

Bradford District
Children and Young People's Mental
Health Needs Assessment
2024

Authors:

Nicola Kelly

Elizabeth Westwood

Jo James

Sarah Lindley

Sarah Exall

City of Bradford Metropolitan Council Public Health

Contents

Contents	2
Acknowledgements	5
SECTION 1: Introduction	6
1.1 National context	7
1.2 Policy timeline, current approaches and ambitions	8
1.3 Local context.....	8
SECTION 2: Child population	9
SECTION 3: The Voice of children and young people.....	12
SECTION 4: Determinants of Mental Health	15
4.1 Individual Level Factors	15
4.1.1 Premature birth	15
4.1.2 Exposure to adversity or traumatic events	16
4.1.3 Attachment	16
4.1.4 Physical Health	17
4.1.5 Nutrition	17
4.1.6 Physical Activity	18
4.1.7 Children with Physical Health Issues	20
4.1.8 Sleep	21
4.1.9 Special Educational Needs and Disabilities (SEND), Communication and Neurodiversity	23
4.1.10 Risk taking and adolescence	27
4.1.11 Substance Use	28
4.1.12 Smoking.....	29
4.1.13 Sexual Activity	30
4.1.14 Gambling	31
4.1.15 Body image.....	31
4.2 Interpersonal Relationship Level Factors	31
4.2.1 Family Relationships.....	31
4.2.2 Domestic Abuse.....	34
4.2.3 Parental Substance Use	35
4.2.4 Parents with mental ill health	38
4.2.5 Children in care.....	39
4.2.6 Young Carers.....	41
4.2.7 Social connections	42
4.2.8 Discrimination and bullying	43
4.2.9 LGBTQI+ groups.....	43

4.2.10	Black and Ethnic Minority Groups	46
4.2.11	Technology and social media.....	47
4.3	Local Community Level Factors	48
4.3.1	Community and Belonging.....	48
4.3.2	Learning and Education	50
4.3.3	School Attendance.....	51
4.3.4	Suspensions and exclusions.....	52
4.3.5	Attainment	54
4.3.6	Jobs – Opportunities, Satisfaction and Working Conditions	58
4.3.7	Children and young people not in Education, Employment or Training (NEET) 58	
4.3.8	Times of Transition	60
4.4	Wider Environment and Society Level Factors.....	60
4.4.1	Economic stability, poverty and low income	60
4.4.2	Housing	62
4.4.3	Green space, nature and the environment	65
4.4.4	War, disasters and overwhelming events.....	67
4.4.5	Criminality and the Justice System	68
4.5	Multiple Vulnerabilities	71
SECTION 6: Prevalence of mental health conditions		72
6.1	Sex, gender and mental health	76
6.2	Summary	79
SECTION 7: Current services and approaches in Bradford.....		80
7.1	Services for individuals	80
7.1.1	Service information	80
7.1.2	Outcomes	82
7.1.3	Eligibility Criteria	83
7.1.4	Current Service users	85
7.1.5	Service Capacity.....	89
7.1.6	Referrals.....	89
7.1.7	Onward referrals	91
7.1.8	Systems.....	92
7.1.9	Thrive Quadrant.....	92
7.1.10	Key Points	94
7.2	Bradford District Care Trust	95
7.3	Services for Schools	98
7.3.1	Service Information.....	99
7.3.2	Capacity.....	101

7.3.3	Systems.....	101
7.3.4	Thrive Quadrant.....	101
SECTION 8:	Limitations and further work	102
SECTION 9:	Recommendations	103
SECTION 10:	Appendices.....	106
10.1	Appendix 1 – Relevant Local and National policies	106
10.2	Appendix 2: Mental health services for individuals included in service analysis ..	109
10.3	Appendix 3: List of presentations to mental health services	111

Acknowledgements

We have developed this needs assessment in recognition of the significance of mental health both in terms of its impacts during childhood, as well as its cumulative effects across the whole life course. Mental health is a priority for children and young people themselves, both nationally and locally.

We would like to acknowledge and thank the huge number of people, working across the system, in a variety of organisations and departments, who supported the development of this needs assessment. We could not have produced this document without your insight, data, guidance and expertise.

We would also like to thank the Office for Health Improvement and Disparities for allowing us to use their draft framework 'Improving the Mental Health of Babies, Children and Young People'. The framework was published in January 2024 and is available online.¹

¹ [Improving the mental health of babies, children and young people - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/improving-the-mental-health-of-babies-children-and-young-people)

SECTION 1: Introduction

The World Health Organisation defines mental health as ‘a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.’²

Childhood and adolescence are described as ‘critical stages of life for mental health’ when there is rapid brain growth and development. The environments where young people grow up shapes their development and wellbeing, as do early negative experiences such as being exposed to violence, poverty, or parental mental illness. Around 50% of all life-time mental health problems start by the mid-teens, and 75% by the mid-20s, making childhood a critical time to think about prevention and early interventions.³

NHS Digital findings show that between 2017 and 2022, the prevalence of probable mental health disorders rose significantly. The number of children in England with a probable mental disorder had risen from one in ten in 2004 to one in six in 2020.⁴

Mental health and wellbeing are a priority not only because of the significant distress of living with the symptoms of a mental health issue, but because of wider immediate and long-term effects on quality of life and life chances. Poor mental health in childhood and adolescence diminishes social, emotional and cognitive development, formation of meaningful relationships, education, and physical health. The cumulative effects of this can be seen long into adulthood and are experienced not only by the individual but by society as a whole. The second most common cause of years living in disability nationally are mental health issues⁵, with mental health problems in younger people driving much of the increase in number of people receiving disability related benefits this year.⁶ Wider economic costs such as lost productivity and costs to employers or the NHS (not including benefits themselves) are estimated to be between £74 and £99 billion.⁷ Those with mental health problems are more likely to have physical health problems, and life expectancy can be reduced by as much as 10-20 years for people with some conditions.⁸

In 2021 the Children’s Commissioner surveyed 557,077 children in England aged 4-17. Children stated they wanted ‘a good home life, a good education, a job, enough money, friends, to feel well, to be treated fairly and to look after the environment.’⁹ 80% of those aged 9 to 17 said they were happy or okay with their mental health. But 20% were unhappy, making it a top issue for children. Locally, the children of Bradford have also rated mental health as one of their top three priorities.¹⁰

This document aims to assess the children and young people’s mental health landscape in Bradford District. It uses national evidence and guidance, alongside local data and insight, to

² [Mental health \(who.int\)](https://www.who.int/mental-health)

³ [5. children and young people - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/5-children-and-young-people)

⁴ [Mental Health of children and young people in England 2022 - wave 3 follow up to the 2017 survey - NHS Digital](https://www.nhs.uk/press-releases/2022/04/mental-health-of-children-and-young-people-in-england-2022-wave-3-follow-up-to-the-2017-survey-nhs-digital)

⁵ [Advancing our health: prevention in the 2020s – consultation document - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s)

⁶ [Inequalities in disability | Inequality: the IFS Deaton Review](https://www.ifs.ac.uk/reports/inequality-in-disability)

⁷ [Thriving at Work: the Stevenson/Farmer review on mental health and employers \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/consultations/thriving-at-work-the-stevenson-farmer-review-on-mental-health-and-employers)

⁸ [Advancing our health: prevention in the 2020s – consultation document - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s)

⁹ [My priorities | Children’s Commissioner for England \(childrenscommissioner.gov.uk\)](https://www.childrenscommissioner.gov.uk/my-priorities/)

¹⁰ Bradford Citizens 2022

explore the factors that affect children and young people’s mental health and identify areas of need. The document is available as a reference point for anyone wanting to understand more about children and young people’s mental health in the district.

1.1 National context

According to NHS data, the mental health of children and young people in England has worsened since 2017. Understanding what is driving these changes is complex – we know that individual, interpersonal, community and society-wide factors all play an important role in determining mental wellbeing. Specific events and contextual factors within the UK such as austerity policies, the Covid-19 pandemic and the ‘cost-of-living crisis’ have shaped the interplay of these different determinants and risk factors for us all in recent years.^{11,12}

The Marmot Review in 2020 described how government spending had decreased most in the most deprived places and how cuts in services outside of health and social care had hit deprived communities hardest.¹³

The COVID-19 pandemic increased the strain on young people with lockdowns and social distancing meaning children and young people lost the normal structures in their life, such as attending schools, enjoying hobbies and social lives. The pandemic also impacted the way services were delivered to families. For example, Health Visitors were not able to provide face to face appointments, home visits and clinics. These interactions and observations are often crucial in picking up early needs and issues.

Since late 2021, the UK has been experiencing a ‘cost of living crisis’, referring to the fall in real disposable income.¹⁴ Prices of consumer goods and services in the UK rose by 9.6% in the year to October 2022. This is the fastest rate in four decades.¹⁵ The Bank of England aims to keep the Consumer Price Index rate of inflation between 1% and 3%. However, in October 2022 inflation peaked at 11.1%. On average, poorer households face a higher effective inflation rate because they spend a higher share of their income on energy and food, the prices of which are increasing fastest.¹⁶

Whilst the Government implemented support packages, the Institute of Government found that household incomes were not keeping up with living costs. The Institute predicts that household incomes will not return to the levels seen in 2021 until 2027.¹⁷

There have also been changes to local NHS structures, along with budget cuts across organisations which have impacted local systems’ ability to provide services that support children and young people mental health.

Integrated care systems (ICSs) were established across England on a statutory basis on 1 July 2022 replacing clinical commissioning groups (CCGs). ICS are partnerships of organisations working together to plan and deliver health and care services.¹⁸ Integrated Care Boards (ICB) are responsible for managing the NHS budget and arranging for the

¹¹ [build-back-fairer-the-covid-19-marmot-review-executive-summary.pdf \(instituteofhealthequity.org\)](#)

¹² [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)

¹³ [the-marmot-review-10-years-on-executive-summary.pdf \(instituteofhealthequity.org\)](#)

¹⁴ [Cost of living crisis | Institute for Government](#)

¹⁵ [Cost of living latest insights - Office for National Statistics \(ons.gov.uk\)](#)

¹⁶ [Cost of living crisis | Institute for Government](#)

¹⁷ [Cost of living crisis | Institute for Government](#)

¹⁸ [NHS England » What are integrated care systems?](#)

provision of health services in the ICS area.¹⁹ In March 2023 NHS England announced a 30% real terms reduction per ICB by 2025/26, with at least 20% to be delivered in 2024/25.²⁰

Councils provide or commission a range of services that directly or indirectly support children and young people mental health; from housing to social care, support for low-income households and preventing homelessness. Local councils have seen a £15 billion real terms reduction to core government funding between 2010 and 2020. Increases in inflation, The National Living Wage and energy costs added £2.4 billion in extra costs onto the budgets councils set in March 2023. Local councils collectively face a £4.5 billion funding gap in 2024/25.²¹

1.2 Policy timeline, current approaches and ambitions

Due to the breadth of determinants for children and young people’s mental health, the number of relevant national policies and strategies is expansive. Table 1 (see Appendix 1) comprises core documents informing current mental health policy. It is important to note however, that holistically addressing the underlying contributors to mental wellbeing requires a wider appreciation of the impacts of diverse policy areas such as housing, the environment, and migration in shaping mental health outcomes. As part of a child friendly approach, considering these needs across all our work is vitally important.

1.3 Local context

There are both challenges and opportunities in Bradford District for protecting and promoting children’s mental health.

As part of the Bradford for Everyone consultation, which engaged over 1500 residents living, learning or working in the district, 60-70% of respondents felt a strong sense of belonging. Positivity, humour and determination to improve the area contributed to this connection, and feeling welcomed and accepted aided the sense of belonging among newcomers. Diversity and culture, alongside food and shopping were among the strengths mentioned by younger people, who reported some of the strongest sense of belonging among respondents. They were generally optimistic about Bradford’s future but felt that cheaper and better-connected public transport, educational and job opportunities, development of mental health support and an increase in youth and community provisions could make things even better. A sense of community was felt in a range of settings, including workplaces, youth centres, pubs, buses, faith settings and schools.

Nevertheless, Bradford, as everywhere, has challenges. The district has high levels of poverty and domestic abuse and there are challenges around substance use and parental mental illness, all of which affect children and young people’s mental health. The Bradford for Everyone consultation highlighted that the sense of belonging was lowest in towns and villages on the periphery of the district. 19% of people didn’t feel they could be their true selves – a sentiment held disproportionately by disabled and LGBTQ+ people. Feeling unsafe, litter, crime, dangerous driving and empty shops made some feel embarrassed about the area.

¹⁹ [NHS England » What are integrated care systems?](#)

²⁰ [NHS England » Integrated care board running cost allowances: efficiency requirements](#)

²¹ [Save local services: Council pressures explained | Local Government Association](#)

Furthermore, the financial climate is challenging for organisations across the system. The West Yorkshire Health and Care Partnership is the Integrated Care Board (ICB) for the regional area, with a place-based division covering Bradford and Craven. The ICB is responsible for managing the NHS budget and arranging for the provision of health services in the area. Like other ICB's, West Yorkshire is required to reduce their running costs by 30% by April 2025.²²

Bradford Council's finances have been under pressure because of reduced real terms income, rising demand in areas such as social care, and increasing costs. Since 2011, Bradford Council has had to deliver £310 million of budget reductions, which has meant increasing Council tax for residents.²³

SECTION 2: Child population

Bradford District has 148,292 children and young people (aged 0-18 years). This represents 27.1% of the total population of the district, compared to 20.1% nationally. There are wide variations between wards across the district – for example, 37.1% of residents in Little Horton are below the age of 18 compared with only 18.5% of residents in Craven Ward.

In response to the Census 2021 question on sex, 51% of 0-18 year olds were male and 49% were female.²⁴

It should also be noted that Bradford District has a higher proportion of people aged 0-18 years for each individual age than England. However, in more recent years, the birth rate has been reducing slightly, so the child population is likely to reduce in the coming years (Figure 1).

²² [NHS West Yorkshire Integrated Care Board operating model and running cost allowance - a message to staff from Rob Webster :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](#)

²³ [Have your say on the Proposed Financial Plan and Budget proposals | Bradford Council](#)

²⁴ Census 2021

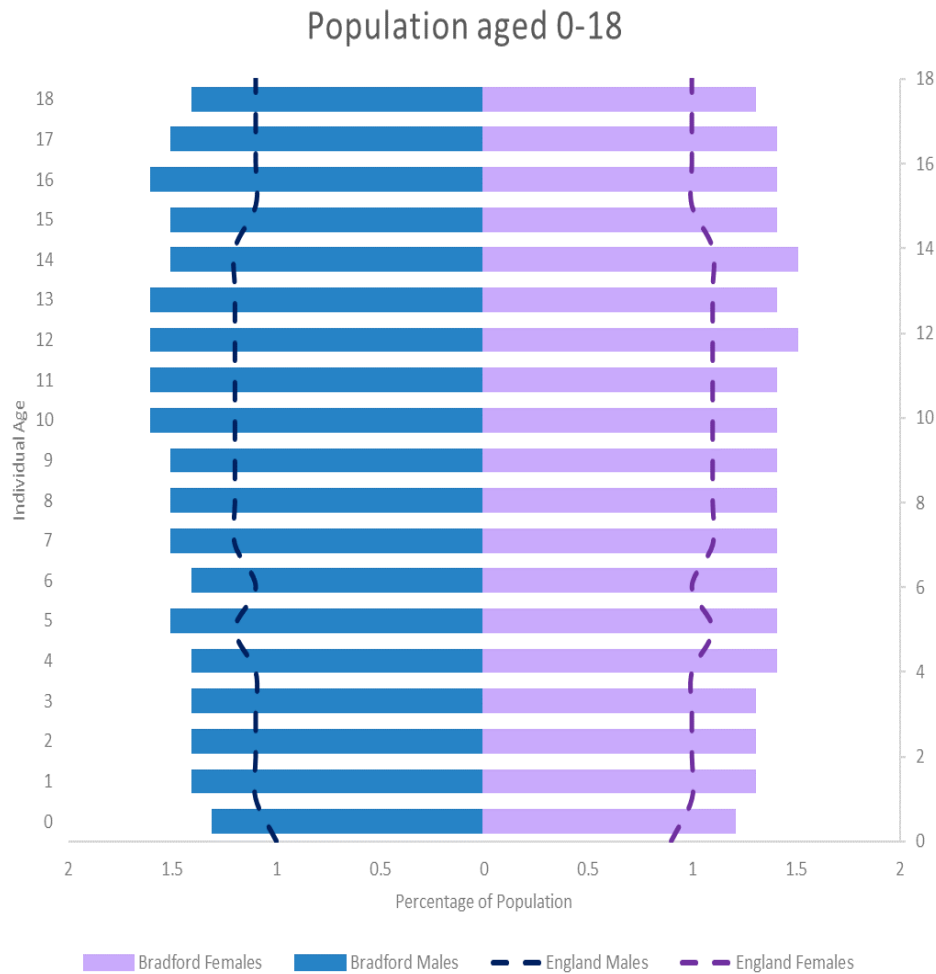


Figure 1: Population of 0-18 years olds in Bradford District

The majority of young people in Bradford District (80.1%) state that their main language is English. This is very similar to the national rate, which is 79.8%. There are no significant differences between Bradford District and England for languages spoken.²⁵

Of the 0-18 years olds in Bradford District, 43.2% are Asian and Asian British - this is more than three times that of the national proportion. Nationally, 72.6% of the 0-18 population are from white backgrounds, compared to 46.4% in Bradford District (Figure 2).

²⁵ Census 2021

Ethnicity of 0-18 years olds

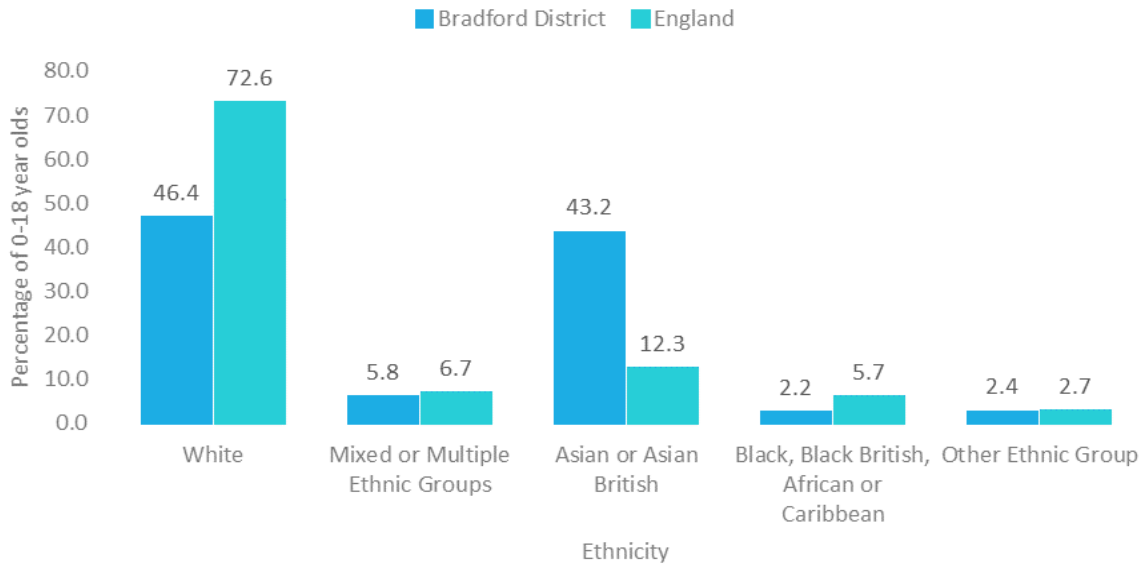


Figure 2: *Ethnicity of 0-18 year olds in Bradford District*²⁶

Based on data from the 2021 Census, there is also a significant difference between Bradford District compared to England in the proportion of people aged 0-18 years who identify or whose parents or carers identify them as Muslim. The proportion of 0-18 year olds identifying as Muslim by single year age band is 41.0 - 45.3% in Bradford District, compared to 10.5 - 11.7% children and young people in England as a whole.

There is also a significant difference between Bradford District and England when looking at the Christian religion, with Bradford District having a lower proportion of people aged 0-18 years who identified or whose parents/carers identified them as Christian compared to England. This data also shows that there are a lower proportion of people aged 0-18 years in Bradford District who state (or whose parents/ carers state) that they have no religion than England. Smaller numbers of other religions are recorded however these represent a very small proportion for Bradford District.²⁷

²⁶ Census 2021

²⁷ Census 2021

SECTION 3: The Voice of Children and Young People

**‘Mental health care and support must involve children, young people and those who care for them in making choices about what they regard as key priorities, so that evidence-based treatments are provided that meet their goals and address their priorities. These need to be offered in ways they find acceptable, accessible and useful.’
Future in Mind²⁸**

Bradford district has a range of platforms for children and young people to have a voice and influence. Bradford’s ambition is to become a more Child Friendly district, co-producing solutions with our children and young people.

