

# Listen in

## Children & Young People

### What are we hearing?

February 2024



# Contents

Listen in – our approach.....	3
What did we hear? .....	4
Hot Topics .....	4
Access to care .....	6
Healthy Communities.....	8
Healthy Minds.....	10
People Development .....	13
Who did we hear from? .....	15
What we already know .....	16
Insights from year one of Listen in .....	16
Key reports and highlighted findings.....	17
Appendix A – our partnership’s duties.....	21

Report author: Victoria Simmons, Senior head of communications and involvement,  
Bradford District and Craven Health and Care Partnership

27 February 2024

For more information, please contact [communications@bradford.nhs.uk](mailto:communications@bradford.nhs.uk)

## Listen in – our approach

Listen in is an ongoing programme of involvement, with focused periods of activity to have direct conversations with the public, visiting community groups and public spaces to help us understand what matters most to local people when it comes to health and care.

In our second year of Listen in cycles we are focusing on reaching into communities of interest and understanding the differing experiences of groups of our population.

- We go out to communities and meet them in places they feel safe
- We value the support of community partners and VCSE organisations
- We listen to what matters to people through open conversations, without set questions or a specific agenda
- We invite colleagues from across our partnership to join us, so they hear first-hand from people and communities
- We record and report what we hear to maximise impact across our partnership



### **Our involvement responsibilities, including legal requirements**

The legislation we must work to when delivering any involvement is set out in Appendix A.

Involving people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to people and communities.

The Listen in programme enables us to build relationships and continually listen to our communities; this creates a strong foundation of our partnership's approach to involvement which enables us to meet and exceed our statutory duties.

# What did we hear?

## Hot Topics

In every conversation during this cycle, whether with children, teenagers, parents, youth workers, or teachers we heard people talking about **mental health and wellbeing**. This ranged from experiences of specialist mental health services to low-level mental health issues or awareness of self-care for emotional wellbeing.

*“When feeding back what we’d heard from young people during the first year of Listen in, they all agreed strongly with the statements around mental health and wellbeing. They felt that mental health affects most young people in some way.”*

Some groups of young people we spoke to had specific experiences of social care or health services, and therefore had clear points of reference in terms of accessing support or managing their wellbeing. However, many children or young people had **limited experience or understanding of the health and care system**, instead they talked more about the things that impact their daily life – family relationships, friendships, activities, safety, school.

*“Only half the group had heard of the NHS 111 service.”*

School, college or other education settings were discussed in almost all our visits. For many children and young people, the **school environment and experience** were described as negative factors in terms of their wellbeing. For others, schools are getting it right by providing positive relationships and sources of support.

*“It was apparent that their happiness was massively influenced by their experiences in school.”*

**Anxiety about school** means some young people are finding it hard to concentrate, feeling stressed or **struggling to attend** regularly. For neurodivergent people the school environment is a particular challenge in terms of **sensory overload** and social anxiety. We heard about changes that had been made for some young people which might have wider benefits for the whole school community if adopted more widely, such as reduced noise, adjusted timings and relaxed uniform.

*“They came up with suggestions for what would make things better. A popular suggestion was to create quiet spaces in schools, acknowledging that schools can be very loud and hectic which can be a challenge for young people who are struggling with their wellbeing.”*

We heard from lots of children and young people about **long waits for diagnosis or support** for a range of services but particularly in relation to mental health or neurodevelopmental disorders. Whatever service young people were waiting for, they emphasised the importance of **‘waiting well’** with clear communication and good support making a huge difference to how people felt while waiting for diagnosis or treatment.

*“Support people while they are on the waiting list by providing information, resources, someone to talk to.”*

**Child and Adolescent Mental Health services (CAMHS)** were frequently talked about, by children and young people as well as by those supporting or caring for them. Most feedback about these services was negative, with people acknowledging the pressure on these services from **increased demand and limited capacity** while also questioning the quality or appropriateness of the care provided and complaining about long waits for access or cancelled appointments. Several people also described difficulty with **shared care arrangements** between CAMHS and their GP.

*“GP needed CAMHS to sign off medication, so he struggled when CAMHS cancelled appointments. Had to go back to GP and this was frustrating. He felt that this frustration and difficulty getting medication seriously set back the improvement he had been starting to see in his wellbeing.”*

**Relationships with friends and family** are clearly very important for children and young people, and young people themselves were able to describe this clearly. Some talked about challenges they faced with relationships and the impact this has on their health and wellbeing. **Identity** was also a common theme; whether linked to gender, race, or other characteristics, young people talked about struggles to understand their own identity as well as the problems faced if their family or community around lack of acceptance or understanding. **Gender identity** was discussed frequently as a factor in young people’s mental health and a potential barrier to accessing care.

