases the likelihood of encountering others, and the impact they have on a person's wellbeing and life chances.
19. The research base is also starting to allow the District to test, learn and demonstrate the application of this knowledge, in tools and processes that can help professionals identify and respond faster to vulnerabilities.

Linked routine health and education data offer a way to improve the pathway to autism assessment. This is hugely important because there is considerable evidence that early identification is associated with better outcomes. Moreover, early diagnosis decreases the pressures placed on schools by undiagnosed autism, reduces pressures on other health clinics, and limits the need for CAMHS to deal with the secondary difficulties created when diagnoses occur later.

In academic year 18/19, a pilot project was trialled across 10 Bradford primary schools to test whether children identified via EYSFP had unrecognised neurodevelopmental disorders such as autism. This data driven approach identified thirty five children appearing to require formal assessment (linked data confirmed that these children were not already within an appropriate health pathway).

The trial tested the hypotheses that a single day visit to each school by a multi-agency team (including CAMHS and Ed Psych) could: (i) improve family contact with mental health services; (ii) enable a formal assessment to be made more quickly; (iii) permit immediate information sharing across health and education services; (iv) allow a support plan for each pupil to be created and shared with clinicians, parents and the school nurse on the same day. The trial was a resounding success with support for all four hypotheses (i.e. families were engaged, assessments were completed, support plans were created and information was shared within a day). The feedback from the schools was entirely positive, and CAMHS reported that insights from teachers improved the assessment process. This approach is now being rolled out across 100 schools.

People matter

20. Born in Bradford shows us the importance and the value of genuine deep community engagement. Community engagement allows us to:
- Gain trust and a mandate to act – never more important than now in ensuring full vaccine take up, and adhering to safe practices; essential because sharing of data between professionals can be the difference between reaching and protecting, or losing vulnerable people
 - Test and improve our understanding of the places and the challenges – data without context can be misleading; interventions based on misleading data will be ineffective. There is no better contextual information than lived experience.

On 10 January 2020, 124 people came together to talk about Holme Wood. The attendees comprised front-line practitioners from community organisations, public service providers, local elected members and policy makers, alongside some of the world's leading data scientists via invitation from The Alan Turing Institute, the UK's national centre for Artificial Intelligence and Data Science. The purpose of the meeting was to address two simple questions:

Can data science improve our collective understanding of a place like Holme Wood?

Can we use data to help the community strengthen and grow by 'acting together'?

There was an incredibly positive answer to both questions. Our attendees' observations and questions generated six action research projects, which we are now taking forward together. Crucially, the lines of enquiry for each project cut across traditional public service boundaries, reflecting the lived experience of people living and working in Holme Wood.

Partnership matters

21. Bradford's public services work hard, care, and are capable. But vulnerable children and adults continue to fall into the gaps between services, experiencing harm and failing to achieve their potential, despite professionals operating at maximum effectiveness. At the heart of this issue is the lack of systems and processes to support effective information sharing and multi-agency working in Bradford (a common problem in many areas).

In almost every serious case review, a failure to share information is highlighted as a contributing factor. For example, the most current serious case review published by the NSPCC at the time of writing concerned the child sexual exploitation and neglect of a 15-year-old girl. The learning centred on the following themes: need for multi-agency planning and analysis of risk; impact of child sexual exploitation (CSE) and services for survivors of CSE who are parents; parental engagement and consent; professional challenge and escalation; professional curiosity of the child's lived experience; contextual safeguarding and perception of sexual activity between teenagers being consensual.

4. From inequality to opportunity: principles for effective action

“Laws and principles are not for the times when there is no temptation: they are for such moments as this, when body and soul rise in mutiny against their rigour ... If at my convenience I might break them, what would be their worth?”