There are a wide range of services to support children and young people with their mental health which are delivered across the Voluntary and Community Sector (VCS) and within statutory services: from services supporting children and young people to thrive, through to specialist services providing crisis support.

However, in 2020, an independent, system-wide review of children and young people mental health systems in Bradford and Craven surveyed 148 children and young people. Of these, 48% reported that it is either ‘very difficult’ or ‘quite difficult’ to get help when they are beginning to struggle with their mental health and wellbeing.²⁹

When asked for the best place to receive help with their mental health, the GP and online were the most popular responses. Very few children and young people identified school as somewhere to receive help and none of the children and young people from black and minority ethnic backgrounds said that home would be the best place to receive help with their mental health.³⁰

In 2022 the Bradford Youth Service engaged with 4467 people aged 8 to 18, representing every postcode area of the district. Children and young people were asked to respond to the statement ‘I feel healthy in my mind’. 54% of children and young people who responded agreed or strongly agreed with the statement, whilst 19% disagreed or strongly disagreed (Figure 3). This closely matches the findings of the Children’s Commissioner’s Big Ask survey nationally.³¹

²⁸ [Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

²⁹ [Chi5AugDocWApp1.pdf \(archive.org\)](#)

³⁰ [Chi5AugDocWApp1.pdf \(archive.org\)](#)

³¹ [The Big Ask - The Big Answer \(childrenscommissioner.gov.uk\)](https://childrenscommissioner.gov.uk)

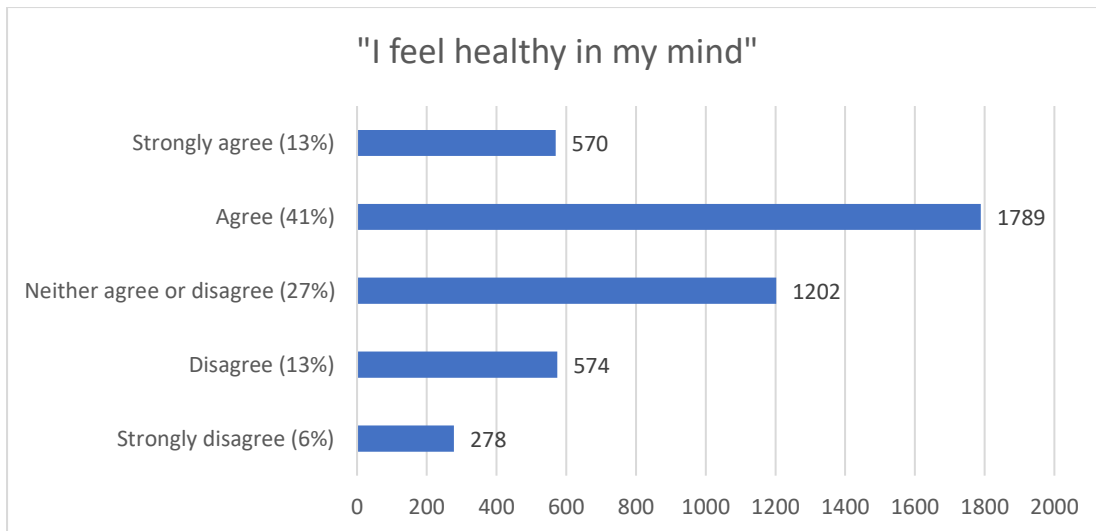


Figure 3: Bradford children and young people alignment with the statement “I feel healthy in my mind”³²

Also in 2022, Bradford Citizens undertook listening activities with over 10,000 students from 24 schools in the district. The Youth Summit summarised this work and identified a set of priority issues for local children and young people:

1. Mental Health and Wellbeing
2. Dealing with the impact of the cost-of-living crisis
3. Tackling discrimination - specifically racism and LGBTQ+ inclusion

In the Bradford District Children and Young People’s Strategy, 2023-2025³³, specific issues related to children and young people’s mental health were highlighted:

- Greater recognition of mental health issues and issues around identity, sexuality and race. Safe spaces in schools and the community for young people.
- More, better and earlier availability of support services for wellbeing and mental health. This includes ensuring schools train staff and students as ambassadors for mental health, and mental health first aiders.
- Young people know what good emotional support from their friends, families, communities and services should look like and want to be involved in designing services. Waiting times for mental health services are unacceptable. More community support, e.g. youth cafes, and opportunities for the arts.
- Some children and young people experience their environment and lives very differently to others: girls, and LGBTQ+ children and young people report lower levels of happiness, healthiness and safety than their peers. Young people aged 16+ years

³² Bradford Youth Service 2022

³³ [Bradford District Children and Young People's Strategy | Bradford Council](#)

report lower levels of satisfaction with their physical and mental health than their younger peers. Children and young people in inner city areas report more dissatisfaction with the levels of crime, cleanliness and litter in their environment; those in towns or rural areas report fewer activities and opportunities.

SECTION 4: Determinants of Mental Health

Mental health for children and young people is influenced by a large number of factors. The Department for Health and Social Care have produced a conceptual framework for babies children and young people’s mental health, focusing on the modifiable factors. These factors have been categorised into individual, interpersonal, local community and wider environmental and societal factors.³⁴ Figure 4 illustrates the risk factors.

We have chosen to explore these factors because there is good evidence that they are highly influential to mental health for children and young people. However, it is important to bear in mind that this is not an exhaustive list. Equally, because this document is an assessment of need, the focus falls more heavily on challenges than on assets. Nevertheless, the same framework could be used to understand the many factors protecting and promoting wellbeing and good mental health, and we can draw on these positives in addressing need where it does arise.

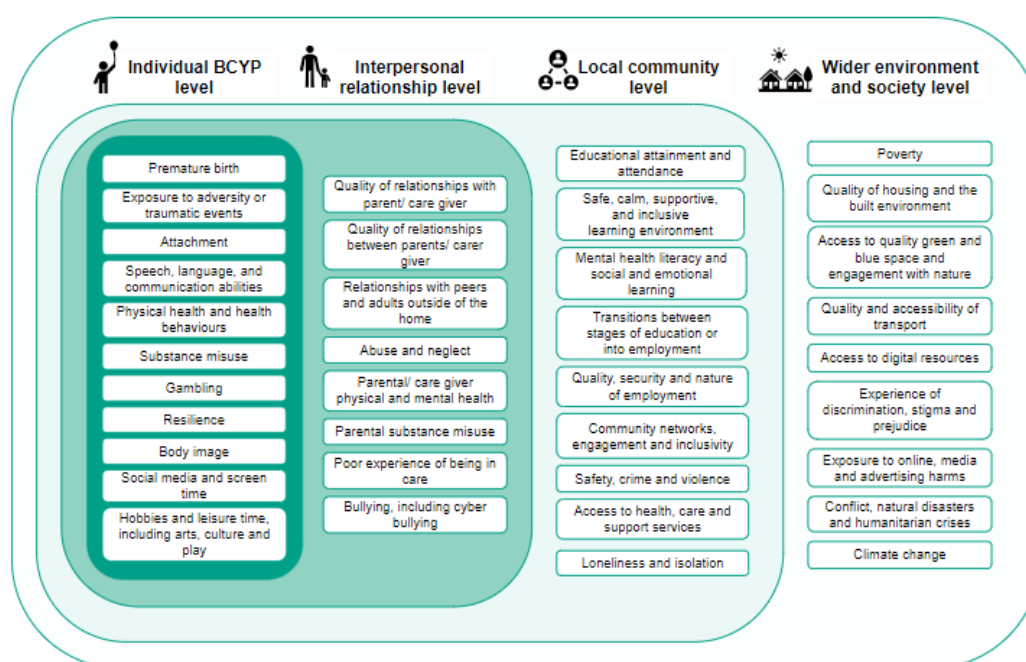


Figure 4: **Babies, children and young people’s mental health: a framework of modifiable factors to guide promotion and prevention**³⁵

4.1 Individual Level Factors

4.1.1 Premature Birth

There is evidence that premature birth is associated with a higher risk of mental disorders and other adverse outcomes such as inattention, socio-communicative problems and

³⁴ [Improving the mental health of babies, children and young people: a framework of modifiable factors - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

³⁵ [Improving the mental health of babies, children and young people: a framework of modifiable factors - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

emotional difficulties across the life course. The prenatal period has a significant impact on physical, mental and cognitive function.³⁶

With a crude rate of 80.3 per 1,000, Bradford District has a slightly higher rate of premature births than both the national average (77.9 per 1,000) and regional average (79.5 per 1,000) between 2019-21, though this is not statistically significant.³⁷

4.1.2 Exposure to Adversity or Traumatic events

Adversity in childhood has been found to be associated with 45% of all child onset mental disorders and 26-32% of adult-onset mental disorders.³⁸ Early research identified a set of ten traumatic events linked to mental health problems. It is now thought that there are many more potential sources of trauma and adversity. However, the initial ten were:

- physical abuse
- sexual abuse
- psychological abuse
- physical neglect
- psychological neglect
- witnessing domestic abuse
- having a close family member who misused drugs or alcohol
- having a close family member with mental health problems
- having a close family member who served time in prison
- parental separation or divorce on account of relationship breakdown

Abuse, neglect, domestic abuse, parental substance use and parental mental ill-health are covered in more detail in the Interpersonal Relationships sections. The housing section explains that Bradford District had England's joint third-largest percentage-point rise in the proportion of lone-parent households. It was not possible to obtain figures on the number of children and young people who have a close family member who served time in prison.

The presence of these experiences does not necessarily lead to negative outcomes. Nurturing relationships in childhood are protective against the impact of harmful events and adversity.

4.1.3 Attachment

Attachment describes how a child uses their primary caregiver as a secure base, from where they can explore the world, and when necessary, return to for safety and comfort.³⁹ Children with positive and secure attachment to their caregivers are shown to have higher

³⁶ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](#)

³⁷ OHID Fingertips

³⁸ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](#)

³⁹ [Infant-parent attachment: Definition, types, antecedents, measurement and outcome - PMC \(nih.gov\)](#)

perceptions of self-worth, are more able to cope with stress and adversity, as well as developing the capacity to trust other people.⁴⁰

Conversely, as discussed in later sections, parenting that is neglectful or abusive, or not attuned to the infant's needs, disrupts the neurochemistry and architecture of the developing brain, nervous system and stress hormone systems. Insecure attachment relationships in early childhood predict mental health problems, including depression, anxiety, self-harm, suicidal tendencies and Post-Traumatic Stress Disorder.⁴¹ If a child doesn't develop self-regulation and trust in others it can lead to problems in behaviour, learning, resilience and both mental and physical health.⁴²

4.1.4 Physical Health

Supporting children to have good physical health, development and nutrition is vital for their mental health.⁴³

4.1.5 Nutrition

Having adequate nutrition can impact a child's early brain development, as well as their wellbeing.⁴⁴ Responsive feeding in infancy, as well as using mealtimes as an opportunity to connect with young children, supports children's early mental health.⁴⁵

Food insecurity refers to a situation in which people do not have reliable access to enough affordable, nutritious and healthy food.⁴⁶ The availability and affordability of food are key factors when making food choices, and people living on low incomes and in areas of deprivation will be disproportionately affected. Households with children are twice as likely, to experience food insecurity as those without children.⁴⁷

Data from the Food Foundation in 2021 stated that 19.87% of Bradford district residents were experiencing struggle with food and 8.2% experiencing hunger. It predicted that this was likely to increase by over 60% post pandemic.⁴⁸

Overweight and obesity in childhood can be associated with psychological comorbidities including depression, lower scores on self-reported quality of life measures, emotional and behavioural disorders, disordered eating, body dissatisfaction and lower self-esteem. Children with severe and persistent obesity are at greater risk. However, many children living with obesity remain psychologically well.⁴⁹

In the year 2022/23 in Bradford District:

⁴⁰ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

⁴¹ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

⁴² [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

⁴³ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](#)

⁴⁴ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](#)

⁴⁵ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](#)

⁴⁶ [What is food insecurity and why it is a threat? | British Red Cross](#)

⁴⁷ [Bradford-District-Good-Food-Strategy-Full version.pdf \(mylivingwell.co.uk\)](#)

⁴⁸ [Bradford-District-Good-Food-Strategy-Full version.pdf \(mylivingwell.co.uk\)](#)

⁴⁹ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](#)

- In Reception Year, 21.2% of children were classified as being overweight, which is similar to England. A subset of these children, 9.7% of children in Reception Year, were classified as being obese or severely obese. This has decreased from the previous year but is slightly higher than England.
- In year 6, 40.4% of children were classified as being overweight. This is higher than England. A subset of these children, 26.1% of children in year 6, were classified as obese or severely obese. This is a decrease from the previous year but remains significantly higher than England.

4.1.6 Physical Activity

Regular physical activity is associated with improved learning and attainment and better mental health in children and young people.⁵⁰ There is evidence that exercise can help with depression and anxiety and help to reduce stress. Exercise releases endorphins and positively affects chemicals dopamine and serotonin, which are related to depression and anxiety. Exercise can improve sleep and mood and help people to feel good about themselves.⁵¹

Sport England data in the academic year 2021-22 showed that nationally 47.2% of children and young people were meeting the Chief Medical Officers' guidelines of taking part in sport and physical activity for an average of 60 minutes or more every day. However, 30.1% did less than an average of 30 minutes a day.⁵² National data for the academic year 2022-23 shows activity levels have stayed the same.⁵³

Since 2017/18 physical activity levels in Bradford have dropped from being above the regional and national levels, to being significantly below in 2018/19, with a further decreased in 2019/20. Although levels have improved since then, physical activity levels for children and young people in Bradford District are still lower than the rates for England (Figure 5).

⁵⁰ [UK Chief Medical Officers' Physical Activity Guidelines \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁵¹ [Physical activity, exercise and mental health for young people | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)

⁵² [Active Lives children and young people Survey - Academic year 2021-22 \(sportengland-production-files.s3.eu-west-2.amazonaws.com\)](https://sportengland-production-files.s3.eu-west-2.amazonaws.com)

⁵³ [Children's activity levels hold firm but significant challenges remain | Sport England](https://www.sportengland.org)

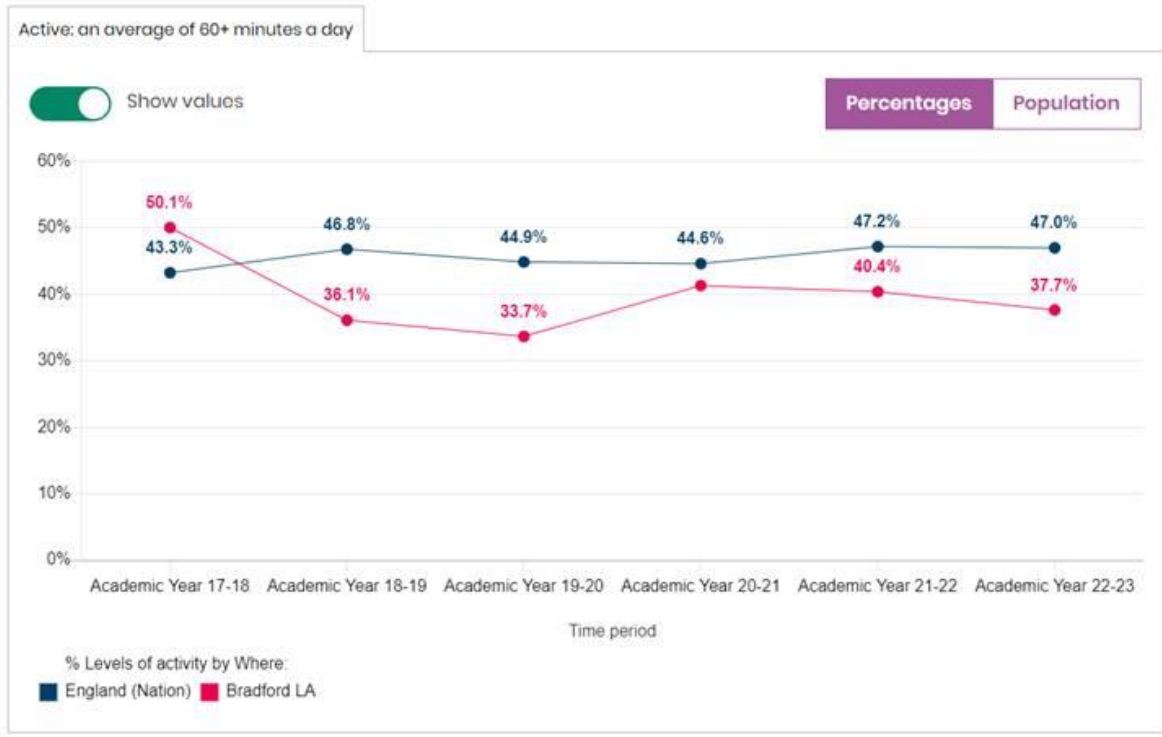


Figure 5: **Proportion of children and young people who are active for an average for at least 60 minutes**⁵⁴

Data from 2021/22 showed that children and young people in Bradford district had the lowest levels of physical activity in Yorkshire & the Humber, with only 40.4% of children and young people aged 5 to 16 years meeting the UK Chief Medical Officers' (CMOs') recommendations for physical activity (an average of at least 60 minutes moderate to vigorous intensity activity per day across the week (Figure 6). When comparing with statistical neighbours, Bradford District has the second lowest physical activity levels among children and young people, after Walsall. The latest data for 2022/23 showed that 37.7% of children and young people in the district met the physical activity guidelines recommendations.

⁵⁴ [Active Lives | Results \(sportengland.org\)](https://www.sportengland.org/active-lives/results)

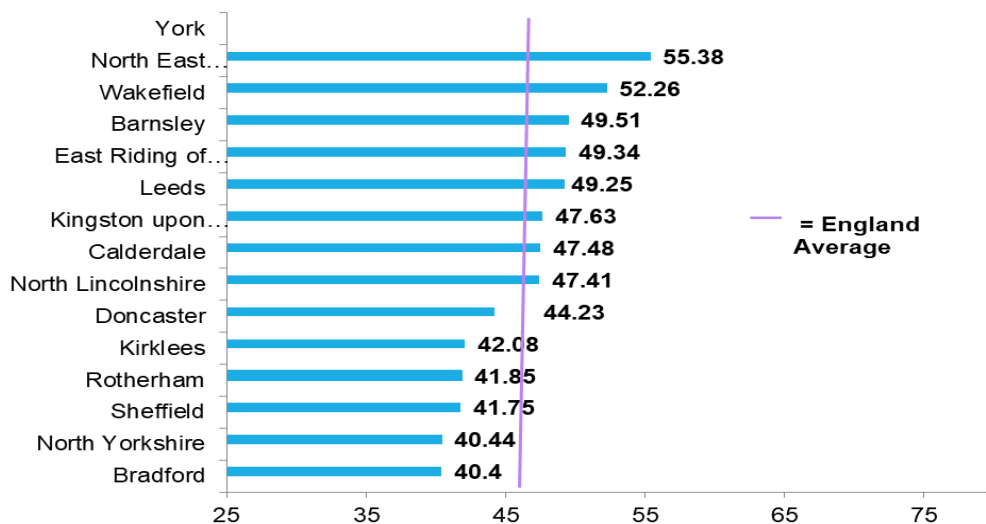


Figure 6: proportion of children and young people aged 5 to 15 who achieve at least 60 minutes of moderate to vigorous intensity physical activity per day, Yorkshire and the Humber 2021/22⁵⁵

Sedentary behaviour (sitting, lying or reclining for long periods of time) in children is linked to poorer mental health. Studies show that reducing sedentary time can improve psychosocial health⁵⁶ and improve behavioural conduct and self-esteem in children⁵⁷.

There is no specific data on the level of sedentary behaviour among children in the Bradford District. Only 37.7% of children were physically active enough to meet national recommendations in 2022/23, whilst 41.4% of children and young people did less than an average of 30 minutes physical activity a day.⁵⁸

4.1.7 Children with Physical Health Issues

People with a chronic physical health condition have a higher risk of mental illness when compared to the general population. For people with Central Nervous System disorders, such as epilepsy, the risk of mental health problems is up to six times that of somebody without a chronic physical health condition.⁵⁹

The latest data for 2021/22 indicates that Bradford District has a significantly higher rate of hospital admissions for diabetes, asthma and epilepsy for people aged 0-18 than regional

⁵⁵ OHID Fingertips

⁵⁶ Tremblay, M., LeBlanc, A., Kho, M., Saunders, T., Larouche, R., Colley, R., Goldfield, G. and Connor Gorber, S. (2011) Systematic review of sedentary behaviour and health indicators in school-aged children and youth, International Journal on Behavioural Nutrition and Physical Activity, 21;8:98, doi: <https://doi.org/10.1186/1479-5868-8-98>

⁵⁷ Carson, V., Hunter, S., Kuzik, N., Gray, C., Poitras, V., Chaput, J., Saunders, T., Katzmarzyk, P., Okely, A., Connor Gorber, S., Kho, M., Sampson, M., Lee, H. and Tremblay, M. (2016) Systematic review of sedentary behaviour and health indicators in school-aged children and youth: an update, Applied Physiology, Nutrition and Metabolism, 41(6 Suppl 3), pp.240-65, doi: <https://doi.org/10.1139/apnm-2015-0630>

⁵⁸ [Physical Activity - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/physical-activity)

⁵⁹ [Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612423/future-in-mind-promoting-protecting-and-improving-our-children-and-young-peoples-mental-health-and-wellbeing.pdf)

and national rates. For example, hospital admission rates for diabetes among children and young people aged 0-18 years in Bradford District were higher than both the England, and regional averages, at 64.1 admissions per 100,000 population, compared to 58 admissions per 100,000 population in England, and 63.7 admissions per 100,000 population in Yorkshire and the Humber.