*“He has now managed to legally change his name [...] but he knows there is more to do. In health he knows about wait lists for top surgery and more barriers he will face in the health system around pronouns and his name.”*

Children, young people and their families described how important it is to have **‘things to do, places to go, people to see’** and the huge positive impact that can be realised from clubs, activities and community connection. We heard that transport is a barrier for young people to engage in activities.

*“You need a car to get anywhere, buses are crap and taxis are far too expensive.”*

Future **aspiration** was a hot topic for children and young people, as well as for those who support or care for them. People talked about the need for stronger careers guidance, **life skills development**, or mentoring support that would help young people progress beyond school and set them up for success in all aspects of their adult lives.

*“PSE at school needs to be more engaging and teach real life skills, more education around relationships, support to find out about different future options, learn things that will be useful as an adult like managing money.”*

Knowledge about **career pathways in health and social care** was limited among most of the children and young people we engaged with. Although many had an interest in health and care, they didn’t know about the breadth or roles available, how to gain work experience or qualifications, or where to find information that would help them take the next step.

This section of the report sets out more detail about what we heard themed under our partnership's priority areas, although many of the conversations and ideas were cross-cutting.

## Access to care

### Urgent and Emergency Care

Some of the children and young people we spoke to had experiences of going to Accident and Emergency departments at local hospitals and talked about their experiences. In group discussions, there was a shared perception that generally you must wait a long time to be seen.

*“Took my younger sister to A&E, she had issues with appendix, was told to wait as didn't look that ill. Waited for a long time and when eventually seen was rushed to the operating theatre. Feel we were not taken seriously because we were teenagers, so we were made to wait for too long.”*

*“I went to A&E at Airedale Hospital, the wait was very long but I got a good service when I was seen.”*

We found that there was a mixed picture in terms of young people's understanding of the full range of health services. Even in groups such as Bradford District Care Trust's 'Young Dynamos' who are well-informed and interested in healthcare, only around half of the people knew about NHS 111. However, some young people who were aware and had used this service were very positive.

*“NHS 111 is really good and 9 times out of ten you get an answer for your concerns. people should use this service more which would mean less people in A&E.”*

### Transport

Travel to hospital was described as a challenge for some children and families, especially those in Craven. If a child or young person has long-term health conditions, they may have frequent hospital visits and these often involve long journeys and absences from school. For teenagers or young adults, travel can be a significant barrier as they may not have the means to pay for public transport and it can be infrequent. For example, young people in North Craven are expected to travel to Keighley for CAMHs appointments. This can mean parents or family members needing to take time off work to drive them to appointments, and it also impacts on the young person's ability to manage their health independently or protect their privacy.

### Primary care

Children and young people shared the prevailing perception that it is difficult to get a GP appointment.

Some young people were positive about their experiences of using the PATCHS system to access primary care services online, talking about this as being easier for them to use and more comfortable than making a phone call.

*“You just fill in the form online and then they get back to you the next day to tell you what you need. It's easy.”*

### Medication

Several young people and their families talked to us about difficulties in shared care arrangements between CAMHS and primary care, where medication had been prescribed by a consultant and the GP was asked to manage an ongoing prescription. For example, where there were shortages of medication (ADHD) families had been told by the practice that they couldn't help and felt 'bounced between' different parts of the system. Some parents described feeling that their GP 'resented' having to manage medication prescribed by CAMHS or secondary care.

### Communication and involvement in care

It is important that when health and care staff are talking to children and young people, they are careful about their language and ensure that children know what is happening and why, adjusting their communication to meet the needs of the individual. Some older teenagers talked about feeling patronised when professionals spoke to them as they might to a younger child. Others talked about not feeling they understood what was going on due to complex language.

Young people and their families also talked about needing to feel actively involved in decisions about their care or treatment.

## Access to Care: getting it right for children and young people

### Waiting well

The theme of waiting came up frequently, across a lot of different types of services – general practice, mental health, speech and language, hospital services or A&E. The idea of having to wait for care was felt as an inevitability for many young people and their families and was clearly a source of frustration.

*“People think when you ask for something and you are waiting that the issue just stops, but for them they are living it all the time and having to deal with so much through really difficult times – it is all-consuming and challenging.”*

If we were getting it right for children, young people and families who are waiting for care, there would be more information, advice and support available for those on waiting lists. We heard about some examples where community groups and parent advocates were stepping into this gap and supporting families to 'wait well' while their children were on the list for neurodevelopmental assessments.