Charlotte Brontë, Jane Eyre

22. Our data on the pandemic tells we must act *now*. It also tells us *where* to act. Our research base tells us *how* to take action. Partnership will be vital.
23. Effective partnerships are founded on strong, shared principles, which shape decisions and interactions through planning and delivery. This plan will require an unprecedented breadth of collaboration, commitment to community engagement, and an openness to change both culture and practice. Successful delivery will require a joint commitment to five key principles:
 - Principle 1:** Clear accountability and authority
 - Principle 2:** Recognising localities and empowering people
 - Principle 3:** Making a reality of multi-agency working
 - Principle 4:** Putting evidence at the heart of planning and delivery
 - Principle 5:** Investment for growth
24. **Clear accountability and authority**, enabled by
 - a. A single point of leadership, with dedicated resources and a mandate to challenge and influence delivery across other services...to drive change and, where necessary, influence deployment of resources and people behind the plan
 - b. A single, clear and short management chain, enabling clear sight of issues, accelerated decision making, and clarity of communication
25. **Recognising localities and empowering people**
 - a. A prioritisation and focusing of resources to the localities, communities and individuals who have suffered most from the pandemic (correlating with generational inequalities)
 - b. Putting people and local professionals and organisations at the heart of design and delivery – improving our understanding of issues by testing evidence; ensuring interventions connect with people’s lives and the issues they face; generating a community mandate for change; and building a sustainable local leadership.

26. **Making a reality of multi-agency working**

- a. Giving professionals at the front line the freedom and support they need to connect, understand, and act together. This will include removing 'artificial' barriers (non-legal) on information sharing, pooling budgets, targeting criteria, and aligning operational processes.
- b. Activating and drawing on networks of practice – learning from areas and partner organisations that have a track record of creating change...with an equal commitment to share and celebrate learning from Bradford.

27. **Putting Bradford's 'R&D department' at the heart of strategy and delivery**

- a. The breadth of academic expertise and capacity available to drive action in Bradford is matched only by the enthusiasm of researchers to engage with real challenges. We need to be prepared to learn together - not just on interventions but also to create a shared culture, enabling a virtuous cycle of learning through evidence and practice, research and practitioners.

"No medicine cures what happiness cannot."

Gabriel García Márquez

28. **Bring investment**, in business, enterprise, culture, leisure, and more. The final principle may be the most important. Our communities deserve opportunities for growth as well as remedies for their ills. Better jobs and opportunities for culture and leisure are shown to protect against vulnerabilities. By engaging and understanding places and their people, the plan will also help our businesses and enterprise initiatives to target investment more effectively, and drive social mobility.

5. From inequality to opportunity: an approach for successful delivery

29. This plan assumes that the 14 localities¹ will vary in the issues they prioritise, as well as in how best to engage people and services in planning and delivery. Each locality will develop and own its own delivery plan, bound together and driven by the clear leadership described in section 4 (above). We will follow a consistent sequence to define the locality plans:

Stage 1 – Identifying and defining areas

- Using individual service data and other information to define suggested localities, based on clustering of issues.
- Auditing need (proportion of demand on different services against district totals) and cost of demand.
- Identifying resources – services, projects, facilities, groups, businesses available to localities.
- Identifying authority – decision makers and representatives able to influence the pattern of delivery of identified resources.

Stage 2 – Describing areas – scoping and prioritising

- Learning from Born in Bradford's Act Early: Holme Wood project, which is backed by the Alan Turing Institute. The methodology developed here allows clustering of people, practitioners, researchers, policy makers within a locality...identifying priorities, describing the impact of issues in data and lived experience.

Stage 3 – Developing and refining models

- Analysis and consultation to produce more accurate representations of issues playing out, and to identify points of leverage – where systems and processes could be changed to make interventions more effective and efficient. This stage must include assessing the potential for investment – in capital, infrastructure, organisations, and individuals.

Stage 4 – Proposals for change

- Delivery planning – describing how individuals, services etc will be realigned and resources and investments targeted.
- Setting goals, evaluation criteria and methodologies.

Stage 5 – Delivery

- Launch.
- Oversight, monitoring and challenge through new, clearer governance arrangements.

1 Concentrations of inequality within the 14 wards

6. Next steps: committing to act and preparing for delivery

To be tabled by Therese Patten and discussed by the Exec Group.

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