Hospital admissions for Asthma (crude rates per 100,000 people aged 0-18), 2021/22⁶⁰

Bradford District	= 222.7
Yorkshire and the Humber	= 130.7
England	= 131.5

Bradford District is the only area in the region with a rate of more than 200 admissions for asthma per 100,000 people aged 0 to 18 in 2021/22.⁶¹

Hospital admissions for Epilepsy (crude rates per 100,000 people aged 0-18) in 2021/22⁶²

Bradford District	= 118.1
Yorkshire and the Humber	= 80.6
England	= 73.6

According to the 2021 Census data, in the Bradford District there are 12,607 individuals between the ages of 0 and 18 years who are disabled or have a long-term physical or mental health condition. This is 8.5% of the total population for this age group in the district.⁶³

Of children and young people with an Education Health and Care Plan (EHCP), 241 children in the Bradford District had a physical disability listed as their primary need in 2021/22. Physical disability was listed as a secondary need for a further 110 children with an EHCP⁶⁴.

4.1.8 Sleep

Insufficient or poor-quality sleep is associated with physical and mental health problems, including an increased risk of depression and anxiety.⁶⁵

Results from the Mental Health of Children and Young People in England survey in 2022 showed differences in sleep for children and young people aged 7-16.⁶⁶ Looking at those who experienced problems with sleep three or more times over the previous seven nights, the following was found:

Overall, 34% reported sleep as an issue. For children and young people with a probable mental health disorder this figure rose to 72.3% compared with 22.9% of those unlikely to

⁶⁰ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

⁶¹ OHID Fingertips

⁶² [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

⁶³ Census 2021

⁶⁴ <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england/2021-22>

⁶⁵ [Advancing our health: prevention in the 2020s – consultation document - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s)

⁶⁶ [Part 2: Sleep, loneliness and health behaviours - NHS Digital](#)

have a mental health disorder. There were differences by gender for those with a probable mental health disorder: 82.4% of girls had a sleep problem compared to 64.2% of boys.⁶⁷

When the rates found in the survey are applied to the population of Bradford District, it shows that there are likely to be a significant number of people in these age groups who are experiencing problems with sleep on three or more nights in the previous week. Table 1 below gives an idea of how many children and young people are likely to be affected. Based on the estimated count, the age group most affected by sleep problems would be those aged 17 – 23 years.

	6-10 Years	11-16 Years	17-23 Years	Total
All children and young people in this age category in Bradford District	39922	49134	48116	137172
Estimated number of children and young people with sleep problems	11458	18867	27474	57799
	28.7%	38.4%	57.1%	42%
Estimated number of children and young people with a probable mental health disorder	6827	3340	8132	18299
	17.1%	17.7%	16.9%	13%
Estimated number of children and young people with a probable mental health disorder with sleep problems	4062	2418	7050	13530
	59.5%	72.4%	86.7%	10%

Table 1: Estimated number of children and young people with sleep problems in Bradford District by age group derived from national prevalence as per NHS Digital 2022 data⁶⁸

The Born in Bradford: Age of Wonder young people's survey (2022-23 pre-release) found that 49% of children and young people in Bradford District slept well at night often and 43% slept well sometimes. Despite this, 26% were often tired during the day, and 39% were sometimes tired during the day.⁶⁹

Melatonin is a hormone that occurs naturally in people's bodies to help control sleep. A synthetic version of melatonin can be prescribed for people with sleep problems. Although Melatonin is mainly used to treat short-term sleep problems in people aged 55 and over, it is occasionally prescribed by specialists to help with longer-term sleep problems in some children and adults.⁷⁰

⁶⁷ [Part 2: Sleep, loneliness and health behaviours - NHS Digital](#)

⁶⁸ [Part 2: Sleep, loneliness and health behaviours - NHS Digital](#)

⁶⁹ Born in Bradford: Age of Wonder young people's survey (2022-23 prerelease)

⁷⁰ [About melatonin - NHS \(www.nhs.uk\)](http://www.nhs.uk)

In Bradford District and Craven 1311 people aged 1-18 were prescribed Melatonin in the year 2022/23 (Table 2).

Registered CCG	Age range	Patient Count
NHS Bradford District and Craven CCG	0-5yrs	111
NHS Bradford District and Craven CCG	6-11yrs	555
NHS Bradford District and Craven CCG	12-17yrs	645
NHS Bradford District and Craven CCG	18-20	150

Table 2: *Number of individuals receiving repeat prescriptions for Melatonin/age group*⁷¹

4.1.9 Special Educational Needs and Disabilities (SEND), Communication and Neurodiversity

SEND describes a learning difficulty or disability resulting in a child or young person needing additional health and education support. The presence of SEND can be a risk factor for mental health problems, and mental health difficulties are also a category of need within SEND.

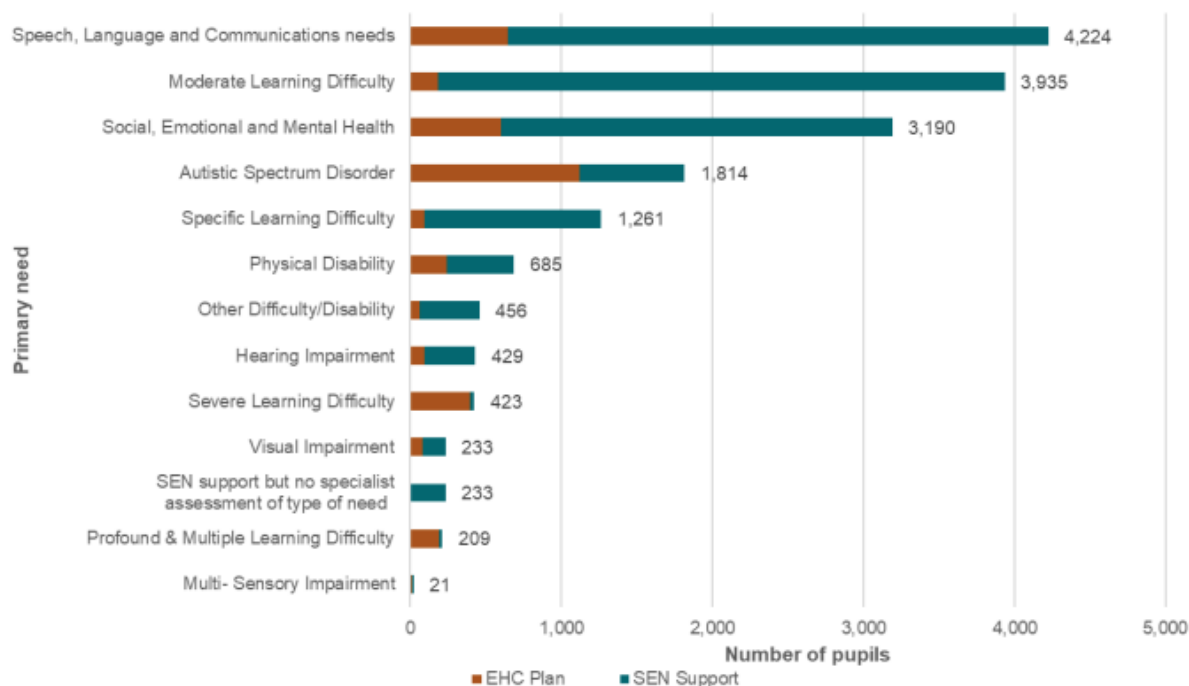
There are two types of educational support available: SEN support, and Education, Health and Care Plans (EHCPs). The four categories of need for children and young people with SEND are:

1. Communication and interaction
2. Cognition and learning
3. Social, emotional and mental health difficulties
4. Sensory and/or physical needs⁷²

These can be broken down further into more specific areas. Within Bradford District, the most common reasons for children and young people having SEN support or an EHCP are recorded as: speech, language and communication needs; moderate learning difficulty; social, emotional and mental health, and autistic spectrum disorder (Figure 7). While overall, children and young people with speech, language and communication needs are the largest category needing support of any kind, autism is the most common condition among children with an EHCP.

⁷¹ Bradford District and Craven Health and Care Partnership

⁷² [SEND Health Needs Assessment - May 2023.pdf \(bradford.gov.uk\)](#)



Source: School Census, Department for Education, 2022

Figure 7: Primary type of need by SEND cohort, pupils attending school in Bradford, January 2022⁷³

The Special Educational Needs and Disability Code of Practice: 0 to 25 Years describes Social, emotional and mental health difficulties as:

‘Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.’⁷⁴

Data for 2021/22 shows that the prevalence of children and young people diagnosed with SEMH needs in the Bradford district is 3.1%, which is above both the regional and national averages at 2.9% and 3% respectively.

In numerical terms, there have been just over 3,100 children in the Bradford district with SEMH needs in the last two years. The highest number was in 2020/21 (3,119) and the lowest in 2,903 (2015/16).

Secondary school aged children in the Bradford district generally have higher levels of SEMH needs than Primary school aged children. Secondary school age rates peaked in 2020/21 with 3.9%. Conversely, primary school age rates reached their lowest during the same period with 2.3%.

⁷³ [SEND Health Needs Assessment - May 2023.pdf \(bradford.gov.uk\)](#)

⁷⁴ [SEND Code of Practice January 2015.pdf \(publishing.service.gov.uk\)](#)

The latest data based on gender shows that the prevalence of males with SEMH needs in the Bradford district is 4.5%. This is more than double that of females in the district, which is currently at 1.7%.⁷⁵

As of December 2022, there were 19,495 children and young people aged 0-25 years living in Bradford identified as having SEND. Including young people up to 25 years old who have left school but still have an EHCP in place, as of January 2022 there were 4,891 children and young people living in Bradford with an EHCP.⁷⁶

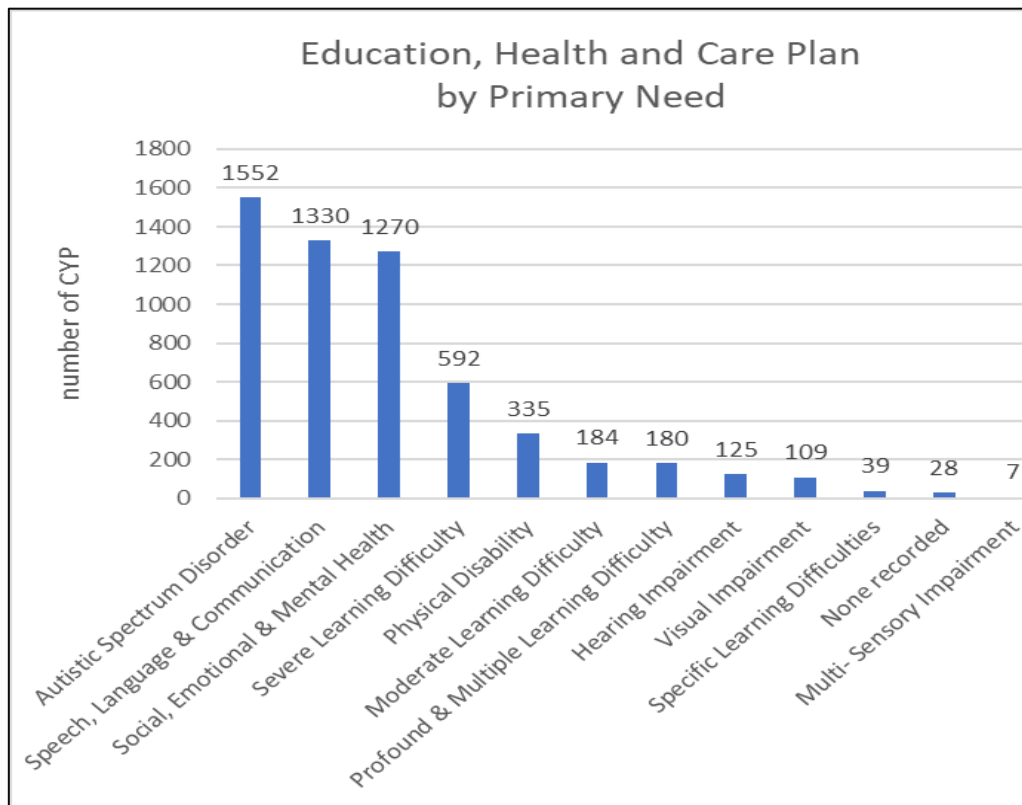


Figure 8: Reason for requirement of an Education, Health and Care Plan by Primary Need within Bradford District⁷⁷

The prevalence of mental health disorders is higher among children with SEND, compared to children with no identified SEND. In 2021, over half of 6 to 16 year olds in England identified as having SEND had a probable mental disorder (56.7%, compared with 12.5% of those without).⁷⁸

For a full description of SEND in Bradford, please see: [SEND Health Needs Assessment - May 2023.pdf \(bradford.gov.uk\)](#).

Good communication skills are a protective factor against mental health problems. Conversely, children with speech, language and communication needs are at increased risk of developing mental health problems. Children with mental health problems are also more likely to have co-occurring communication difficulties. Difficulties with communication are a

⁷⁵ Department for Education

⁷⁶ [SEND Health Needs Assessment - May 2023.pdf \(bradford.gov.uk\)](#)

⁷⁷ Capita

⁷⁸ [SEND Health Needs Assessment - May 2023.pdf \(bradford.gov.uk\)](#)

barrier both to diagnosis and accessing mental health interventions, which are often delivered verbally, e.g. cognitive behavioural therapy.⁷⁹

Bradford District has a significantly lower percentage of children achieving the expected levels in language and communication skills at the end of Reception year, compared to England 2021/22 (Figure 9).⁸⁰

In 2022 Speech, Language and Communications needs were the most common primary need for pupils attending school in Bradford identified as having SEND.⁸¹ They were the second highest reason for having an EHCP in 2023.

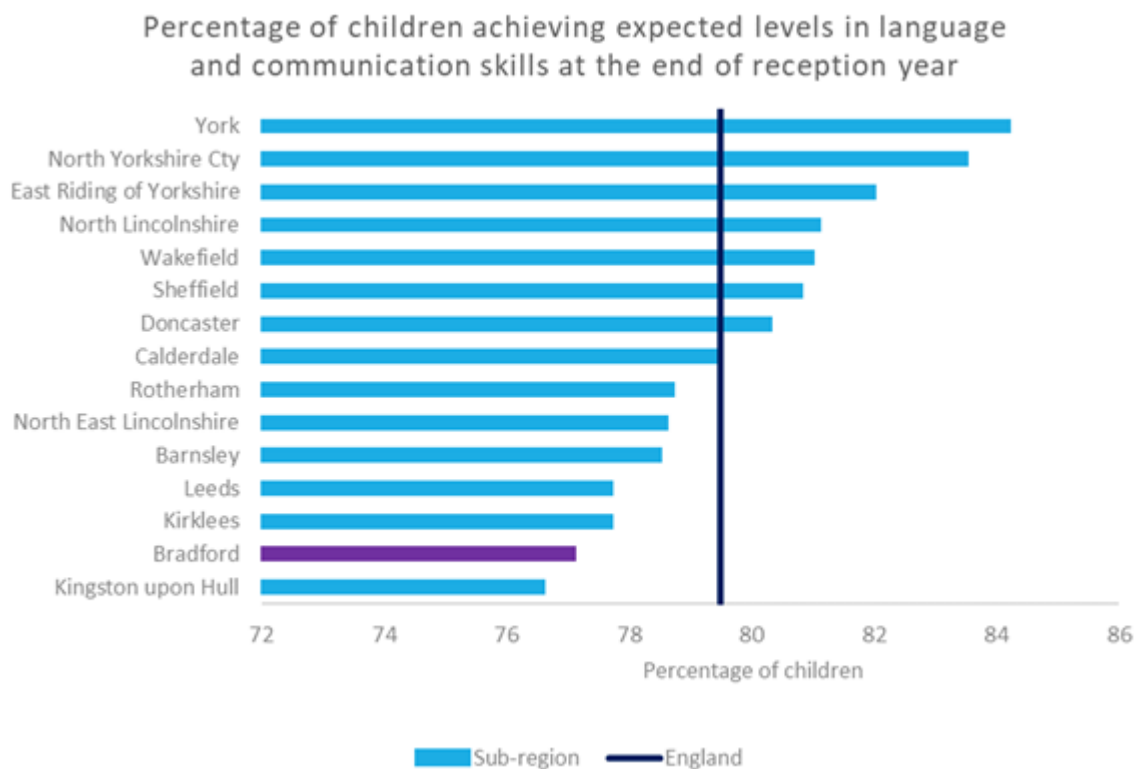


Figure 9: Percentage of children achieving expected levels in language and communication skills at the end of Reception year⁸²

Neurodiversity refers to differences in mental or neurological function to what is considered typical. Attention-deficit hyperactivity disorder (ADHD), Autism, dyslexia and dyscalculia are classed as forms of neurodiversity. Social expectations and lack of support and understanding may mean that neurodiverse children and young people are more susceptible to mental health problems.⁸³

⁷⁹ [improving-mental-health-outcomes.pdf \(rcslt.org\)](#) Royal College of Speech and Language Therapists

⁸⁰ OHID Fingertips

⁸¹ [SEND Health Needs Assessment - May 2023.pdf \(bradford.gov.uk\)](#)

⁸² OHID Fingertips

⁸³ [Neurodiversity : Mentally Healthy Schools](#)

In Bradford District 1552 children and young people had Autism listed as the primary need for having an (EHCP).

In the year 2022/23 there were 2413 referrals into local NHS Foundation Trusts for Autism / ADHD (Table 3).

	Total referrals 2022/23	Autism	ADHD	Autism and ADHD	Reason for referral not stated
Airedale NHS Foundation Trust (under 7 pathway)	223	223	N/A	N/A	0
Bradford Teaching Hospitals NHS Foundation Trust (under 7 pathway)	467	467	N/A	N/A	0
Bradford District Care Trust (7 to 18+ pathway)	1723	191	601	926	5
Total	2413	881	601	926	5

Table 3: Referrals for Autism and ADHD⁸⁴

Data from SystemOne shows that between April 2022- March 2023 there were 1,437 children (aged 0 to 17) diagnosed with Autism or ADHD in Bradford and Craven. Between 2006 and 2023 there have been 4,478 children diagnosed with Autism/ADHD. The registered population of 0-17 year olds in Bradford and Craven is 155,781. This means that approximately 2.9% of all registered children have an Autism or ADHD diagnosis.