### Co-locating services

For children with complex needs or long-term conditions having to access different services in different locations impacts on their lives. Bringing services together would help get things right for these young people, and we heard from school staff about how bringing health services into educational settings could have a clear benefit.

*“We want to explore the idea of a health hub within school settings. There are examples of it working well locally and in other areas.”*

## Healthy Communities

### Social and community connections

Children, young people and their families described how important it is to have **'things to do, places to go, people to see'** and the huge positive impact that can be realised from clubs, activities and community connection. In some of the settings we visited, this could be seen first-hand with young people taking part in lots of activities provided by VCSE organisations or faith communities. However, there was a clear contrast when listening to young people outside of these community groups, who didn't have access to the same opportunities and felt a lack of social engagement. We heard that transport is a barrier for young people to engage in activities, particularly in more rural parts of the district or for young people who don't have the means to pay for public transport or the freedom to travel independently.

*"Young people didn't know where to go to find out what's on near them."*

*"There seemed to be nothing much going on for the girls to take part in."*

*"There's not enough indoor spaces for young people, it's all very outdoor focused."*

### Life skills and health education

Young people we met were vocal about the importance of life skills and personal social health education that is practical, interactive, and tailored to their needs. They wanted more opportunity to learn essential life skills such as financial literacy, time management, and decision-making in a hands-on and experiential manner that addresses a wide range of personal and social health topics, including mental health awareness, stress management, and healthy relationships.

Young people want information about health and wellbeing that is relevant to their daily lives, incorporating real-world examples and scenarios to help them apply what they learn. Additionally, they stress the importance of receiving this from trusted and knowledgeable people who are sensitive to their cultural backgrounds and identities.

### Relationships & family breakdown

Young people shared how family breakdown and troubled relationships impact various aspects of their lives. The upheaval can lead to increased stress and anxiety, affecting their mental health and overall wellbeing. Staff working with young people in VCSE organisations talked about family relationship problems being one of the most significant factors that leads young people to be referred for support. They described children and teenagers struggling with a sense of instability and insecurity, low motivation, behavioural issues, or withdrawal, as they attempt to cope with the upheaval in their family life.

### Children's social care

Young people with experience of being in the social care system told us about difficult experiences where they had lost trust in professionals. Continuity in social worker relationships provides a crucial anchor for children who may have experienced instability and trauma in their family lives, and the pressure on children's services means this is not always possible.



*“The social workers can tell us they have too much on and they can’t get us an answer, and they finish work and probably don’t think about us anymore. This is our lives and we live this every second of every day. Having no answers or understanding what is happening with ourselves is overwhelming.”*

## **Healthy Communities: getting it right for children and young people**

### **Community assets**

Building on the importance of having ‘places to go and things to do’, we heard ideas about the potential to ensure spaces such as libraries and community centres were genuinely inclusive of young people and, crucially, open for them to access at the times when they need them – specifically evenings and weekends. We saw a great example of this when visiting SELFA in Skipton, where a former school has become a key community asset, in use every day of the week with a host of different activities.

Some of the young people we talked to were frustrated at a lack of activity for them in the local area, and were interested in the idea of being able to start their own clubs or activities but didn’t know how to start. There’s a potential role for VCSE or public sector organisations in providing the support, resources and mentorship that would give young people the skills and confidence to build community for themselves.

When meeting the Bradford Stronger Together parent support group, they shared ideas about ways of building confidence for parents and parent-led groups to self-organise and advocate for themselves and their children.

*“members of the group had the passion, knowledge and skills [...] but there is a need to join forces and consider how services can support by giving the right training and build the confidence of those that are part of BST to give them the agency to act.”*

Visiting some of the youth voice groups and VCSE settings we saw first-hand the impact that these activities have on young people, building their confidence to talk to adults and engage with topics around wellbeing.

*“Young people who’d been attending SELFA had confidence to speak up and had clearly thought about their health and wellbeing. In other groups I visited they seemed not to have had this opportunity or developed the skills/confidence to talk to adults.”*

## Healthy Minds

### Child and Adolescent Mental Health Services (CAMHS)

The overwhelming pressure on Child and Adolescent Mental Health Services (CAMHS) has had a detrimental impact on young people with mental health needs; this was a hot topic of conversation among both professionals, families and young people themselves. With increasing demand and limited resources, many young people face long waiting times or barriers to accessing timely and appropriate support. We heard first-hand examples of how this has exacerbated mental health conditions for some young people, leading to worsening symptoms, distress, and crises. The negative impact of these challenges extends beyond the individual, affecting families, schools and communities as they struggle to support young people in crisis.