4.1.10 Risk taking and adolescence

Adolescence is often the time when children and young people first engage in risk taking behaviour. These might include drinking alcohol and taking drugs, smoking, sexual risk taking and gambling. Young people may begin engaging in risk taking out of curiosity, rebelliousness, or because of their friends' behaviours. People may also use substances if they are unhappy, stressed or trying to cope with problems. Substances can affect mental health in different ways and can lead to long-term mental health problems.^{85 86} For example, people may use cannabis to help them relax, but there's evidence that it can bring on depression, particularly in teenagers.⁸⁷ Teenagers using cannabis regularly are also more likely to develop schizophrenia in later adulthood. The risk may be higher when using stronger forms of cannabis.⁸⁸

Risk taking behaviours are often seen alongside other factors influencing health and wellbeing. Adolescents living in poverty are at increased risk of depression, substance use,

⁸⁴ Autism Service, Bradford Teaching Hospitals NHS Foundation Trust

⁸⁵ [Drugs and mental health | Mental Health Foundation](#)

⁸⁶ [How are young people's mental health related to their sexual health and substance use? A systematic review of UK literature - PubMed \(nih.gov\)](#)

⁸⁷ [Causes - Depression in adults - NHS \(www.nhs.uk\)](#)

⁸⁸ [Causes - Schizophrenia - NHS \(www.nhs.uk\)](#)

and early sexual and criminal activity.⁸⁹ Poor mental health during adolescence is associated with lower educational attainment, poorer social skills, anti-social behaviours and higher rates of risky behaviours, such as unprotected sex, smoking, alcohol and drug misuse.⁹⁰ Conduct Disorder, drug and alcohol misuse, and learning difficulties contribute to the likelihood of children entering the criminal justice system, which has significant impacts on mental health and onward life chances.⁹¹

4.1.11 Substance Use

A national survey in 2022 found that most children and young people aged 11 to 16 years (94.1%) reported that they had **not** had alcohol in the previous 7 days. This figure drops to 47.2% of 17-22 year olds.⁹²

An overwhelming majority (98.8%) of children and young people aged 11 to 16 years reported that they had **not** had cannabis and other drugs in the previous 7 days. The figure was lower for 17 to 22 year olds at 88.8%, but still indicates that the vast majority of young people do not take cannabis or other drugs on a weekly basis.⁹³

According to the Born in Bradford: Age of Wonder young people's survey (2022-23 pre-release), 3.45% (65/1882) of the young people aged 12 to 15 who were surveyed in Bradford schools in 2022/23 reported ever trying drugs (65/1882) with cannabis being the most frequently tried, followed by nitrous oxide, spice and prescription drugs.⁹⁴

Drugs and alcohol were the reason given for 4.5% of permanent exclusions in the Spring Term 2021/22 in the Bradford District this is less than the national average of 5.8%.⁹⁵

However, Bradford District has had higher rates of hospital admissions for substance use than England from 2008/09 (Figure 10). Data for 15-24 year olds from 2018/19 – 2020/21 indicate the current rate of hospital admission is 109.5 per 100,000 – this is the fourth highest in the region and represents 220 admissions over that period.⁹⁶ Admissions for females in Bradford are consistently higher than the national rate and higher than admissions for males for substance/alcohol use. Male admissions more closely match rates seen nationally although have increased in the last two years.⁹⁷

⁸⁹ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

⁹⁰ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

⁹¹ [Mental health of children in England \(publishing.service.gov.uk\)](#)

⁹² [Part 2: Sleep, loneliness and health behaviours - NHS Digital](#)

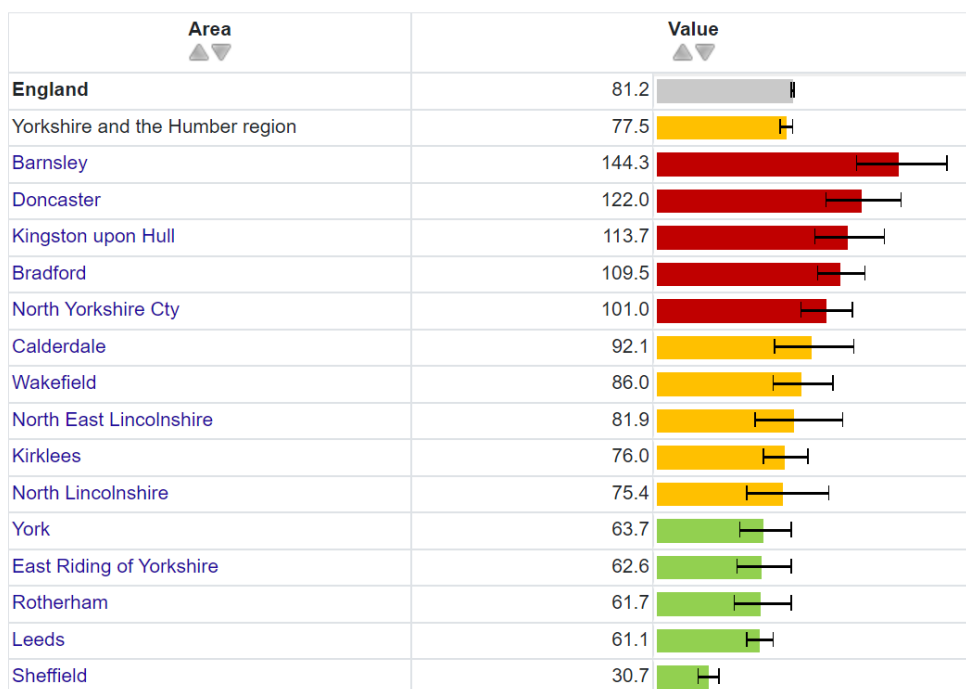
⁹³ [Part 2: Sleep, loneliness and health behaviours - NHS Digital](#)

⁹⁴ Born in Bradford: Age of Wonder young people's survey (2022-23 prerelease)

⁹⁵ [Permanent exclusions and suspensions in England: 2021 to 2022 - GOV.UK \(www.gov.uk\)](#)

⁹⁶ [Public health profiles - OHID \(phe.org.uk\)](#)

⁹⁷ OHID Fingertips



Source: Hospital Episode Statistics (HES)

Figure 10 – Hospital admissions due to substance misuse (15-24 years) 2018/19-2020/21 directly standardised rate per 100,000.⁹⁸

The number of young people in treatment in Bradford District for substance use are detailed in Table 4, below. In 2021/22 all 25 children and young people in treatment were receiving this for cannabis use. Of these, 40% were also receiving help in relation to alcohol.

In Treatment Population <18 years	2019/20	2020/21	2021/22	2022-23
Young People in substance use treatment	65	45	25	36

Table 4: number of children and young people engaged with substance use services in Bradford by year⁹⁹

4.1.12 Smoking

The links between smoking and mental health are complex. Smoking is much more common among people with mental health problems from depression to schizophrenia. Those with mental ill health are estimated to account for around a third of all cigarettes smoked.¹⁰⁰ Some people use smoking to ease feelings of stress, but research has shown that it actually increases anxiety and tension.¹⁰¹

⁹⁸ Hospital Episodes Statistics

⁹⁹ Provider data

¹⁰⁰ [Smoking and mental health | RCP London](#)

¹⁰¹ [Smoking and mental health | Mental Health Foundation](#)

A large proportion of adults start smoking during childhood. The prevalence of smoking among young people is declining overall; however this remains a pivotal time when habits for life are created.¹⁰²

A national survey in 2022 found that 98.5% children and young people aged 11 to 16 years reported that they had not had cigarettes in the previous 7 days. The figure was slightly lower for 17-22 year olds at 86%.¹⁰³

There is limited data on the number of children and young people who smoke in Bradford District. Very few young people access help for smoking cessation in Bradford (<10 per year). Of the 1879 young people (Year 8-10) responding to the Born in Bradford: Age of Wonder young people's survey (2022-23 prerelease) only 3.4% reported that they had ever tried cigarettes.¹⁰⁴ This compares with 12% in the UK.¹⁰⁵ In addition, fewer in Bradford said that they had tried vaping, at 14% in Bradford¹⁰⁶ compared to 20% nationally.¹⁰⁷

4.1.13 Sexual Activity

Safe, consensual sex can be a part of healthy and fulfilling romantic relationships, and adolescence is when many young people begin to explore this for the first time. However, unprotected, unsafe or non-consensual sex can result in sexually transmitted disease, unplanned pregnancy, abuse and trauma.

Young mothers can be particularly vulnerable to experiencing postpartum depression, stress and feelings of isolation.¹⁰⁸ In 2021/22, the percentage of births to mothers in Bradford under 18 years was 0.9%, higher than 0.6% in England overall. This may be due to the fact that Bradford has one of the youngest populations in the country.¹⁰⁹ In 2021, the conception rate for under-18yrs in Bradford was 14.9 per 1,000 girls aged 15 to 17 years, similar to the rate of 13.1 in England. In the same year 38.3% of conceptions to those aged under 18 years in the district led to an abortion. This was lower than regional (44.5%) and national (53.4%) levels.¹¹⁰

The most frequently diagnosed sexually transmitted infection (STI) locally and nationally is chlamydia infection, which affects mostly young people. Since chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences.

The chlamydia detection rate per 100,000 females aged 15 to 24 years in Bradford was 1,348 in 2022: lower than the rate of 2,110 for England. In 2022, 10% of the target population were screened in Bradford compared to 15% in England. The lower rates of both test uptake and positive tests among young people may represent real differences in

¹⁰² [Smoking, Drinking and Drug Use among Young People in England 2018 \[NS\] - NHS Digital](#)

¹⁰³ [Part 2: Sleep, loneliness and health behaviours - NHS Digital](#)

¹⁰⁴ Born in Bradford: Age of Wonder young people's survey (2022-23 prerelease)

¹⁰⁵ [Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS Digital](#)

¹⁰⁶ Born in Bradford: Age of Wonder young people's survey (2022-23 prerelease)

¹⁰⁷ [Part 4: Electronic cigarette use \(vaping\) - NHS Digital](#)

¹⁰⁸ [MHF-young-mums-together-pilot-report.pdf \(mentalhealth.org.uk\)](#)

¹⁰⁹ [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

¹¹⁰ [Public health profiles - OHID \(phe.org.uk\)](#)

prevalence, but these rates are also influenced by screening coverage and whether most at risk populations are being reached (i.e. the proportion testing positive).¹¹¹

4.1.14 Gambling

A national survey in 2022 found that 99.6% of children and young people aged 11 to 16 years reported that they had not gambled money online in the last seven days. For 17-22 year olds this drops slightly to 94.2%.¹¹²

In Bradford District most children and young people do not report having being involved in gambling (>90%). However, for those that have gambled in the last year, private bets (5%) and slots (8%) were most common.¹¹³

4.1.15 Body image

Evidence shows that body dissatisfaction in adolescence predicts poor physical and mental health outcomes, including eating disorders and depression. Being concerned with appearance was found to be a leading cause of unhappiness among young people by the Children's Society. It found that appearance concerns are increasing year on year.¹¹⁴

Bradford's Age of Wonder found that eating disorders appear to be areas of concern with nearly one in five Bradford teenagers reporting a problem.¹¹⁵

4.2 Interpersonal Relationship Level Factors

Interpersonal relationships can be between friends, family or romantic partners, or connections built with other important people such as teachers or neighbours. Like many factors these relationships have the potential to make both negative and positive impacts.

4.2.1 Family Relationships

The primary predictor of children's mental health is the quality of the parent child relationship and parenting.¹¹⁶ Positive family relationships are very important to child mental health and wellbeing. Having consistent, warm and supportive familial connection promotes positive mental wellbeing and provides a safe place to manage challenges, mitigating and protecting against negative experiences that might otherwise result in poorer mental health.¹¹⁷

The relationships in a family during pregnancy, infancy and childhood are of fundamental importance for the future mental health of a child. The development of the child's brain during pregnancy and the first two years of life provides the foundations for more advanced skills in the future.¹¹⁸ Sensitive and responsive caregiving, especially in the early years, is important for secure attachment, creating an important protective foundation for children's mental health. Early parental care that is more sensitive has been shown to predict lower

¹¹¹ [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk)

¹¹² [Part 2: Sleep, loneliness and health behaviours - NHS Digital](https://www.nhs.uk)

¹¹³ AoW PRERELEASE 2022/23

¹¹⁴ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

¹¹⁵ Mental Health and Wellbeing in Schools (Sep 2023) Age of Wonder

¹¹⁶ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](https://www.fph.org.uk)

¹¹⁷ [The Contributing Role of Family, School, and Peer Supportive Relationships in Protecting the Mental Wellbeing of Children and Adolescents - PMC \(nih.gov\)](https://www.nih.gov)

¹¹⁸ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](https://www.fph.org.uk)

costs to society many years later, independent of poverty, child and youth antisocial behaviour levels and IQ.¹¹⁹

Adversity in childhood, such as experiencing abusive or neglectful parenting, drug and alcohol misuse, parental mental illness, inter-parental conflict, divorce or bereavement are important predictors of future mental and physical health. If left unaddressed, there can be a cumulative effect over the years, creating a cycle of risk and distress.¹²⁰

For the parents, factors such as poverty, substance use, mental health problems, domestic abuse and a history of childhood abuse can make it difficult for them to provide their baby with the care that they need to thrive.¹²¹

Supporting parents to overcome these issues and developing healthy family relationships can have a positive impact on both the adults and children. This in turn can reduce the cycle of some children growing up to repeat the harmful behaviours they experienced in childhood.¹²² As these challenges can begin from birth, it is important that families who need support are identified early and given tailored support to prevent future problems.¹²³ There is a need to focus on how conditions are prevented, not just on how they are treated.¹²⁴

Children need positive approaches and consistent boundary setting to develop respect for the needs of other people. Harsh and inconsistent discipline is a key cause of conduct disorder, whilst abusive discipline is one of the most recognised manifestations of child abuse.¹²⁵ A history of abuse is a risk factor for depression, eating disorders, schizophrenia and self-harm.¹²⁶ Both abuse and neglect are risk factors for suicide.¹²⁷

A national survey of over half a million children found that children who were unhappy with their family life were nine times more likely to be unhappy with their life overall. 70% of children who were unhappy with their family life were unhappy with their mental health.¹²⁸

As of 31st March 2023, there were 6192 children and young people with an open case to Bradford Children's Social Care. Of these:

- 1589 were children in care
- 961 were subject of a Child Protection Plan
- 1328 were subject of a Child in Need Plan
- 652 were Care Leavers
- 550 were recorded as having a disability.

'Children who need protecting may include those who experience harm in their own family and those who are harmed or exploited by others, including their peers, in their community and/or online. Suffering or being likely to suffer significant harm is the threshold for child protection enquiries and can take different forms, including sexual, physical or emotional abuse, neglect or domestic abuse (including controlling or coercive behaviour), exploitation

¹¹⁹ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](#)

¹²⁰ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

¹²¹ [PIPUK-Rare-Jewels-FINAL.pdf \(parentinfantfoundation.org.uk\)](#)

¹²² [Advancing our health: prevention in the 2020s – consultation document - GOV.UK \(www.gov.uk\)](#)

¹²³ [Advancing our health: prevention in the 2020s – consultation document - GOV.UK \(www.gov.uk\)](#)

¹²⁴ [Advancing our health: prevention in the 2020s – consultation document - GOV.UK \(www.gov.uk\)](#)

¹²⁵ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

¹²⁶ [Mental health of children in England \(publishing.service.gov.uk\)](#)

¹²⁷ [Mental health of children in England \(publishing.service.gov.uk\)](#)

¹²⁸ [The Big Ask - The Big Answer \(childrenscommissioner.gov.uk\)](#)

by criminal gangs or organised crime groups, trafficking, online abuse, sexual exploitation, and the influences of extremism which could lead to radicalisation'.¹²⁹

Working together to Safeguard Children 2023

Data from 2023 showed that Bradford District's rate of children who were subject to a child protection plan was higher than national, regional and statistical neighbour rates (Figure 11).

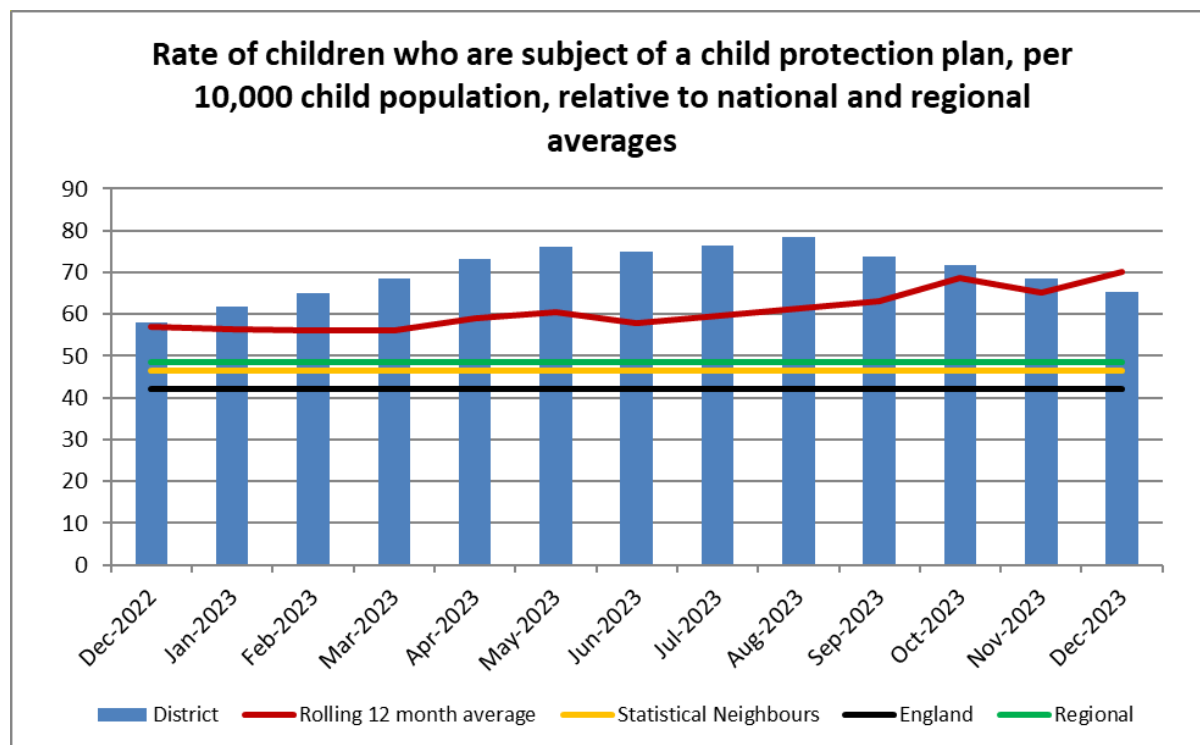


Figure 11: Rate of children who are subject to a child protection plan¹³⁰

During 2022-23 Bradford's Children's Social Care teams carried out 20,575 assessments on 11,079 children. The following numbers of children and young people were assessed as having these factors of concern:

- Abuse, neglect or exploitation – 3952
- Domestic abuse – 3239
- Parental alcohol or drug misuse – 2035
- Parental mental health – 2632
- Parental disability –590

NB: Each assessment can have multiple factors recorded, so children may be represented more than once in the figure above. These were not the only factors recorded but have been listed here as they relate to children's mental health.

¹²⁹ [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1142222/Working_together_to_safeguard_children_2023_statutory_guidance.pdf)

¹³⁰ Bradford Children and Families Trust

4.2.2 Domestic Abuse

Being exposed to domestic abuse has serious consequences for children and young people. It can have harmful effects on how they feel, think and behave.¹³¹ This effect happens even before birth, with babies able to experience adversity in the womb. Research has shown that unborn babies from families experiencing domestic abuse are more responsive to threats, more irritable and more difficult to soothe once they are born.¹³²

The law has now been updated to reflect the impact of domestic abuse on children. The Domestic Abuse Act 2021 states that a child who sees, hears, or experiences the effects of domestic abuse and is related to the victim or the suspect is also to be regarded as a victim.¹³³

The NSPCC explains that signs that a child has experienced domestic abuse can include aggression or bullying, anti-social behaviour such as vandalism, anxiety, depression or suicidal thoughts, attention seeking, bed-wetting, nightmares or insomnia, constant or regular sickness e.g. colds, headaches and mouth ulcers, drug or alcohol use, eating disorders, problems in school or trouble learning, tantrums or withdrawal. Children and young people may feel frightened and confused and may not tell others about the abuse.¹³⁴

Data from Crime Survey for England and Wales (CSEW) for the year ending March 2020 shows 20.8% of adults aged 16 to 74 reported having experienced domestic abuse at some point in their adult life. Of these, 67% were women, with women aged 16 to 19 years estimated to be more likely to have been victims and survivors of domestic abuse than women aged 20 and above.¹³⁵ People who were unemployed or ill were more likely to have experienced domestic abuse in the last year. Unemployed women were nearly three times more likely to have experienced domestic abuse in the last year (13.1%) than unemployed men (5%). People with a disability were more likely to have experienced domestic abuse in the last year, the figure was higher amongst disabled women.

Of defendants in domestic abuse-related prosecutions in the year ending March 2021, 92% were men. Research identifies young adulthood as a factor that can be predictive of both perpetration and victimisation, as does unemployment.¹³⁶

A history of criminal activity or antisocial behaviour has been linked to an increased risk of perpetrating domestic abuse. Studies have found complex, but significant relationship between alcohol and substance use, and domestic abuse perpetration. Certain mental health problems are also risk factors for perpetration and victimisation.¹³⁷

Experiencing abuse in childhood is one of the most consistent predictors of later perpetration or victimisation. Being exposed to violence in the home has been shown to be predictive of experiencing intimate partner violence in later life.¹³⁸

Being disadvantaged in terms of level of education, occupation, and income is a risk factor for domestic abuse. Families experiencing financial stress and male unemployment have higher rates of domestic abuse.¹³⁹

¹³¹ [How to Protect Children From Domestic Abuse | NSPCC](#)

¹³² [Building Babies' Brains - Parent-Infant Foundation \(parentinfantfoundation.org.uk\)](#)

¹³³ [Children classed as domestic abuse victims under new guidance | The Crown Prosecution Service \(cps.gov.uk\)](#)

¹³⁴ [How to Protect Children From Domestic Abuse | NSPCC](#)

¹³⁵ [Tackling Domestic Abuse Plan - Command paper 639 \(accessible\) - GOV.UK \(www.gov.uk\)](#)

¹³⁶ [Tackling Domestic Abuse Plan - Command paper 639 \(accessible\) - GOV.UK \(www.gov.uk\)](#)

¹³⁷ [Tackling Domestic Abuse Plan - Command paper 639 \(accessible\) - GOV.UK \(www.gov.uk\)](#)

¹³⁸ [Tackling Domestic Abuse Plan - Command paper 639 \(accessible\) - GOV.UK \(www.gov.uk\)](#)

¹³⁹ [Tackling Domestic Abuse Plan - Command paper 639 \(accessible\) - GOV.UK \(www.gov.uk\)](#)

At a community level, disadvantaged communities, with low levels of employment, and a high proportion of single-parent-led households have been shown to be linked to higher levels of intimate partner violence. An acceptance of gender inequality and violence within communities can also increase the risk of perpetration and victimisation.¹⁴⁰

In Bradford many of the risk factors identified above are present. This is reflected in police statistics. West Yorkshire had the highest rate of domestic abuse related incidents and reported crimes in England in 2021/22.¹⁴¹ In the 12 months to June 2023 there were 20,172 incidents of domestic abuse reported in Bradford District. This was the second highest number of incidents in West Yorkshire. Around a quarter of incidents had a one or more children recorded as present. 52.7% of suspects were classified as White, followed by 27.2% who were classified as Asian.¹⁴²

During 2022-23 there were 3239 children and young people assessed by Children's Social Care as having domestic abuse as a factor of concern.

4.2.3 Parental Substance Use

If parents use substances regularly, excessively, or have a dependence on them, significant detrimental effects are recognised, including for the mental health of their children.¹⁴³

Smoking and substance use during pregnancy have been identified as a risk factor associated with mental health problems in children.¹⁴⁴

The latest data for 2022/23 indicated that 11.3% of mothers were known to be smokers at the time of delivering their child. This is significantly higher than the average for England, at 8.8%, and slightly lower than the average for Yorkshire & the Humber, at 11.6% (Figure 12).

¹⁴⁰ [Tackling Domestic Abuse Plan - Command paper 639 \(accessible\) - GOV.UK \(www.gov.uk\)](#)

¹⁴¹ [Public health profiles - OHID \(phe.org.uk\)](#)

¹⁴² West Yorkshire Police

¹⁴³ [Parental substance misuse | NSPCC Learning](#)

¹⁴⁴ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](#)

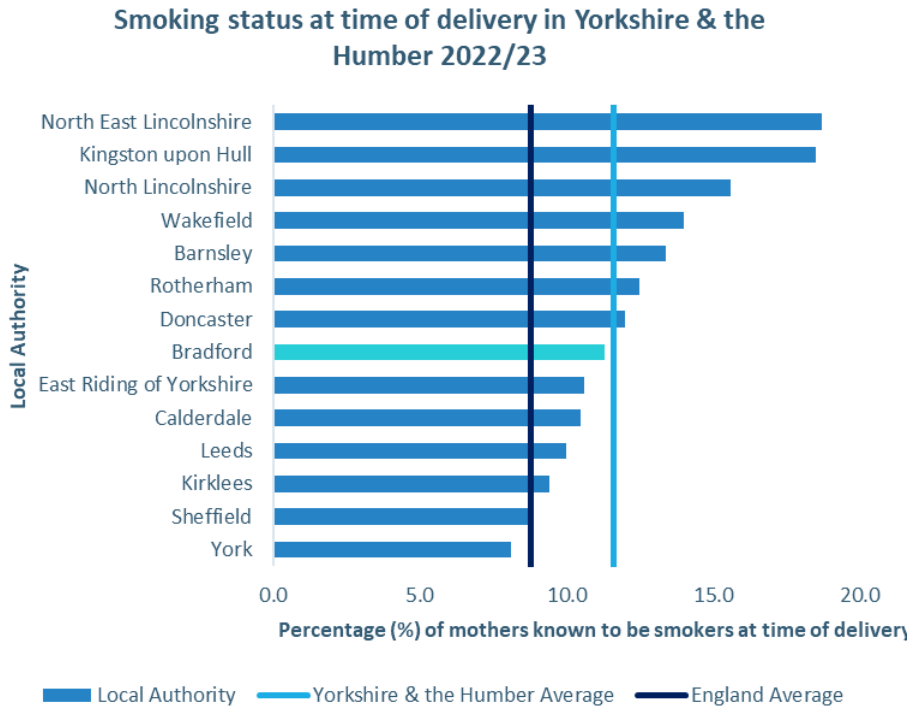


Figure 12: Smoking status at time of delivery in Yorkshire and Humber 2022/23

In terms of trends, Bradford District has seen consistently higher rates of smoking at the time of delivery than England, and similar to Yorkshire & the Humber (Figure 13). However all areas indicate that this is improving and are declining at a similar rate. However, Bradford District continues to be significantly higher than the national average.

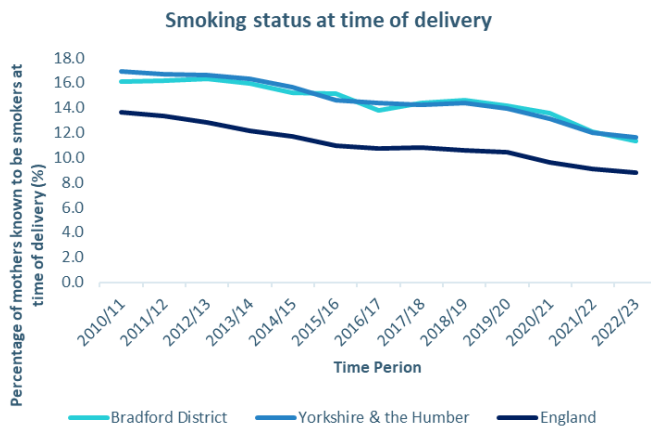


Figure 13: Smoking Status at the time of delivery locally, regionally and nationally, 2010-11 to 2022-23

Alcohol use during pregnancy is the sole risk factor for foetal alcohol spectrum disorder. The disorder is a lifelong neurodevelopmental condition that affects intellectual, emotional and

physical development. It often leads to behavioural, emotional and psychological difficulties.¹⁴⁵

Children and young people with lived experience of parental substance use describe themes of chaotic childhoods, lacking in both practical and emotional support. Many describe taking on premature and inappropriate caring roles and responsibilities, missed time in education and stigma. Some children and young people felt that parents had good intentions despite their difficulties; however, for others there were themes of abuse and violence - particularly in the case of alcohol use.¹⁴⁶

Substance use can co-exist with a range of other, often intergenerational harms such as abuse and neglect, homelessness, offending behaviours, unemployment and poverty. Nationally parental drug and alcohol use was implicated in 16% and 17% of 'children in need'* cases respectively, and 36% of serious case reviews involving the death or serious harm of a child.¹⁴⁷ Barnardos also estimate that 10% of young carers in the UK are assisting someone struggling with substance misuse.¹⁴⁸

Estimates for the number of children affected by parental substance misuse vary and it is often referred to as a "hidden harm" because of how frequently it goes unrecognised.¹⁴⁹ Just over half of the 3590 adults receiving treatment for substance misuse within Bradford District had links to children, whether as a parent or carer, or as an adult living with children and/ or young people (Table 5). This is very likely to be an underestimate of the total number - National Drug Treatment Monitoring Data predict 76% of problematic alcohol users and 49% opiates users within Bradford were not accessing support in 2019/20. Accounting for unmet need, they estimate between 3361 and 3541 children in Bradford were living with an adult with alcohol and/or opiate misuse issues at this time.¹⁵⁰ The Children's Commissioner's Office gives estimates that are higher, suggesting there may be 5820 (4.11%) 0-17 year olds in Bradford in 2019 living with an adult who had substance use issues.¹⁵¹

Whilst not all families with parental substance use issues are known to Bradford Children's Social Care Teams, 18% (n=2035) of all cases reviewed in 2022-23 involved concern for parental substance misuse. In 2018, 149 families received support from Families First for alcohol or drug related problems.¹⁵²

*Children in need: "a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children's social care services, or the child is disabled."¹⁵³

¹⁴⁵ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](#)

¹⁴⁶ <https://www.jrf.org.uk/report/effect-parental-substance-abuse-young-people>

¹⁴⁷ [Parents with drug and alcohol problems: adult treatment and children and family services \(2021\) PHE](#)

¹⁴⁸ [Still Hidden Still Ignored Barnardo's young carers report.pdf \(barnardos.org.uk\)](#)

¹⁴⁹ [Hidden Harm \(publishing.service.gov.uk\)](#)

¹⁵⁰ [Parents with problem alcohol and drug use: Data for England and Bradford, 2019 to 2020 \(ndtms.net\)](#)

¹⁵¹ [Estimating the Prevalence of the 'Toxic Trio' of family issues for each local area in England \(2019\) Children's Commissioner's Office](#)

¹⁵² [Health Needs Assessment of Adverse Childhood Experiences in Bradford \(2019\) City of Bradford Metropolitan District Council](#)

¹⁵³ [Children Act 1989 \(legislation.gov.uk\)](#)

Parental Status - In Treatment Population	2019/20		2020/21		2021/22	
	Parent living with children	825	22.0%	885	23.6%	845
Not a parent and living with children	330	8.8%	340	9.1%	275	7.3%
Parent not living with children	1250	33.3%	960	25.6%	690	18.4%
Not a parent and not living with children	1345	35.9%	1435	38.3%	1780	47.5%
Total	3750		3620		3590	

Table 5: Clients of substance use services in Bradford District¹⁵⁴

4.2.4 Parents with mental ill health

Mental health problems in parents are an important predictor of their children’s mental health and wellbeing.¹⁵⁵ Parental mental health problems are a significant factor in around 25% of new referrals to social service departments, and over a third of adults with mental health problems are parents. Parental mental illness has the potential to affect parenting and is associated with higher instances of abuse and neglect.¹⁵⁶

Children of parents who have difficulties with their own mental health are more likely to have a mental illness, when compared with children of parents with no signs of a common mental illness.¹⁵⁷ A family history of depression is a risk factor for children and young people developing depression.¹⁵⁸ Mental illness and a history of suicide in the family are risk factors for suicide.¹⁵⁹

Maternal depression is associated with a five-fold increased risk of mental illness for the child.¹⁶⁰ Mental health problems in the perinatal period can compromise the healthy emotional, cognitive and even physical development of the child. Paternal depression also has a negative impact on the child, and although the exact numbers of men affected is unknown, it is estimated to be a significant concern.

In Bradford District, 6807 women gave birth in the year 2022/23.¹⁶¹ An estimated 10-20% of women develop a mental health problem during pregnancy or within the first year after having a baby.¹⁶² This would equate to 680 – 1,361 women in the district for the year 2022/23.

The Public Health Nursing team deliver the universal Health Visiting service, with a focus on parental emotional wellbeing. The Specialist Mother and Baby Mental Health Service (SMABS) support women at high risk of becoming severely mentally ill, or who are currently severely mentally ill, within the perinatal period. In the year 2022/23, a total of 335 women

¹⁵⁴ Bradford Public Health Substance Use Service

¹⁵⁵ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

¹⁵⁶ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

¹⁵⁷ [Children whose families struggle to get on are more likely to have mental disorders - Office for National Statistics \(ons.gov.uk\)](#)

¹⁵⁸ [Mental health of children in England \(publishing.service.gov.uk\)](#)

¹⁵⁹ [Mental health of children in England \(publishing.service.gov.uk\)](#)

¹⁶⁰ [Mental health of children in England \(publishing.service.gov.uk\)](#)

¹⁶¹ LMS (Local Maternity Systems)

¹⁶² [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

accessed SMABS.¹⁶³

It is difficult to define the rates of parental mental health problems, firstly due to under-identification of parental mental health issues and secondly due to incomplete recording of the caring responsibilities of mental health service users.¹⁶⁴ This is true in Bradford District, where only 0.004% of people in the Mental Health Services Data Set were flagged as “yes” under the parental responsibility field¹⁶⁵.

Due to lack of available data for all mental health conditions, calculations have been made from the data that are available. In 2021/22, 13.2% of adults in the Bradford District were in contact with services for depression.¹⁶⁶ This is a slightly higher prevalence than England and the same as Yorkshire & the Humber. Trends show that the prevalence of depression has increased year on year since 2013/14.

If, as the Mental Health Foundation report states, over one third of adults with mental health problems are parents, this would suggest that around 18,000 adults in the Bradford District receiving help for depression are parents. This is based on the percentage of people with depression being applied to the latest count of people aged 18+ in the Bradford District (405,510).

Around 4,500 adults are receiving help for other mental health conditions, such as schizophrenia, bipolar affective disorder and other psychoses. Using the same calculation as for depression, this suggests that there are around 1,500 of people with these conditions who are parents.

Therefore, in total around 19,000 people with these mental health conditions in Bradford District are estimated to be parents. However, this indicator does not measure all mental health conditions and therefore, the actual number of parents receiving help for any mental health problem is likely to be higher.

It should also be noted that Bradford District’s prevalence of mental health disorders as per the Quality Outcome Framework (a system designed to remunerate general practices for providing good quality care, and to fund further improvement work¹⁶⁷) is significantly higher than that of both the regional and national levels. As with the data for depression, trends indicate that this is increasing and getting worse.

4.2.5 Children in care

For children who are in care the Local Authority becomes their corporate parent. This is a unique and special responsibility for some of the most vulnerable children within our society. Nothing can replace the love and belonging of family, but fully embracing the potential of the identity as thousands of corporate parents - experts in health, housing and employment, in addition to social care – could help us better support these children with opportunities to thrive.¹⁶⁸

Children in local authority care will have at least one adverse childhood experience, and mental health problems are therefore common in this group. Approximately 50% of 5-17 year

¹⁶³ Bradford District and Craven Health and Care Partnership

¹⁶⁴ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

¹⁶⁵ Bradford District and Craven Health and Care Partnership

¹⁶⁶ Quality Outcome Framework

¹⁶⁷ [QOF Guidance and Business Rules | Department of Health \(health-ni.gov.uk\)](#)

¹⁶⁸ [Applying corporate parenting principles to looked-after children and care leavers \(publishing.service.gov.uk\)](#)

olds in care have at least one mental health problem, rising to 60% for those in residential care.¹⁶⁹

In the Children’s Commissioner’s Big Ask, children supported by children’s social care (in care or with a social worker) were 90% more likely to be unhappy generally in their lives than other children.¹⁷⁰ Despite this, when well delivered, care can give children a loving and supportive basis which enables them to focus on their future aspirations. The most positive descriptions of care often described it as an extension of the relationships they had with parts of their family.¹⁷¹

In July 2021 there were 1373 children in care in the Bradford District.¹⁷² The rate was higher than national, regional and statistical neighbour rates.¹⁷³ This increased to 1447 in 2022, a crude rate of 103 per 10,000 child population. The rate is higher than the England (70) and regional (81) rates and the highest rate in West Yorkshire.¹⁷⁴ As of November 2023 there were 1559 children in care and 947 care leavers in the district.¹⁷⁵

Figure 14 below shows the prevalence of children in care between December 2022 and December 2023. The figures in Bradford District are higher than national, regional and statistical neighbours.

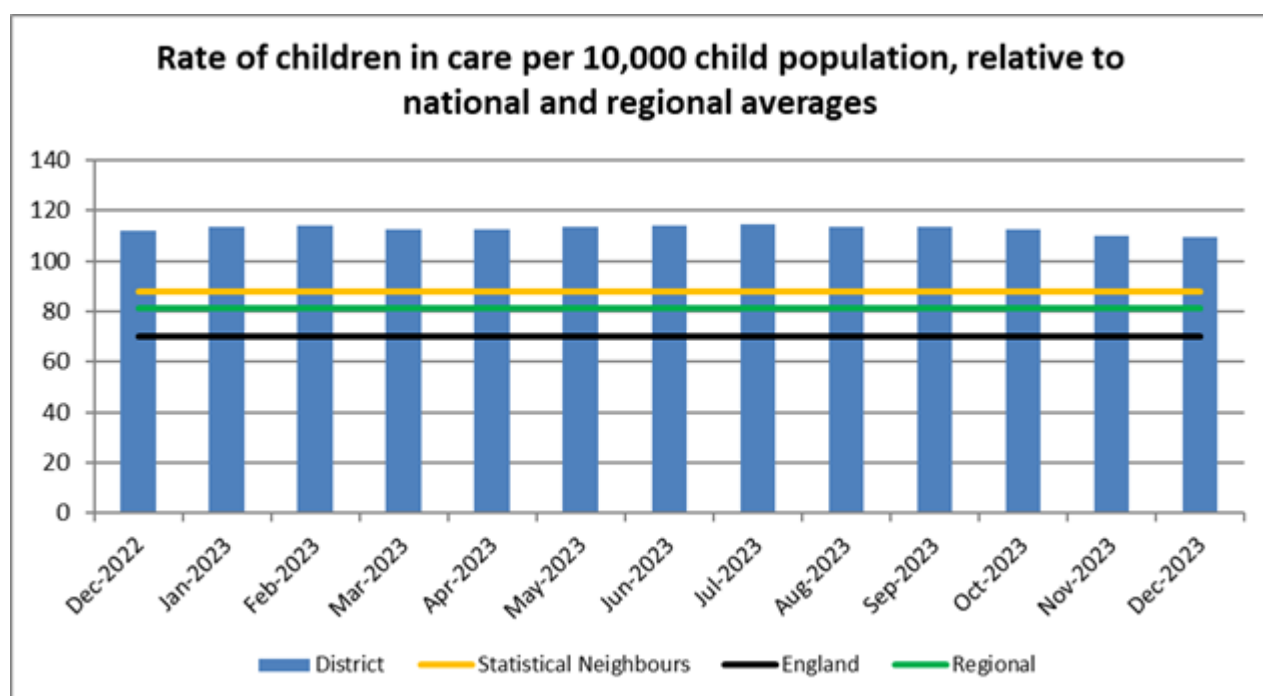


Figure 14: Rate of children in care in Bradford District per 10,000 child population, relative to national and regional averages.¹⁷⁶

Each year a Strengths and Difficulties Questionnaire is completed for all Children in Care aged 4 or over by their carer. The questionnaire asks about their wellbeing and behaviours.. At the end of the last financial year, 31.3% of children in care in the Bradford District had a score that indicated a high degree of need particularly around social/emotional support. This

¹⁶⁹ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

¹⁷⁰ [The Big Ask - Big answers \(childrenscommissioner.gov.uk\)](#)

¹⁷¹ [The Big Ask - The Big Answer \(childrenscommissioner.gov.uk\)](#)

¹⁷² [PowerPoint Presentation Template - Approved Corporate Design \(modern.gov.co.uk\)](#)

¹⁷³ [PowerPoint Presentation Template - Approved Corporate Design \(modern.gov.co.uk\)](#)

¹⁷⁴ [children and young people's Mental Health and Wellbeing - OHID \(phe.org.uk\)](#)

¹⁷⁵ Bradford Children’s Improvement Board Vital Signs Report November 2023 data

¹⁷⁶ Bradford Children and Families trust

was an increase from 28.2% the previous year.

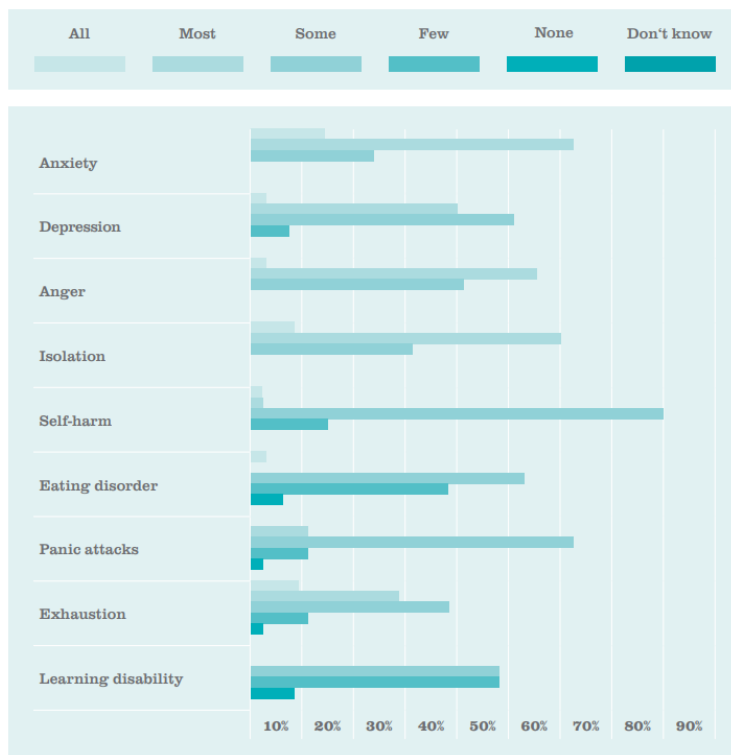
4.2.6 Young Carers

Young carers are children and adolescents (under 18 years) who provide unpaid, non-contractual emotional or practical support to a family member or friend.^{177, 178} According to the 2021 Census there were 120,000 young carers living in England (5-17 year olds).¹⁷⁹ Children’s charities estimate true national prevalence to be many times higher than this, as young carers’ work frequently goes unrecognised both externally and by the young person themselves, and is sometimes consciously undisclosed due to stigma or fear of what this might mean for the family.¹⁸⁰

Young carers are often proud of the care they give, but an unhealthy balance of responsibility, or lack of support can make them unable to fully address their own needs. Caring can be emotionally and physically challenging, and two thirds of young carers describe commencing their caring role as early as primary school.¹⁸¹

The Children’s Society report one in three young carers have a mental health issue, and mental health support was one of the top three support service priorities identified by young carers themselves in focus groups held by the Children’s Commission in 2016.^{182, 183} The observations of Barnardos practitioners on the type of issues they note in their work with young carers illustrates this well – see below.