In addition to delays in access, we heard concerns that the quality of care provided was compromised, with some people questioning the services ways of working, particularly in their ability to adapt therapies to meet the needs of neurodivergent young people and supporting the transition to adult services.

### Schools and mental health

We heard from children, young people and families that the school environment plays a crucial role in shaping the overall wellbeing of students. They described how access to resources such as mental health support services, nutritious meals, and opportunities for physical activity can significantly contribute to wellbeing. We also heard about the challenges that some young people face coping with school due to sensory overload from the hectic, noisy environment, inflexible timings of a school day, uncomfortable and restrictive uniform, etc. Young people wanted to see schools adapting rules and environments to prioritise students' social, emotional and physical health rather than focusing on academic success or compliance with rules.

*“From my group it was clear school or college is where the young people reach out for support, help or guidance when feeling low, stressed or isolated or need advice.”*

Anxiety related to school is a significant challenge that many children and young people face, impacting their ability to attend school regularly which has a knock-on effect on not only their educational attainment but social development, confidence and self-esteem. During our conversations, we also heard from parents who have experienced negative impacts on their own wellbeing as a result of pressure to ensure their anxious child attends school regularly, or who have had to take time off work to support their child's mental health.

During the Listen In cycle, we also engaged with staff working in education, including teachers working with SEND. They told us about their frustrations and challenges in trying to meet a whole range of complex needs, including mental health. They feel they are not adequately supported to cater for children's mental health needs, and that the lines of responsibility are unclear. For example, they often use school budgets to bring in counsellors to support their students but are concerned that there is no oversight or quality assurance from the health system.

*“We are the closest to the children and their families, so we have to step up and provide support even when social care or the NHS can't.”*

We heard that although schools are often providing information about national organisations like Young Minds, they are often not aware of the local health & care system offers.

### Neurodiversity

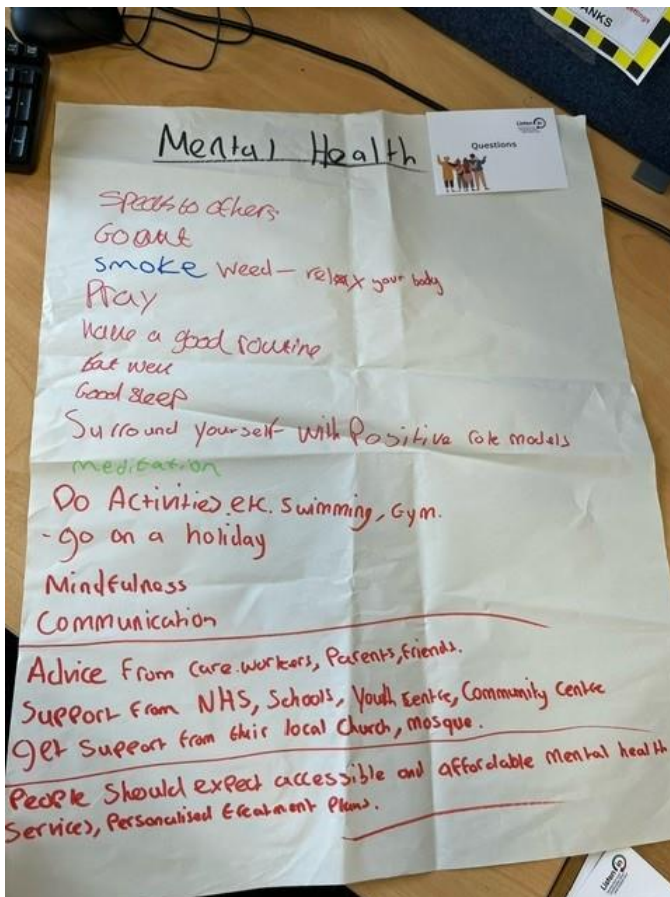
Long waits for autism or ADHD assessments are unfortunately common, and this was a frequent topic of conversation with young people and their families. We heard how the delays leave families in limbo as they seek clarity and support. During this waiting period, it's essential to give access to interim support and resources. This can include educational interventions, or behavioural strategies as well as keeping regular communication to help people understand the process and what to expect. We heard how family and peer support groups can also play a vital role in providing emotional support and sharing coping strategies. However, some families said that the VCSE support they had been signposted to was not suitable for their cultural needs, for example meetings being held in pubs.

Parents from South Asian backgrounds talked about specific challenges in their communities around understanding and acceptance of neurodiversity, and how this adds an additional layer of difficulty for families.