Fig 1.4 In your opinion, how many of the young carers you work with have/had the following issues?



¹⁷⁷ [Children and Families Act 2014 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2014/12)

¹⁷⁸ [Care Act 2014 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2014/12)

¹⁷⁹ [Unpaid care, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

¹⁸⁰ [Still Hidden Still Ignored Barnardo's young carers report.pdf \(barnardos.org.uk\)](https://barnardos.org.uk)

¹⁸¹ [Still Hidden Still Ignored Barnardo's young carers report.pdf \(barnardos.org.uk\)](https://barnardos.org.uk)

¹⁸² [Facts About Young Carers | The Children's Society \(childrenssociety.org.uk\)](https://childrenssociety.org.uk)

¹⁸³ [The support provided to young carers in England \(2016\) Office of the Children’s Commissioner](https://www.childrenscommissioner.gov.uk)

Figure 15: Survey of Barnardos practitioners on the impact of being a young carer - Still hidden, still ignored. Who cares for young carers? (2017)¹⁸⁴

Support is important. The Big Ask found that nationally, 68% of potentially unidentified and unsupported young carers (aged 9—17) were unhappy with family life, compared with 28% of their supported peers. These children were also three times as likely to be unhappy with their mental health than supported peers, and poor mental health became more common the older the child was regardless of their level of support.¹⁸⁵

Children and young people from black and ethnic minority backgrounds are 1.5 times more likely to be carers. They are also less likely to receive financial and practical support than their white British peers and more likely to be relied upon inappropriately for translation in medical settings. The reasons for this are multifactorial. Barnardos' "Caring Alone" report identifies cultural variation in traditional understandings of caring roles and responsibilities, stigma, mistrust of authorities and language barriers as influential in ethnic minority young carers' feelings towards accessing support. These factors, as well as the positive impact of having a trusted support system are evidenced in the 'Caring Alone' report through the story of a family from Bradford District of Bangladeshi heritage. As an area with a higher than average ethnic minority population, particularly communities of South Asian heritage, these findings are of particular importance.¹⁸⁶

It is estimated that 5000 children and young people are providing unpaid care within Bradford District, of whom 800 children and young people aged 5 to 18 are receiving support from Carers Resource. Carers Resource provided broad assistance in helping reduce the impacts of the caring role and can refer on to more specialist mental health services as needed.¹⁸⁷

4.2.7 Social connections

Friendships and social connection are hugely important through childhood. They are a space to develop emotionally and build interactive skills for navigating adult life. They help children learn about trust, fairness, intimacy, and reciprocity. Companionship can bring joy and meaning, as well as a support when navigating negative emotions or experiences. Loneliness and isolation have been demonstrated to be significantly more common among children with possible mental health disorders.¹⁸⁸ Good quality social connections are a key protective factor for mental health and wellbeing at all stages.¹⁸⁹

Play and leisure time can facilitate many of the benefits found in social connection. They give children and young people opportunity to develop wider emotional and social skills by offering safe places to interact, create, try new things and make mistakes. Learning through play and hobbies, whether formal or informal, can be joyful and build self esteem, contributing to overall wellbeing, as well as offering time to explore and relax.¹⁹⁰

¹⁸⁴ [Still Hidden Still Ignored Barnardos young carers report.pdf \(barnardos.org.uk\)](#)

¹⁸⁵ [The Big Ask - The Big Answer \(childrenscommissioner.gov.uk\)](#)

¹⁸⁶ [Barnardos Caring Alone report.pdf - BAME evidence](#)

¹⁸⁷ <https://www.bradford.gov.uk/media/6090/bradforddistrictandcravencarersstrategy.pdf>

¹⁸⁸ [Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey - NHS Digital](#)

¹⁸⁹ [Children's friendships | BPS](#)

¹⁹⁰ [Ways to Well-being : Exploring the links between children's activities and their subjective well-being \(whiterose.ac.uk\)](#)

4.2.8 Discrimination and bullying

Bullying affects self-worth, confidence and sense of self. It can make the victim feel sad, ashamed, angry and alone. It affects children's ability to build healthy relationships and engage with education and wider society.¹⁹¹ Both bullying and discrimination take many forms and can happen in person and online. Those who are bullied are at higher risk of mental health problems, and those with mental health problems are more likely to experience bullying and discrimination. In a national study of 2866 children and young people, 29.4% of children with a probable mental health disorder had experienced online bullying compared to 7.9% of their peers.¹⁹² Those who engage in bullying behaviour are themselves more likely to be experiencing poor mental wellbeing.¹⁹³

Discrimination and bullying are similar; however, whilst bullying happens at the level of interactions between individuals, discrimination can happen both directly and indirectly through social norms, culture and the processes and structures of our institutions and wider society.¹⁹⁴ Discrimination is unfair treatment based on prejudices held about a particular characteristic shared by a group. It relies on perceived inferiority, and it both creates and is assisted by differences in power.¹⁹⁵ Unlike bullying, there are laws to address discrimination, in which certain protected characteristics such as sex, gender reassignment, race and sexual orientation are explicitly recognised.^{196 197}

In Bradford, 73% of children and young people in the Born in Bradford: Age of Wonder young people's survey (2022-23 prerelease) said bullying happens in their school and 27% said they had been bullied at some point in the last couple of months. 41% said that their school was really good or good at resolving it, whilst 29% said the school was not good at resolving it or that teachers do nothing about it.¹⁹⁸

Dealing with discrimination was a key priority for the children and young people of Bradford at the 2022 Youth Summit, with LGBTQ+ and race-based discrimination both mentioned specifically. The following sections will discuss this.

4.2.9 LGBTQI+ groups

The term LGBTQI+ (lesbian, gay, bisexual, trans, queer or questioning, intersex) refers to a range of identities linked to gender and sexual orientation.¹⁹⁹ Different versions of this acronym reflect where evidence has focused on specific communities within this overarching group. The proportion of children and young people identifying as LGBTQI+ is higher than in the general population. In the 2021 Census, 436,000 (6.9%) 16-24 year olds identified as lesbian, gay, bisexual or other non-heterosexual orientation, of which the majority were female, compared to 1.5 million (3.16%) within the population as a whole (Figure 16). This pattern is also seen in children and young people with a gender identity different from their assigned sex at birth – 63,000 (1%) compared with 262,000 (0.54%) in the overall

¹⁹¹ [How does bullying affect your child? | Family Lives](#)

¹⁹² [Part 5: Social and economic context - NHS Digital](#)

¹⁹³ [Mental Health \(anti-bullyingalliance.org.uk\)](#)

¹⁹⁴ [Towards a Theory of Structural Discrimination: Cultural, Institutional and Interactional Mechanisms of the 'European Dilemma' \(Chapter 8\) - Identity, Belonging and Migration \(cambridge.org\)](#)

¹⁹⁵ [research-report-56-processes-of-prejudice-theory-evidence-and-intervention.pdf \(equalityhumanrights.com\)](#)

¹⁹⁶ [Equality Act 2010 \(legislation.gov.uk\)](#)

¹⁹⁷ [Hate-crime-report-accessible.pdf \(publishing.service.gov.uk\)](#)

¹⁹⁸ Born in Bradford: Age of Wonder young people's survey (2022-23 prerelease)

¹⁹⁹ [LGBTIQ+ people: statistics | Mental Health Foundation](#)

population.^{200,201} Local data show that Bradford has a slightly lower proportion of children and young people identifying as gay, lesbian or bisexual compared to the England average, and a broadly similar proportion identifying as trans (Table 6).

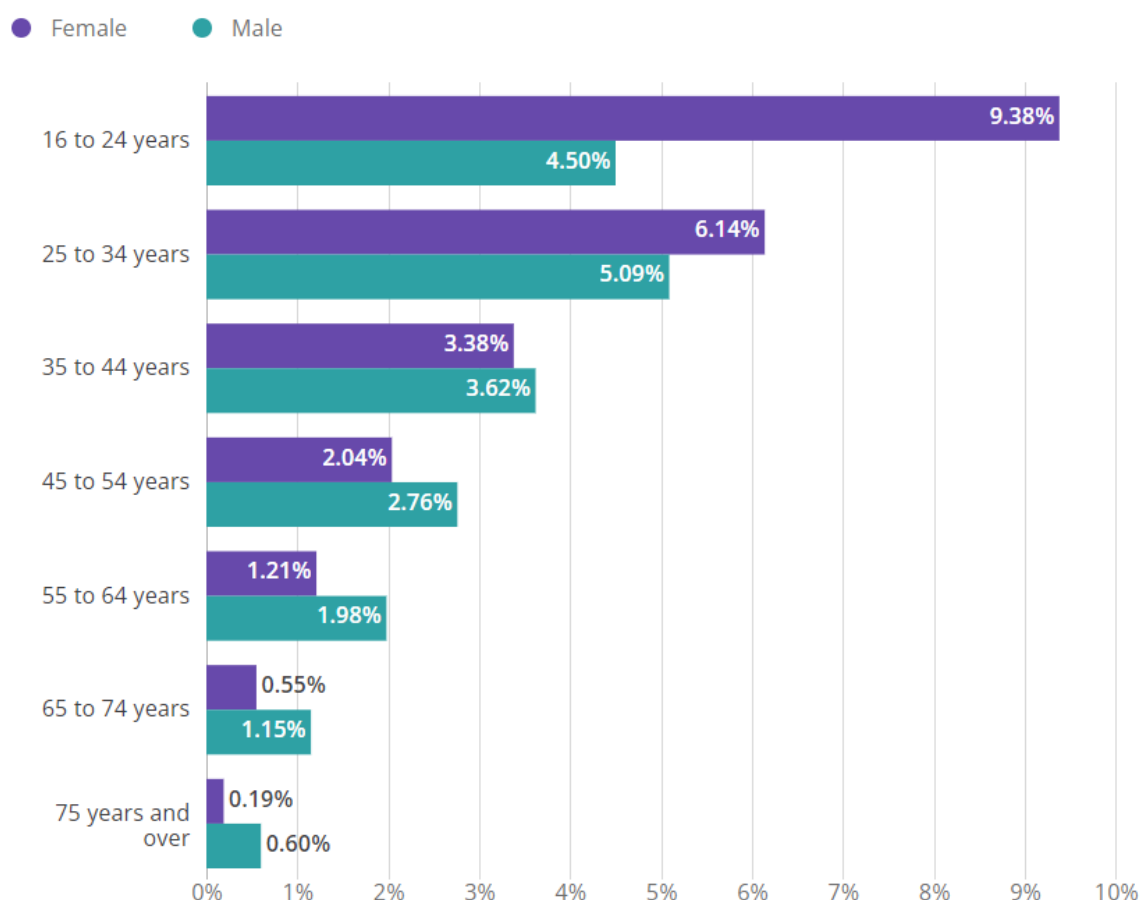


Figure 16: Percentage of usual residents aged 16 years and over who identified as LGB+ by age, England and Wales, 2021.²⁰²

	Sexual Orientation			Gender Identity			
	Gay or Lesbian	Bisexual	Other non-heterosexual orientation	Trans man	Trans woman	Non-binary	Other non-cisgender identity
Bradford Local Authority	1.08%	1.01%	0.3%	0.13%	0.12%	0.04%	0.44%
England and Wales	1.54%	1.29%	0.34%	0.1%	0.1%	0.06%	0.28%

²⁰⁰ [Gender identity: age and sex, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/sexualorientationgenderanddiversity/briefings/gender-identity-age-and-sex-england-and-wales)

²⁰¹ [Sexual orientation: age and sex, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/sexualorientationgenderanddiversity/briefings/sexual-orientation-age-and-sex-england-and-wales)

²⁰² Census 2021

Table 6 – local vs national demographics in relation to LGBTQI+ identities for all ages²⁰³

Children and young people who identify as LGBTQI+ experience mental health problems 2.5 times more frequently than their heterosexual and cisgender (gender that aligns with sex at birth) peers.²⁰⁴ Although comprehensive data is lacking, we know problems encountered include self-harm and suicidal thoughts or actions, depression and anxiety, gender dysphoria, eating disorders and risk taking behaviours such as substance misuse.^{205,206} The 'Just Like Us' survey involving 2934 UK pupils aged 11-18 published in 2021 found that LGBTQ+ children and young people are twice as likely to experience panic attacks (37%) anxiety (51%) or depression (47%). They are also three times more likely to self-harm (31%) and twice as likely to have thoughts about taking their own life (68%).²⁰⁷ One in eight LGBTQI+ 18-24 year olds had tried to end their own life.²⁰⁸

There are many reasons for poorer mental health in these groups. Although progress is being made around stigma many still encounter homophobia and transphobia.²⁰⁹ Discrimination in healthcare settings can also be a barrier to seeking help for both mental and physical health issues. One in eight LGBTQI+ children and young people report having experienced discrimination from healthcare staff, and one in seven avoided treatment for fear of discrimination.²¹⁰

Social isolation or rejection as a result of LGBTQI+ identity can feed into development of mental health issues or erode resilience and support structures that might otherwise be present. Contrary to this, positive experiences of acceptance can have the opposite effect. Good relationships with family and friends, as well as acceptance within wider community bases are key protective factors for wellbeing. Anticipation of negative reactions can lead people to feel unable to explore, accept or express how they feel, resulting in feelings of shame, frustration and loneliness.^{211,212,213,214}

Children and young people participating in the 2022 Bradford Youth Summit thought that raising awareness within the school environment, training staff on language, behaviour and appropriate responses, provision of safe spaces and review of changing room and toilet facilities would be helpful. Within the wider VCS, there are a number of youth groups tailored to LGBTQI+ who offer social spaces and support beneficial to mental wellbeing for these groups in particular.²¹⁵

Clear and well enacted anti-bullying and discrimination policies and inclusive education have been found to be effective at reducing experiences of abuse and victimisation as well as well as making LGBTQI+ children and young people feel both safe and accepted. Positive, affirmative relationships with parents and friends are also protective for mental health, as is

²⁰³ Census 2021

²⁰⁴ [New resource to help LGBTQI+ young people with their mental health | News | Anna Freud Centre](#)

²⁰⁵ [LGBTQI+ Youth and Mental Health: A Systematic Review of Qualitative Research](#)

²⁰⁶ [The-Fundamental-facts-about-mental-health-2016.pdf \(mentalhealth.org.uk\)](#)

²⁰⁷ [Just-Like-Us-2021-report-Growing-Up-LGBT.pdf \(justlikeus.org\)](#)

²⁰⁸ [LGBTIQ+ people: statistics | Mental Health Foundation](#)

²⁰⁹ [LGBTQ+ facts and figures | Stonewall](#)

²¹⁰ [LGBTIQ+ people: statistics | Mental Health Foundation](#)

²¹¹ [LGBTIQ+ people: statistics | Mental Health Foundation](#)

²¹² [New resource to help LGBTQI+ young people with their mental health | News | Anna Freud Centre](#)

²¹³ [Mental Health in Lesbian, Gay, Bisexual, and Transgender \(LGBT\) Youth - PMC \(nih.gov\)](#)

²¹⁴ [LGBTQI+ Youth and Mental Health: A Systematic Review of Qualitative Research](#)

²¹⁵ [Our Services - Bradford LGBTQ+ Strategic Partnership](#)

the ability to explore romantic relationships that align with sexual orientation in a safe and supported way.^{216,217}

4.2.10 Black and Ethnic Minority Groups

Bradford District is a diverse place with many ethnic groups represented, the largest being people of Pakistani or other Asian heritage.²¹⁸ There is great diversity within, as well as between, communities and whilst it is important to remember that generalisations mask important differences, there are some similarities of relevance to mental health. Black and minority ethnic communities tend to live predominantly within more urban areas of the district. These are the areas with the youngest populations, as well as the highest levels of income deprivation, fuel poverty and child poverty, which all have profound and cumulative implications for health and wellbeing.^{219,220}

A 2023 review of the mental health needs of people of all ages from racialised communities in Bradford District and Craven found that witnessing and experiencing violence and discrimination contributed to the development of mental health problems. Stigma around mental health problems within communities and wider society prevented people from accessing help.²²¹

Racial discrimination takes many forms, from system wide structures of privilege and oppression, those embedded in institutions, interpersonal racism and internalised negative narratives about identity creating low self-worth.²²² Focus groups of children and young people in the UK describe experiencing racism in tokenism, stereotyping, institutional racism, academic overcompensation and hypervigilance, and altering of behaviour or personality to avoid negative reaction. This leads to anger, frustration, helplessness, anxiety, loneliness and social isolation.^{223, 224}

Mistrust of public institutions deriving from personal experiences and systemic injustice, both historic and current, was identified as a reason for reluctance to seek help locally.²²⁵ There are overlaps in the issues raised in Bradford District and Craven, and those identified at a national level. One barrier raised was fear of the cost of care.²²⁶ Since 2014, the extension of policies related to NHS charging have heavily affected both migrant and resident racialised communities. The confusion and distress generated around both cost burden and immigration enforcement has led to avoidance or withdrawal from care, resulting in

²¹⁶ [Mental Health in Lesbian, Gay, Bisexual, and Transgender \(LGBT\) Youth - PMC \(nih.gov\)](#)

²¹⁷ [LGBTQI+ Youth and Mental Health: A Systematic Review of Qualitative Research](#)

²¹⁸ [2021-census-ethnic-group-religion-and-language.pdf \(bradford.gov.uk\)](#)

²¹⁹ [poverty-and-deprivation-jan-2020-update.pdf \(bradford.gov.uk\)](#)

²²⁰ [CentreforMH_inequalities_factsheet_YPfromracialisedcommunities_1.pdf \(centreformentalhealth.org.uk\)](#)

²²¹ The mental health of people from racialised communities in Bradford and Craven: A review of the role of voluntary and community sector organisations. Centre for Mental Health. October 2023

²²² [CentreforMH_Briefing62AConstantBattleFinal_0.pdf \(centreformentalhealth.org.uk\)](#)

²²³ [How does racism affect the mental health and wellbeing of children and young people in the UK? - The Lancet Psychiatry](#)

²²⁴ [CentreforMH_Briefing62AConstantBattleFinal_0.pdf \(centreformentalhealth.org.uk\)](#)

²²⁵ The mental health of people from racialised communities in Bradford and Craven: A review of the role of voluntary and community sector organisations. Centre for Mental Health. October 2023

²²⁶ [final_anti-racism-scoping-research-report.pdf \(mind.org.uk\)](#)

significant mental and physical health consequences, even for those who are not chargeable.^{227, 228, 229}

Other barriers to accessing services for ethnic minority communities locally and nationally include cultural variations in how mental ill health might be described and understood by patients and services. This may include awareness of different coping and help-seeking behaviours. This contributes to disengagement with mental health services among people of racialised backgrounds, and a higher likelihood of contact occurring only when a crisis point has been reached.²³⁰ Language can also be a barrier, particularly for the asylum seeking and refugee communities, an issue exacerbated by transition to more virtual care delivery during the Covid-19 pandemic.^{231, 232}

A review of service in 2020 found that children and young people from ethnic minority backgrounds in Bradford sought support for mental health from different sources than their white counterparts. They were more likely to look online for help (33% compared to 20% of all children and young people surveyed). None of the children and young people from ethnic minority backgrounds who were surveyed identified home as place to find help for their mental health, in contrast to 13% for all children and young people. 42% of children and young people from ethnic minority groups felt they knew where to go for support compared with 60% of children and young people more generally.²³³

Voluntary sector organisations are valued for their ability to reflect and relate to the communities they serve. However, the confidentiality offered by NHS services such as GPs enables people to access support for their mental health without the worry of the stigma.²³⁴ Recognition of the complexity and intersectionality of ethnic minority experiences of mental health and more holistic and culturally appropriate care co-produced by local, representative workforces and people with lived experience have been suggested as improvements to current services.^{235, 236} Culturally competent support and addressing stigma are similarly identified as current unmet needs among children and young people from ethnic minority communities in Bradford District.²³⁷ Proactively deconstructing racism and discrimination in all its forms is essential to supporting more targeted work on mental health needs specifically.²³⁸

4.2.11 Technology and Social Media

The use of technology by children and young people is increasing annually, and social media is now a part of many families' lives.²³⁹ It is estimated that five to 15 year olds spend

²²⁷ [A decade of the hostile environment and its impact on health - Ryan Essex, Ayesha Riaz, Seb Casalotti, Kitty Worthing, Rita Issa, James Skinner, Aliya Yule, 2022 \(sagepub.com\)](#)

²²⁸ [bma-overseas-charging-paper-2018.pdf](#)

²²⁹ [DoctorsOfTheWorld_Annex2.pdf \(ohchr.org\)](#)

²³⁰ The mental health of people from racialised communities in Bradford and Craven: A review of the role of voluntary and community sector organisations. Centre for Mental Health. October 2023

²³¹ The mental health of people from racialised communities in Bradford and Craven: A review of the role of voluntary and community sector organisations. Centre for Mental Health. October 2023

²³² [Patients Not Passports - Migrants' Access to Healthcare During the Coronavirus Crisis - Medact](#)

²³³ [Chi5AugDocWApp1.pdf \(archive.org\)](#)

²³⁴ The mental health of people from racialised communities in Bradford and Craven: A review of the role of voluntary and community sector organisations. Centre for Mental Health. October 2023

²³⁵ [final_anti-racism-scoping-research-report.pdf \(mind.org.uk\)](#)

²³⁶ [CentreforMH_Briefing62AConstantBattleFinal_0.pdf \(centreformentalhealth.org.uk\)](#)

²³⁷ [Chi5AugDocWApp1.pdf \(archive.org\)](#)

²³⁸ [CentreforMH_Briefing62AConstantBattleFinal_0.pdf \(centreformentalhealth.org.uk\)](#)

²³⁹ [college-report-cr225.pdf \(rcpsych.ac.uk\)](#)

15 hours per week online. The impact of social media on mental health is unclear. Increased use of social media has been linked to poorer mental health but is not clear which is the cause, and which is the effect.²⁴⁰

Technology has many benefits for children and young people, such as communicating with friends and family, accessing information, being creative and getting online support for concerns around health and identity. However, it can also have detrimental effects such as spending less time exercising, sleeping or socialising face to face. There are risks around accessing inappropriate (e.g., violent, or sexual) content, or being exposed to online bullying. The Royal College of Psychiatrists warns that children and young people with mental health conditions and those with developmental conditions such as ADHD may be more vulnerable to the impact of digital technology. There is emerging evidence looking at the causal links between digital technology and thoughts of suicide, self-harm and body image.²⁴¹ A recent study found as the use of social media increased, so did anxiety, depressive and disordered eating symptoms and body dissatisfaction.²⁴²

Results from NHS Digital's survey show that 1 in 8 11-16 year old social media users reported being bullied online. For those with a probable mental health disorder the figure rose to 1 in 4. Social media users aged 11 to 16 years with a probable mental health disorder were less likely to report feeling safe online (48.4%) than those unlikely to have a disorder (66.5%).²⁴³

In 2021 NHS Digital found that 16.7% of 11 to 16 year olds using social media said that the number of likes, comments and shares they received had an impact on their mood. Girls were more likely to report this than boys (21.1%; versus 12.1%).²⁴⁴

The Born in Bradford: Age of Wonder young people's survey (2022-23 prerelease) found that of 1541 young people surveyed only 2.6% had a mostly or all negative experience with social media. The most common negative experiences were unpleasant posts, post regret and experiencing sexually explicit or violent media.²⁴⁵

4.3 Local Community Level Factors

4.3.1 Community and Belonging

Relationships are one of the most important parts of human life. People who are more socially connected to family, friends, or their community have been shown to be happier, physically healthier, and have fewer mental health problems.²⁴⁶

The King's Fund defines community as "a group of people joined together by a common interest". This interest can be geographical, cultural or related to a common experience or identity such as religion, gender, hobbies, health needs or shared use of a service. Our lives

²⁴⁰ [Transforming children and young people s mental health provision.pdf \(publishing.service.gov.uk\)](#)

²⁴¹ [college-report-cr225.pdf \(rcpsych.ac.uk\)](#)

²⁴² [Associations between social media, adolescent mental health, and diet: A systematic review - Blanchard - 2023 - Obesity Reviews - Wiley Online Library](#)

²⁴³ [Mental Health of children and young people in England 2022 - wave 3 follow up to the 2017 survey - NHS Digital](#)

²⁴⁴ [mhchildren and young people 2021 rep.pdf \(digital.nhs.uk\)](#)

²⁴⁵ Born in Bradford: Age of Wonder young people's survey (2022-23 prerelease)

²⁴⁶ [Relationships and community: statistics | Mental Health Foundation](#)

are shaped by the communities that we are part of, and we know those who lack a sense of community experience profound mental and physical health impacts.²⁴⁷

Looking at physical communities such as neighbourhoods, the 2020 Marmot Review described how levels of deprivation and exclusion had intensified and accumulated in many places, since 2010. Communities throughout England have been 'left behind', resulting in multiple types of deprivation intersecting. These communities have lost vital physical and community assets, with funding, resources and voluntary sector services reduced, along with cuts to public services. The result has been damage to people's health and increasing inequalities.²⁴⁸

The English Indices of Deprivation (2019) showed that 33.5% of neighbourhoods in Bradford District were in the most deprived 10% of neighbourhoods in the country.²⁴⁹

'Since 2009, net expenditure per person in local authorities in the 10 percent most deprived areas fell by 31 percent, compared to a 16 percent decrease in the least deprived areas.'

Health Equity in England: The Marmot review 10 Years On²⁵⁰

The government's Integrated Area Programme acknowledged that differences in an area's demographic make-up, migration patterns, physical geography, industrial history as well as the local economy interacted to influence integration. Bradford District was chosen as one of five local authorities with the goal of integrating communities.²⁵¹ 'Bradford for Everyone' was launched in 2019. It focused on four key areas including promoting interaction between people from different backgrounds and connecting people to community life. The strategy estimates that the district has 1,500 voluntary groups and 100,000 volunteers working to make the district a better place to live.²⁵²

There is evidence that a perceived lack of safety in school and community is a risk factor for emotional distress and poor mental health.²⁵³ Bradford's Youth Service surveyed 4467 children and young people from across the district in 2022 (Table 7). 81% of respondents were aged 11-15.

²⁴⁷ [What is 'community' and why is it important? | Centre For Public Impact \(CPI\)](#)

²⁴⁸ [the-marmot-review-10-years-on-executive-summary.pdf \(instituteoftheequity.org\)](#)

²⁴⁹ [The English Indices of Deprivation 2019 \(publishing.service.gov.uk\)](#)

²⁵⁰ [the-marmot-review-10-years-on-executive-summary.pdf \(instituteoftheequity.org\)](#)

²⁵¹ [Integration Area Programme - GOV.UK \(www.gov.uk\)](#)

²⁵² [Bradford-for-Everyone-Strategy-2018-2023.pdf \(bradfordforeveryone.co.uk\)](#)

²⁵³ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](#)

	Agreed/ strongly agreed	Neither agreed or disagreed	Disagreed/ strongly disagreed
There are places near to where I live that I can go to have fun with my friends and family	69%	17%	14%
I feel safe in my neighbourhood during the day	74%	16%	10%
I feel safe in my neighbourhood when it's dark	46%	25%	29%
I have plenty of opportunities for volunteering in my community	34%	41%	16%
I have a say in decisions that affect me and my community	21%	40%	40%

Table 7: Bradford Youth Service survey of 4467 children and young people from across the district, 2022

4.3.2 Learning and Education

There is an association between good mental health and educational engagement and achievement.²⁵⁴ A review of evidence in 2014 found that attaining five or more GCSE's at grades A*-C was strongly associated with higher levels of life satisfaction among children and young people.²⁵⁵

The 2023 report prepared for the Child of the North All-Party Parliamentary Group found that education funding for the north of England has lagged behind the rest of the UK for the last decade. Educational attainment in northern schools is poorer than the rest of the country and children are more likely to be absent than children in the south, often because of physical and mental health problems.²⁵⁶

There are variations in how different groups of children and young people experience the education system. A report by the Department for Education in 2022 found that children and young people from an ethnic minority background were more likely to say they enjoyed coming to school, were able to concentrate and felt motivated to learn, than their white counterparts. However, children and young people who were eligible for free school meals were less likely to say they felt motivated to learn, could concentrate, or felt safe at school than those who were not eligible for free school meals.²⁵⁷ Pupils with special educational needs (SEN) were more likely to report low happiness with school and difficulty concentrating in class.²⁵⁸

In 2022, NHS Digital found that 11 to 16 year olds with a probable mental health disorder were less likely to feel safe at school, less likely to report enjoyment of learning or having a friend they could turn to for support. They also found that 12.6% of children and young

²⁵⁴ [Promoting children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/103114/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf)

²⁵⁵ [HT briefing layoutvFINALvii.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/103114/HT_briefing_layoutvFINALvii.pdf)

²⁵⁶ [APPG REPORT SEPT 23 FINAL.pdf](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/103114/APPG_REPORT_SEPT_23_FINAL.pdf)

²⁵⁷ [State of the nation 2022: children and young people's wellbeing \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/103114/State_of_the_nation_2022_children_and_young_people_s_wellbeing.pdf)

²⁵⁸ [State of the nation 2022: children and young people's wellbeing \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/103114/State_of_the_nation_2022_children_and_young_people_s_wellbeing.pdf)

people with a probable mental health disorder missed more than 15 days of school compared with 3.9% of those unlikely to have a mental health disorder.²⁵⁹

Bradford Youth Service Surveyed 4467 children and young people in 2022. They were asked to comment on the statement 'I enjoy going to school'. Of the respondents, 34% agreed or strongly agreed, 33% disagreed or strongly disagreed, and 32% neither agreed or disagreed.²⁶⁰

4.3.3 School Attendance

School absence has been a national issue since the pandemic. Bradford District has a substantially higher prevalence of unauthorised absence*** in secondary schools than England with 6.1% compared to England's 3.4% (Figure 17). For primary and special schools however, authorised absences are significantly higher than unauthorised absences for both Bradford District and England.²⁶¹

***By law, schools must record absences and the reasons given. Authorised absences include pupil illness, medical appointments, death of a relative or religious observances. Examples of unauthorised absences include a shopping trip, looking after other children, a parent or carer is unwell, oversleeping due to a late night.²⁶²

A national study of 414,637 pupils found that children and young people with a record of a neurodevelopmental disorder, mental disorder, or self-harm were more likely to be absent or excluded in any school year than were those without.²⁶³

An absence rate is shown as a percentage of all possible sessions missed due to authorised and unauthorised absence. Pupil enrolments missing 10 percent or more of their own possible sessions (due to authorised and unauthorised absence) are classified as persistent absentee.

²⁵⁹ [Mental Health of children and young people in England 2022 - wave 3 follow up to the 2017 survey - NHS Digital](#)

²⁶⁰ [Bradford Localities Survey 8-18yo - District-wide.pdf](#)

²⁶¹ Pupil attendance in schools, Week 39 2023 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

²⁶² [School attendance information for parents and carers | Bradford Council](#)

²⁶³ [Association of school absence and exclusion with recorded neurodevelopmental disorders, mental disorders, or self-harm: a nationwide, retrospective, electronic cohort study of children and young people in Wales, UK - The Lancet Psychiatry](#)

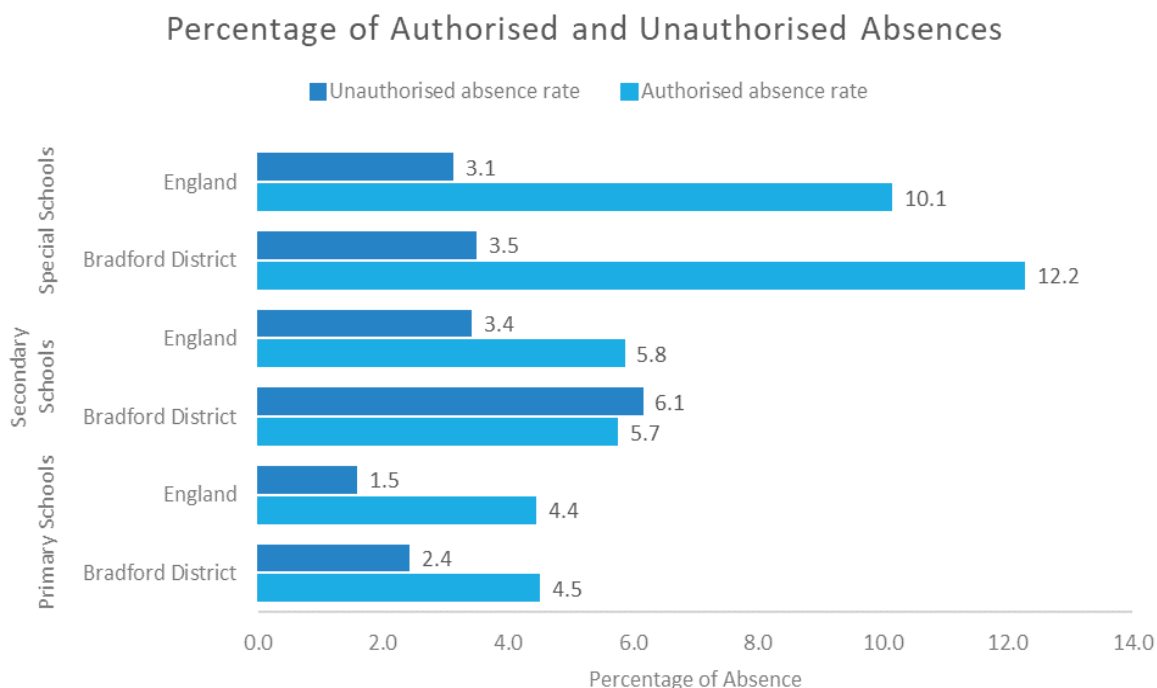


Figure 17: Percentage of authorised and unauthorised absences for Primary, Secondary and Specials Schools in Bradford District compared with England. Latest year to date data starting 12th September 2022.²⁶⁴

In the academic year 2021/22 there were 24,692 pupils in Bradford district who were persistently absent, meaning they missed 10% or more school sessions. This is 28.6% of the district’s school population.²⁶⁵ In that same year, 2,329 pupils (2.7% of all pupils) missed 50% or more school sessions.²⁶⁶ These figures were even higher for pupils with an Education Health and Care Plan (EHCP), of whom 43.56% were persistently absent.²⁶⁷

4.3.4 Suspensions and exclusions

Poor mental health may be both cause and effect of exclusion from school.²⁶⁸

In Bradford, the proportion of children and young people suspended from school in 2021-22 was just over 10% of the school population, which was higher than the England and regional average.

The Department for Education measures suspensions as the number of all school suspensions as a percentage of the school population. For the year 2021/22, the percentage

²⁶⁴ [Pupil attendance in schools, Week 50 2023 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

²⁶⁵ 'Absence rates by geographic level - full academic years' from 'Pupil absence in schools in England', Permanent data table – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

²⁶⁶ 'Absence rates by geographic level - full academic years' from 'Pupil absence in schools in England', Permanent data table – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

²⁶⁷ [Bradford Attendance Summary 2021 22.pdf](#)

²⁶⁸ [2020: mental health and school exclusion | Avon Longitudinal Study of Parents and Children | University of Bristol](#)

of suspensions in Bradford District was 10.32%, which was higher than regional, national and statistical neighbours. This has been broadly increasing over the past decade, apart from during the lockdown period 2019-20 and 2020-21 (Figure 18).

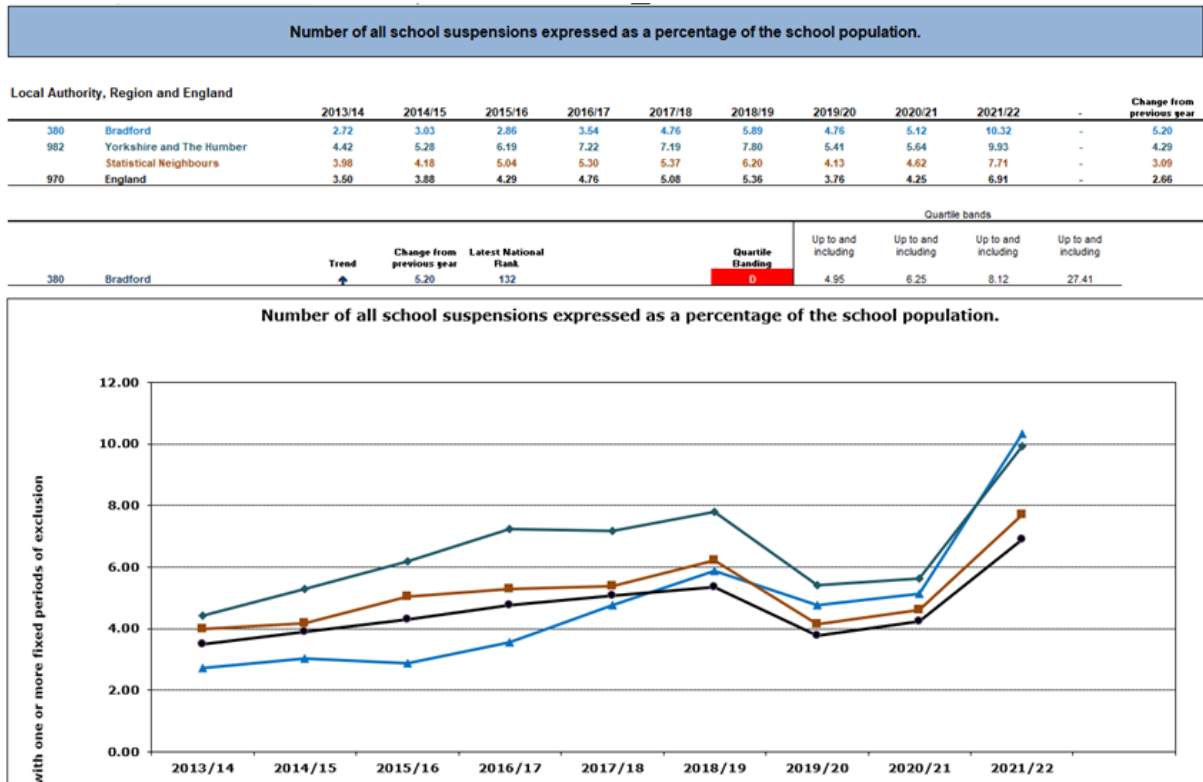


Figure 18: Proportion of children with one or more fixed periods of exclusion, 2013-14 to 2021-22.

Permanent exclusions are much less common, with 0.6% of the school population permanently excluded in 2021-22 (Figure 19). This has increased slightly over the past decade, but is consistently lower than the England and regional averages.

Total Permanent Exclusions from school as a % of the school population

Local Authority, Region and England		2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	-	Change from previous year
380	Bradford	0.01	0.01	0.02	0.04	0.03	0.06	0.06	0.04	0.06	-	0.02
982	Yorkshire and The Humber	0.04	0.06	0.07	0.07	0.09	0.09	0.06	0.05	0.08	-	0.03
	Statistical Neighbours	0.08	0.10	0.11	0.11	0.12	0.15	0.10	0.07	0.10	-	0.04
970	England	0.06	0.07	0.08	0.10	0.10	0.10	0.06	0.05	0.08	-	0.03

		Trend	Change from previous year	Latest National Rank	Quartile Banding	Up to and including	Up to and including	Up to and including	Up to and including
380	Bradford	↑	0.02	63	B	0.04	0.08	0.11	0.31

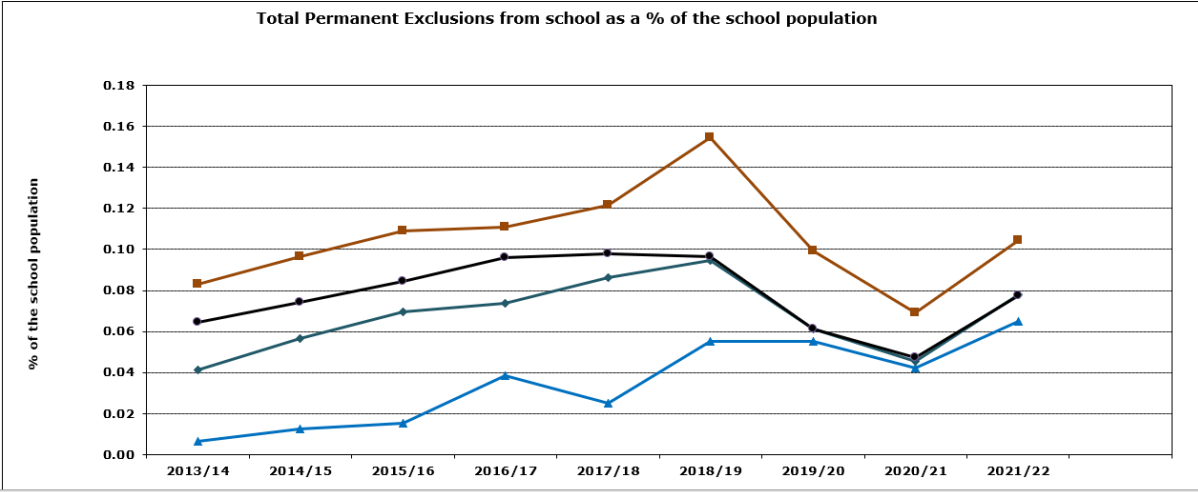


Figure 19: Total permanent exclusions from school as a proportion of the school population, 2013-14 to 2021-22

In the year 2021/22 persistent disruptive behaviour accounted for 43-50% of suspensions. This was followed by verbal abuse or threatening behaviour against an adult, which accounted for around 13-18% of suspensions, and physical assault against a pupil which was 12-15%.