*“She highlighted the double-edged challenges of barriers to access services as well as stigma within the community about her child being ‘different’. Trying to socialise his needs and getting the acceptance from the family has been difficult, she stressed the importance of education within the community.”*

### Identity

Some young people opened up about grappling with identity, including their sexuality, gender identity, cultural background, or sense of belonging. They described pressure to conform to societal norms or family expectations that lead to feelings of confusion, isolation, and internal conflict. In one discussion, young people linked their struggles with identity to the rise of social media that can further exacerbate feelings of inadequacy or insecurity.



## Healthy Minds: getting it right for children and young people

### Mental health support tailored to children and young people

Children and young people consistently emphasised key aspects when discussing what has made a positive impact to them when receiving support for their mental health. Firstly, the need for understanding and empathy from the adults and professionals they interact with. Feeling heard and validated in their experiences is crucial for them to feel comfortable opening up about their struggles; they described the importance of confidentiality and privacy. They also stress the significance of feeling empowered and involved in decision-making regarding their treatment and care. Practical support, such as access to resources and coping mechanisms tailored to their individual needs, is also highly valued.

*“She (the SELFA worker) actively listened and gave him tools to look after his own wellbeing and understand situations and feelings. She allowed him to see what was happening in his life and the situations he was getting into around his relationships [...] he was able to move into more positive relationships and feel more positively about himself.”*

*“BDCT mental health support team are doing great work providing low-level mental health support for school children, with active involvement from pupil wellbeing champions which is a good example of peer-to-peer support.”*

## People Development

### Career guidance and support

When talking about careers, many young people expressed a sense of frustration and uncertainty regarding the lack of support in choosing a career path. They often feel overwhelmed and underprepared to make decisions and described pressure to choose the "right" career path. Additionally, limited access to career guidance, mentorship, and practical experience further compounds these challenges. For young people whose education was impacted by the pandemic, they have often left school without having had any form of work experience or placement.

*“Once you leave school there is no support with looking for a job or knowing where to go to get a job. There are career fairs at some schools but you are on your own once you leave if you don’t go straight into college or an apprenticeship.”*

### Knowledge of health and care careers

Many young people lack awareness of the vast array of career opportunities available within the health and care system. Often, their knowledge is limited to traditional roles like doctors and nurses. This lack of exposure can result in missed opportunities for young individuals who may possess talents and interests that align with roles in health and care that they are unaware of. Most young people we heard from did not understand the diverse pathways and educational requirements needed to pursue health and care careers, feeling that these opportunities were closed to them if they didn’t get good enough grades for A levels or university.

*“They didn’t know about any roles that weren’t clinical.”*

*“Lack of awareness of skills house local service – none of the young people had heard of it. Suggested that all young people need access to designated person to support with careers, pathways and aspirations – some schools offer this but others don’t and it should be a universal offer.”*

Some young people we spoke to about health and care careers said they hadn’t ever thought about it as an option. Others said that negative perceptions of the pressures, and the current strikes, had deterred young people from pursuing opportunities in these fields.

### Experience

For many young people, gaining work experience or securing part-time jobs can be challenging. They talked to us about limited availability of opportunities, fierce competition, and high expectations from employers which create barriers. Additionally, for some young people in rural parts of our district the practical barriers of transport and the cost of travel prevent them from gaining experience through either paid or voluntary work.

Young people also described how entry level or part-time roles tend to be in hospitality or retail, so this is where they ‘get stuck’ if they need to earn money. One teenager talked about having wanted to work in healthcare but after college ‘just needed to get any job going’ so feel that they had missed that opportunity.

## People Development: getting it right for children and young people

### Career ambassadors

Although there is already an established programme of health and care career ambassadors, it was clear that this was not reaching young people or their supporters that we hear from, and it was also evident that it was exactly the kind of intervention that would help more children and young people to understand careers in health or care.

*“More support needed in schools, maybe some sort of career ambassadors.”*

### VCSE offering employment and raising aspiration

Exposure to different roles and opportunities is vital for young people. We saw first-hand some excellent examples of how VCSE organisations have supported young people to develop into paid employment from volunteer roles or placements. We also heard about how involvement with VCSE organisations has helped raise aspirations among young people and allow them to see the possibility of careers that contribute to health and care.

*“He had just started a role as youth officer at Manningham Mills, this opportunity came from attending the group and knowing the teams [...] you could see his pride in the role as he was checking in with the younger group members while wearing his new ‘staff’ lanyard.”*

*“Of the group of 6, 4 said they would consider a career in health and care [...] they said that they wanted to have jobs that made a difference and helped people – it was clear that the team at SELFA are role-modelling this kind of work and creating positive aspirations for YP.”*

Parents from the Bradford Stronger Together group described how the social enterprise Raising Explorers has successfully created employment opportunities for 75 people from Bradford who reflect the community they work with and are therefore trusted and able to work with children and families within the inner city. To get it right in terms of developing a workforce that reflects our population, we need to learn from success stories like this.

## Who did we hear from?

During this cycle of Listen in, we took part in 17 sessions across Bradford District and Craven between 16 January and 12 February 2024.

Some of these sessions involved our team attending existing meetings or events and literally 'listening in' to discussions, others were dedicated workshops with focus-group style activities, and some were visits to existing youth or community groups where we got alongside people to have one-to-one conversations.

Thank you to the staff, volunteers, and participants at the following organisations for their support in helping us hear from children, young people, and families during this cycle: SELFA, Young Dynamos, Manningham Youth Group, Healthy Minds apprentices, Bradford Stronger Together parent support group, BradStarz, Bradford Youth Justice Service, Bradford Children in Care Council, Child Friendly Bradford, Sandylands Primary School, Oastlers School, Bradford Youth Service.

We engaged with approximately 90 people during this cycle.

We did not collect equality monitoring data however we targeted our activity to ensure that we heard from our diverse population.

We talked to children and young people:

- aged 8 to 25
- with a broad range of needs and experiences including SEND, mental health, long-term conditions, care experience, contact with the criminal justice system, neurodivergence, LGBTQ+
- from diverse backgrounds and ethnicities
- living in different localities from North Craven to central Bradford

We also heard from parents, youth workers, special school staff, youth justice workers, social care staff, teachers, and mental health workers.

For each cycle of Listen in, we bring together a design group of colleagues from across our partnership to lead and coordinate the activity, ensuring that it is adapted appropriately for the relevant community of interest.

Huge thanks go to colleagues who formed the design group for this cycle and were generous with their time, energy, connections, and expertise around working with children and young people.

- Adam Glennon – Bradford Children and Families Trust
- Emily Rhodes – Bradford District Council
- Emma Holmes – Bradford District Care Trust
- Grace Mullins – Bradford District and Craven Health and Care Partnership
- Kelly Gill – North Yorkshire Council
- Lisa Brett – Bradford Children and Families Trust
- Matthew Elliot – SEND team Bradford District Council
- Richard Cracknell - Bradford District Council, Child Friendly Bradford District
- Sarah Goddard – Bradford Children and Families Trust
- Tom Underwood – Bradford District and Craven Health and Care Partnership

# What we already know

## Insights from year one of Listen in

During our first year of Listen in, visiting community to talk broadly about what matters to them, we gathered insight about the lives and experiences of children and young people which highlighted the following themes.

- Cost of living crisis has had a toll on many children and young people in Bradford District and Craven; we heard children talk about their families being unable put heating on in the home and relying on foodbanks, which reduces their quality of life and makes young people feel uncomfortable and anxious.
- There is little understanding on how to start a career, where to go for inspiration and advice, especially if they have left education or are struggling to attend school/college.
- Youth groups are a useful hub from which to share information on physical and mental health, but this only reaches the relatively few young people who attend. Investment in quality youth workers is vital to getting through to teenagers.
- For children and young people, the wait for diagnosis of learning disabilities or neurodevelopmental disorders can impact on the support they're able to receive and can be challenging for the whole family.
- In some areas, youth workers feel children are particularly vulnerable to a range of issues including vandalism, violence, mental health and physical health e.g. smoking. While youth groups help keep young people safe and supported, they have limited resources and are already going beyond their remit.
- Some young people do not feel safe outside on their own and say it can be easy to get involved with a 'wrong friendship group', which can lead to drug/alcohol/tobacco use, crime.
- Schools need to raise awareness of sexual health, hygiene, relationships, budgeting, and other practical life skills that young people will need in adulthood.
- Some young people are not feeling heard by the NHS, feel their communities are not represented within our workforce and that their needs are not met. This includes reasonable adjustments for disabilities, language, or cultural differences.
- The healthcare system is difficult to navigate and it's hard to understand acronyms or clinical terms. Children and young people may not feel confident or have the opportunity to ask for an explanation.
- Not taking into account SEND – schools and other services do not always recognise challenges faced by these children and their families and do not make reasonable adjustments.

By using some of these themes as prompts during this cycle of activity, we have been able to build a deeper insight and encourage people to think about what action can be taken at an individual, community or system level to address the issues.



## Our call for evidence

Ahead of each cycle we try to capture recent insight reports and engagement projects relevant to the community of interest. This gives additional context to what we're hearing and over time will enable our partnership to build up a repository of intelligence from our communities that can be shared more effectively across the system.

All the reports referenced below are available to download from our involvement portal <https://engagebdc.com/listen-in-call-for-evidence>

### Key reports and some highlighted findings

#### Director of Public Health Annual Report 2022/23: What we know from children and young people in Bradford District

“Across the variety of highlighted engagement activities, we can see that a clear message from children and young people in the district is that mental health and wellbeing is their top priority.”

#### Bradford Youth Service Localities Survey 2022

Youth workers across the district worked with 4,467 people aged 8 to 18 to help them take part through a series of face-to-face interviews, including the specific questions:

- **“Do you feel healthy in your mind?”** - nearly 1 in 5 of the participants (19%) shared that they didn't feel healthy in their mind with a further 27% neither agreeing nor disagreeing with the statement. Just over half of participants (54%) felt they agreed with the statement.
- **“Do you have a healthy body?”** 13% of participants shared that they didn't feel that they have a healthy body (disagree and strongly disagree) with a further 28% neither agreeing nor disagreeing with the statement. **60%** felt they agreed with the statement that they have a healthy body.

#### Equity, diversity, and belonging - insight from primary schools

2023, Zahra Niazi – research with students from two schools in Manningham

“Reference to public services and how they should be trusted was mixed. Loss of trust was mentioned when referring to the NHS due to a recent experience where a child felt the treatment she received was not appropriate, despite a lengthy wait. [...] There were examples where family and friends had influenced beliefs such as doctors cannot be trusted as they were injecting people with Covid-19. [...] In contrast there was blind confidence among some children that if an accident happens, an ambulance will come 'no matter what', but no indication to how that ambulance will be called.”



## **Bradford Citizens engagement 2022**

During the autumn term of 2022 Bradford Citizens worked with over 10,000 students from 24 schools in the district. The top three issues that they felt children and young people in Bradford District needed more support for were:

- mental health and wellbeing
- cost of living crisis
- tackling discrimination

## **Born in Bradford (BiB) Age of Wonder: Mental Health and Wellbeing Pilot**

During the academic year 2022-23, BiB: Age of Wonder surveyed more than 5,000 young people in years 8 to 10 at 15 secondary schools across Bradford. Headline findings from the pre-release data indicate:

- Bradford's teenagers track at, or slightly above, levels reported nationally.
- Eating disorders and self-harm appear to be areas of concern, with nearly 1-in-5 Bradford teenagers reporting a problem.
- A significant proportion of Bradford teenagers report clinical threshold levels of anxiety, depression, and eating disorders; many also report self-harm.
- Bradford compares similarly or poorly to other cities' young people across the country.

## **A country that works for all children and young people: addressing the autism assessment and support crisis.** Child of The North N8 Research Partnership 2024

“The Bradford district provides a devastating illustration of the continuously increasing wait times for autism assessments. Bradford autism services have the capacity to conduct 90 assessments a month but receive over 200 referrals every month on average. [...] In June 2023, 2579 CYP were waiting to be seen by autism services [...] with waiting times up to 110 weeks (over 2 years). After waiting for an assessment, most of these children will receive a diagnosis of autism (in Bradford the “conversion rate” is 86%). This highlights the importance of needs-led approaches, to prevent CYP going for years without the support they need.”

“Analysis of the Connected Bradford dataset confirmed previous reports of ethnic inequalities in autism diagnosis [...] stigma, lack of understanding, and cultural beliefs about autism were major barriers in acquiring a diagnosis and receiving support, with parents facing blame, privacy concerns, and a lack of awareness. [...] The evidence from Bradford has emphasised the need for culturally competent practice; information on autism should be made available in community languages, and for interventions to be culturally sensitive.”

“In addition, it is vital that the pathways to receiving support are made much easier to navigate. As well as pathways differing across regions, services are continuously changing criteria to access support, adding to the complexities of navigating the pathway. By connecting services (i.e., schools, healthcare, and specialist services) and working as one, children and families can be better supported and, ultimately, autistic CYP will be able to thrive.”

**Youth in Mind evaluation report 2022/23 – Mind in Bradford**

- A requirement for more in depth training in racial literacy, to help underscore how structural issues of racism impact on mental health and wellbeing.
- The importance of understanding how intersectionality (gender, class, race and ethnicity) impact mental health and well-being.
- Cultural humility as an important professional skill, which needs to be exercised within healthcare settings, enabling providers to have a deeper understanding of issues the young people are experiencing.
- Providers (and referrers) need a greater understanding that the impact of being part of a minoritised ethnic group can cause trauma, impacting on mental health and wellbeing.

## Appendix A – our partnership’s duties

There are a number of requirements that must be met when decisions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients.

### a. Public involvement legal duties

The legal duties on public involvement require organisations to make arrangements to secure that people are appropriately ‘involved’ in planning, proposals and decisions regarding NHS services.

NHS England’s new [statutory guidance](#) provides the detail on these legal duties, when they are likely to apply and how they can be met. Key requirements of Integrated Care Boards (ICBs), trusts and NHS England include that they:

- assess the need for public involvement and plan and carry out involvement activity
- clearly document at all stages how involvement activity has informed decision-making and the rationale for decisions
- have systems to assure themselves that they are meeting their legal duty to involve and report on how they meet it in their annual reports.

Integrated Care Partnerships (ICPs), place-based partnerships and provider collaboratives also have specific responsibilities towards participation. There are statutory requirements for ICBs and ICPs to produce strategies and plans for health and social care, each with minimum requirements for how people and communities should be involved.

A significant change introduced by the Health and Care Act 2022 is that, in respect of NHS England and ICBs, the description of people we must make arrangements to involve has been extended from ‘individuals to whom the services are being or may be provided’ to also include ‘their carers and representatives (if any)’.

### b. The triple aim duty

NHS England, ICBs, NHS trusts and NHS foundation trusts are subject to the new ‘triple aim’ duty in the Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A respectively). This requires these bodies to have regard to ‘all likely effects’ of their decisions in relation to three areas:

1. health and wellbeing for people, including its effects in relation to inequalities
2. quality of health services for all individuals, including the effects of inequalities in relation to the benefits that people can obtain from those services
3. the sustainable use of NHS resources.

Effective working with people and communities is essential to deliver the triple aim.

### c. Involvement duties on commissioners and providers

To reinforce the importance and positive impact of working with people and communities, NHS England, ICBs and trusts all have legal duties to make arrangements to involve the public in their decision-making about NHS services.

The main duties on NHS bodies to make arrangements to involve the public are all set out in the National Health Services Act 2006, as amended by the Health and Care Act 2022:

- [section 13Q](#) for NHS England
- [section 14Z45](#) for ICBs
- [section 242](#)(1B) for NHS trusts and NHS foundation trusts.

A requirement to involve the public is also included as a service condition in the [NHS Standard Contract](#) for providers.

Each of the organisations listed above is accountable and liable for compliance with their public involvement obligations. However, that does not mean that each organisation should carry out its public involvement activities in isolation from others within the ICS and beyond. Plans, proposals or decisions will often involve more than one organisation, particularly in respect of integration and service reconfiguration, in which case it is usually desirable to carry this out in a joined up and co-ordinated way, reducing the burden on both the public and the organisations themselves.

The legal duties require arrangements to secure that people are 'involved'. This can be achieved by consulting people, providing people with information, or in other ways. This gives organisations a considerable degree of discretion as to how people are involved, subject to the below requirements.

#### **d. The Gunning Principles**

Commissioners and trusts must ensure that their arrangements to involve people are fair. The courts have established guiding principles for what constitutes a fair consultation exercise, known as the Gunning principles. These four principles relate to public consultation processes and do not create a binding legal precedent for how other ways of involving the public should be carried out. However, they will still be informative when making arrangements to involve the public, whatever the form of those arrangements.

1. Consultation must take place when the proposal is still at a formative stage.
2. Sufficient information and reasons must be put forward for the proposal to allow for intelligent consideration and response.
3. Adequate time must be given for consideration and response.
4. The product of consultation must be conscientiously taken into account.

#### **e. The Equality Act 2010**

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the grounds of protected characteristics. These are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

As well as these prohibitions against unlawful discrimination the Equality Act 2010 requires public sector organisations to have 'due regard' to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- and foster good relations between people who share a protected characteristic and those who do not.

This is known as the 'public sector equality duty' (section 149 of the Equality Act 2010).

Working with people with characteristics protected under the Act means understanding how decisions or policies can affect them and whether they will be disproportionately affected.

An Equality Impact Assessment (EIA) will need to be undertaken on any proposals for changes to services that are developed, in order to understand any potential impact on protected groups and ensure equality of opportunity. Involvement and consultation must span all protected groups and other groups, and care should be taken to ensure that 'seldom-heard' interests are engaged with and supported to participate, where necessary.