In the same year 27-28% of permanent exclusions were for persistent disruptive behaviour, 10-20% were for verbal abuse or threatening behaviour against an adult, 8-10% were for physical assault against a pupil and 12-28% were for physical assault against an adult.²⁶⁹

4.3.5 Attainment

In Bradford District, data shows that the proportion of children achieving expected levels by the end of Reception is significantly lower than both the national and regional averages for all outcomes (Figure 20). In terms of development, 62.3% of reception aged children in Bradford District achieved a good level of development in 2021/22, which is lower than the England average (65.2%).

Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.²⁷⁰

²⁶⁹ Department for Education
²⁷⁰ [Early years foundation stage profile: 2024 handbook \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

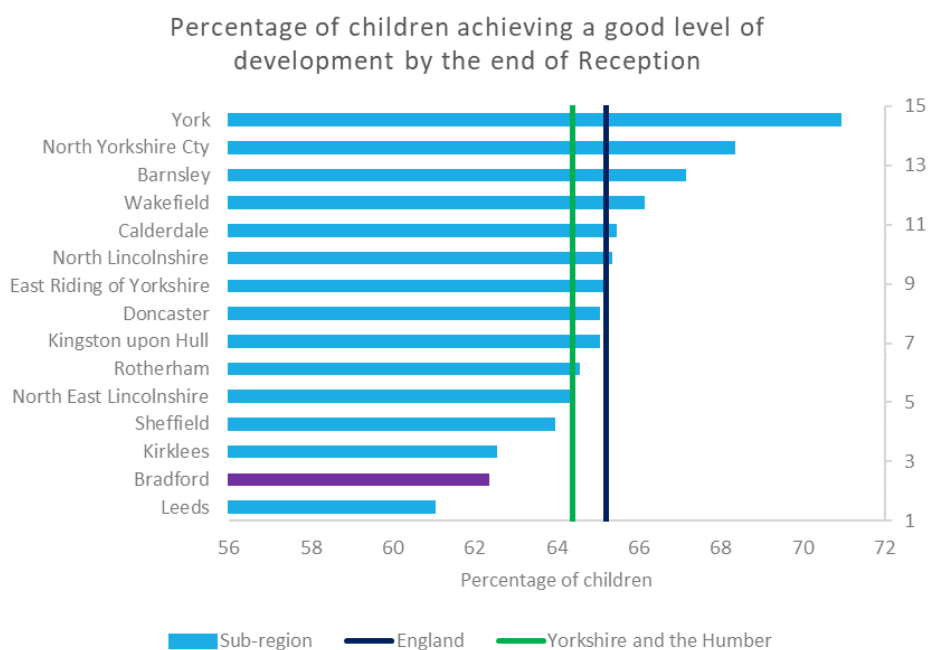


Figure 20: Percentage of children achieving a good level of development by the end of Reception

Key stage 2 national curriculum assessments are undertaken at the end of Year 6, when most pupils are eleven. Nationally 59% of pupils achieving the expected standard in reading, writing and mathematics in 2021/22. In Bradford District 57% of children achieved the expected standard. This was the same as regional levels and better than statistical neighbour levels. As the Figure 21 shows, all areas were lower than pre-pandemic levels.²⁷¹ In 2022/23 Bradford's figure stayed at 57% whilst the national figure increased to 60%.

²⁷¹ [Key stage 2 attainment, Academic year 2022/23 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

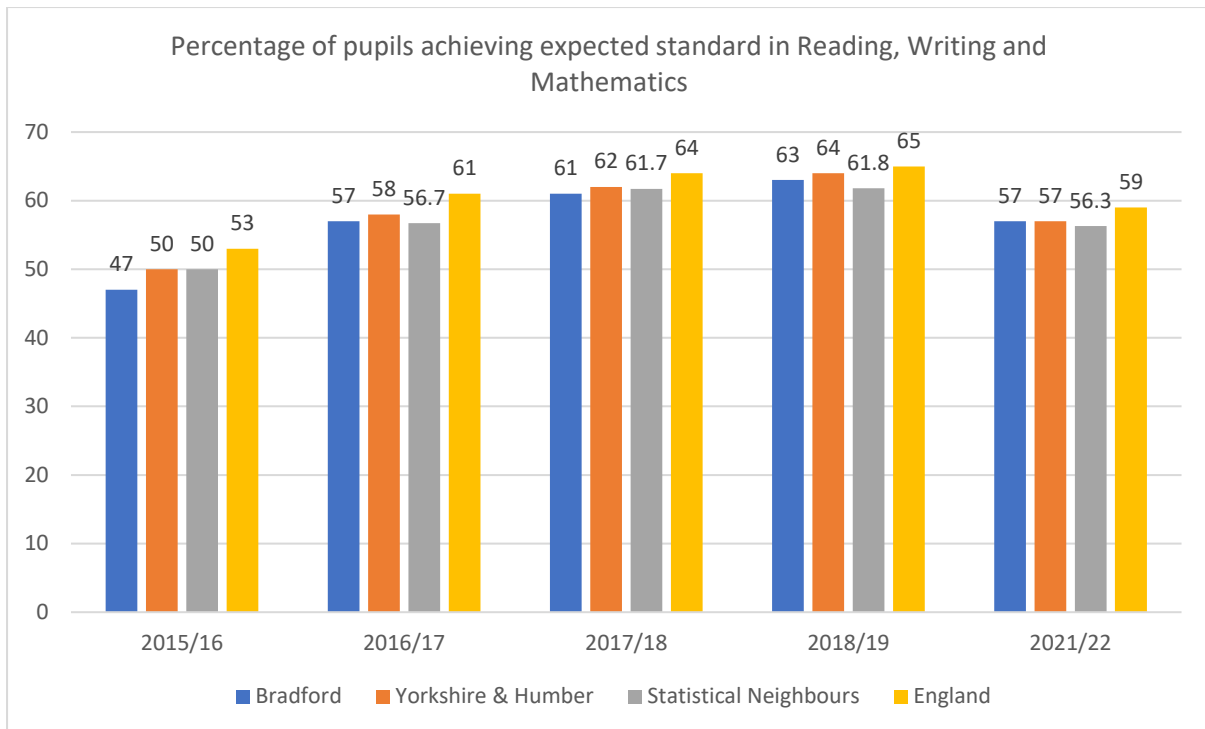


Figure 21: Percentage of all Key Stage 2 pupils achieving the expected standard in reading, writing and mathematics.²⁷²

The Attainment 8 measure shows the average academic performance of a secondary school.²⁷³ The average score for Bradford District (44.4) is significantly lower than the England Average (48.7) (Figure 22). When compared with other Local Authorities in Yorkshire & the Humber region, Bradford District has the third lowest score and the lowest in West Yorkshire.

²⁷² Department for Education (DfE) via NEXUS

²⁷³ [Progress 8 and Attainment 8 explained | The Good Schools Guide](#)

Average Attainment 8 Score: Yorkshire & the Humber

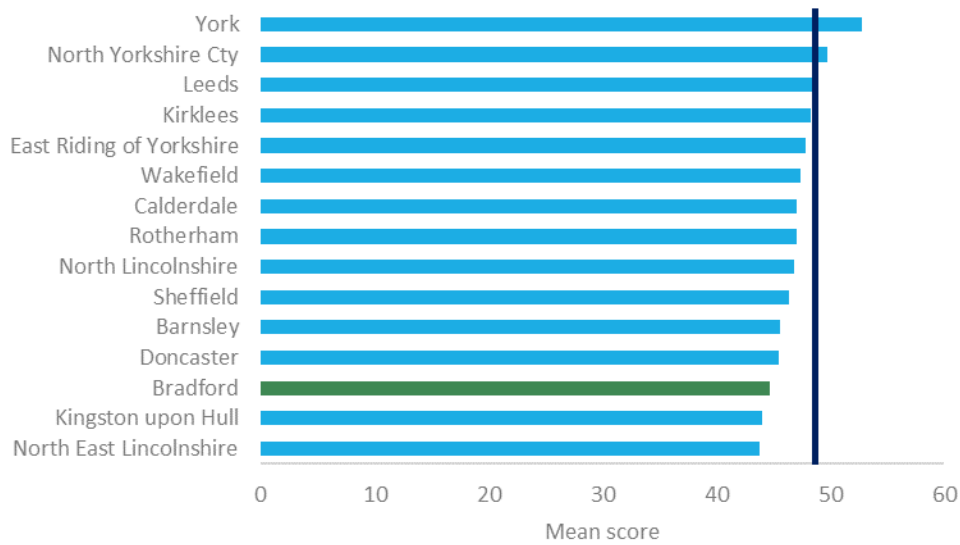


Figure 22: Average Attainment 8 score: Yorkshire and the Humber, 2021-22²⁷⁴

Bradford District follows a similar trend to both the national and regional averages in that there has been a slight increase year on year from 2018/19 (Figure 23). However, because the way that GCSE grades were awarded changed during the Covid-19 pandemic, 2021/22 scores should not be directly compared to previous years for measuring attainment.

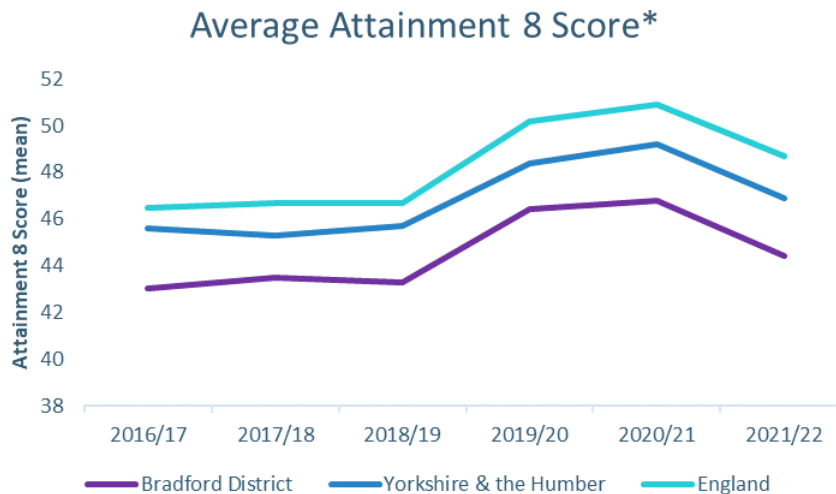


Figure 23: Average Attainment 8 score 2016-17 to 2021-22²⁷⁵

*2020 and 2021 data should not be directly compared to attainment data from previous years for the purposes of measuring changes in student performance

²⁷⁴ Department of Education

²⁷⁵ OHID Fingertips

4.3.6 Jobs – Opportunities, Satisfaction and Working Conditions

Good quality employment supports good mental health by providing people with an income, a routine and a sense of purpose and achievement. It also offers people the opportunity to develop positive relationships and feel part of a community.²⁷⁶ Quality of work can refer to the amount of autonomy a person has in their role, as well as the resources at their disposal to respond to work demands. People in higher quality jobs gain satisfaction or increased remuneration for their effort at work, whereas low quality work can cause stress through insecurity and unpredictability.²⁷⁷ A report by The Health Foundation found that younger adults and people from black and ethnic minority communities were more likely to be in low quality work.²⁷⁸

Zero-hour contracts describe an employment arrangement where there are no guaranteed hours.²⁷⁹ Nationally people aged 16-20 were more than twice as likely to be on a zero hours contract than those in any other age categories.²⁸⁰ Younger workers in temporary employment are 29% more likely to experience problems with their mental health than people with permanent jobs.²⁸¹ Young professionals are twice as likely to suffer from depression than people from other age groups.²⁸²

In 2021 in Bradford District 16.8% of people (all ages) were in low-pay employment, compared to 13% nationally.²⁸³ (Sample sizes are not large enough to produce robust estimates of job quality indicators by local authority and age.)

4.3.7 Children and young people not in Education, Employment or Training (NEET)

A report by Learning and Work Institute and The Prince's Trust found that 25% of young people who are NEET experience some form of mental health problem, compared with 9% of those in employment. The report found that low self-confidence and an increase in mental health conditions were key issues preventing young people from entering employment.²⁸⁴

In Bradford District 97% of young people with no special educational need were recorded as being in education, employment or training in March 2023. For young people identified as having a social, emotional, mental health (SEMH) need that required SEN support, this figure drops to 88% and for those with SEMH that required an education, health and care plan the figure drops again to 80% (Table 8).

²⁷⁶ [Mental health at work \(who.int\)](#)

²⁷⁷ [What the quality of work means for our health - The Health Foundation](#)

²⁷⁸ [What the quality of work means for our health - The Health Foundation](#)

²⁷⁹ [Zero-hours contracts: Rights, reviews and policy responses \(parliament.uk\)](#)

²⁸⁰ [Job quality in the UK – analysis of job quality indicators - Office for National Statistics \(ons.gov.uk\)](#)

²⁸¹ [10. Young People and Health at Work.png | Powered by Box](#)

²⁸² [1. Mental Health and Work.png | Powered by Box](#)

²⁸³ [Job quality in the UK – analysis of job quality indicators - Office for National Statistics \(ons.gov.uk\)](#)

²⁸⁴ [The Power of Potential supporting the future of NEET young people | Research, policies and reports | About The Trust | The Prince's Trust \(princes-trust.org.uk\)](#)

Destination March 2023	Young people with no special educational needs	Young people with Special Educational Needs Support for Social Emotional Mental Health	Young people with an Education Health and Care Plan for Social Emotional Mental Health
In Education, Employment or Training	97%	88%	80%
Not in Education, Employment Or Training (NEET)	1%	7%	14%
Not Known	0%	0%	1%
N/A	2%	5%	5%
Total pupils	5484	342	113

Table 8: Destination for year 11s in Bradford District in March 2023²⁸⁵

There are a number of risk factors for young people becoming NEET, as listed in Table 9, below. In 2022 there were 3,387 pupils in Year 11 with one or more of these risk factors. This equates to 42% of the cohort.

Factor	Year 11s	%
Looked After	102	1%
Care Leaver	0	0%
Supervised by Youth Justice Service	14	0%
Education Health and Care Plan	400	5%
School Support (SEN Support)	1117	14%
Pupil Premium*	2507	31%
Bradford AP Academy Central**	19	0%
Elective Home Education***	32	0%
No Local School/PRU Identified	27	0%
Total	8088	-
1+ risk factor	3387	42%
No risk factors	4701	58%

Table 9: Prevalence of risk factors for becoming Not in Education, Employment or Training in Bradford District²⁸⁶

*Pupil premium - funding to improve educational outcomes for disadvantaged pupils

**Bradford AP Academy Central - take referrals for pupils permanently excluded from school

*** Elective Home Education – considered a risk due to diminished oversight of education and safeguarding.

²⁸⁵ NCCIS data reported to DfE

²⁸⁶ City of Bradford Metropolitan District Council

The European Social Fund (ESF) programme aimed to support local economic growth by increasing participation in the labour market, promoting social inclusion and developing the skills of the potential and existing workforce.²⁸⁷

In Bradford District the ESF was used on an Employment Hub, providing an integrated employability programme for jobseekers and inactive people specifically focussing on young people with mental health support needs. The programme supported 177 young people into a positive destination. ESF funds have now ceased and the programme has finished. The Education and Skills team have secured new funding but this does not specifically focus on young people or mental health.²⁸⁸

4.3.8 Times of Transition

Times of transition can be challenging for mental wellbeing, whether starting school for the first time, moving between different stages of education, or stepping into the world of employment. Loss of familiar roles and routines can cause distress, and often come coupled with changes to help and support systems. Understanding that these are periods of increased vulnerability may help those children and young people who are struggling from falling through the gaps.²⁸⁹

4.4 Wider Environment and Society Level Factors

4.4.1 Economic stability, poverty and low income

Poverty refers to a lack of money or material possessions. It can mean having insufficient means, such as access to social or education resources. People living in poverty have a higher prevalence of mental health problems. This is mainly because people living in poverty are exposed to risk factors for mental ill health, but also because people with mental health problems can end up in poverty.²⁹⁰ Deprived areas have higher concentrations of people with disabilities, including people with mental health problems. The prevalence of mental illness maps closely with deprivation.²⁹¹

Being in poverty and working in poor quality jobs affects the physical and mental health of an individual, as well as their family and children.²⁹² Children born to mothers living in poverty are more likely to have compromised health. This is due to their mother's poor nutrition, exposure to stress, and poor working conditions. Experiencing poverty during sensitive early development periods affects children's development and can lead to children having poorer cognitive performances. In adolescence poverty increases risks of depression, substance abuse, and early sexual and criminal activity.²⁹³

²⁸⁷ [European Social Fund 2014 to 2020 programme: case study booklet 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614222/european-social-fund-2014-to-2020-programme-case-study-booklet-2022.pdf)

²⁸⁸ Employment and Skills, City of Bradford Metropolitan District Council.

²⁸⁹ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614222/improving-the-mental-health-of-babies-children-and-young-people-methodology-literature-review-and-stakeholder-feedback-that-informed-the-framework.pdf)

²⁹⁰ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](https://www.fph.org.uk/wp-content/uploads/2021/03/better-mental-health-for-all-final-low-res.pdf)

²⁹¹ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](https://www.fph.org.uk/wp-content/uploads/2021/03/better-mental-health-for-all-final-low-res.pdf)

²⁹² [the-marmot-review-10-years-on-executive-summary.pdf \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/wp-content/uploads/2021/03/the-marmot-review-10-years-on-executive-summary.pdf)

²⁹³ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](https://www.fph.org.uk/wp-content/uploads/2021/03/better-mental-health-for-all-final-low-res.pdf)

Children whose parents are in receipt of welfare benefits are more likely to experience a mental health disorder.²⁹⁴ Being in a low-income family increases the risk of developing a conduct disorder²⁹⁵ and poverty is a risk factor for self-harm.²⁹⁶

A national survey in 2022 found that children and young people with a probable mental health disorder were more likely to live in households that could not afford to keep the house warm enough, or that had not been able to buy enough food or had to use a food bank.²⁹⁷

Bradford District has a significantly higher percentage (28.9%) of children living in absolute low-income**** families than other areas in Yorkshire and the Humber (Figure 24). It is also significantly higher than both the national and regional averages. 35,969 children who reside in Bradford District live in absolute low income families.²⁹⁸

**** people living in households with income below 60% of median income in a base year, usually 2010/11, adjusted for inflation.

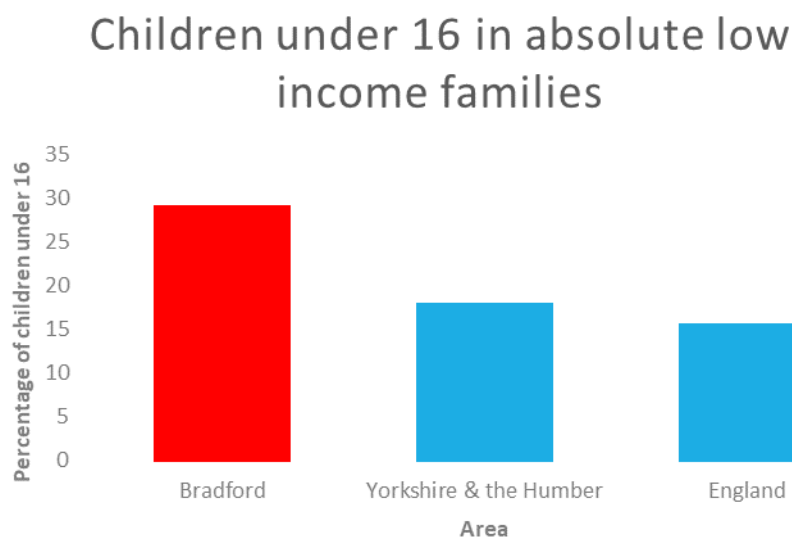


Figure 24: Percentage of children living in absolute low income families in Bradford District compared with national and regional rates.²⁹⁹

When compared to all other local authorities, Bradford District has the 6th highest proportion of children in low income families in England. Numerically it has the second highest number after Birmingham. When comparing with statistical neighbours, Bradford District again has the highest overall proportion of children living in poverty under this definition, alongside Oldham.

However, there are very wide variations between wards within the district, with 51.7% of children in Manningham living in absolute low-income families, compared to just 3.3% in

²⁹⁴ [Children whose families struggle to get on are more likely to have mental disorders - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peopleinwork/childpoverty/articlesandreports/childrenwhoselifesarestrugglingtogetonaremorelikelytohavementaldisorders)

²⁹⁵ [Mental health of children in England \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/103422/mental-health-of-children-in-england-2019.pdf)

²⁹⁶ [Mental health of children in England \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/103422/mental-health-of-children-in-england-2019.pdf)

²⁹⁷ [Part 5: Social and economic context - NHS Digital](https://www.nhs.uk/our-journey/our-journey-to-2030/part-5-social-and-economic-context)

²⁹⁸ OHID Fingertips

²⁹⁹ Census 2021

Ilkley (Figure 1Figure 25). This is particularly striking given that within high income countries the level of inequality with a society is often more predictive of poor health and wellbeing outcomes than absolute level of poverty.³⁰⁰

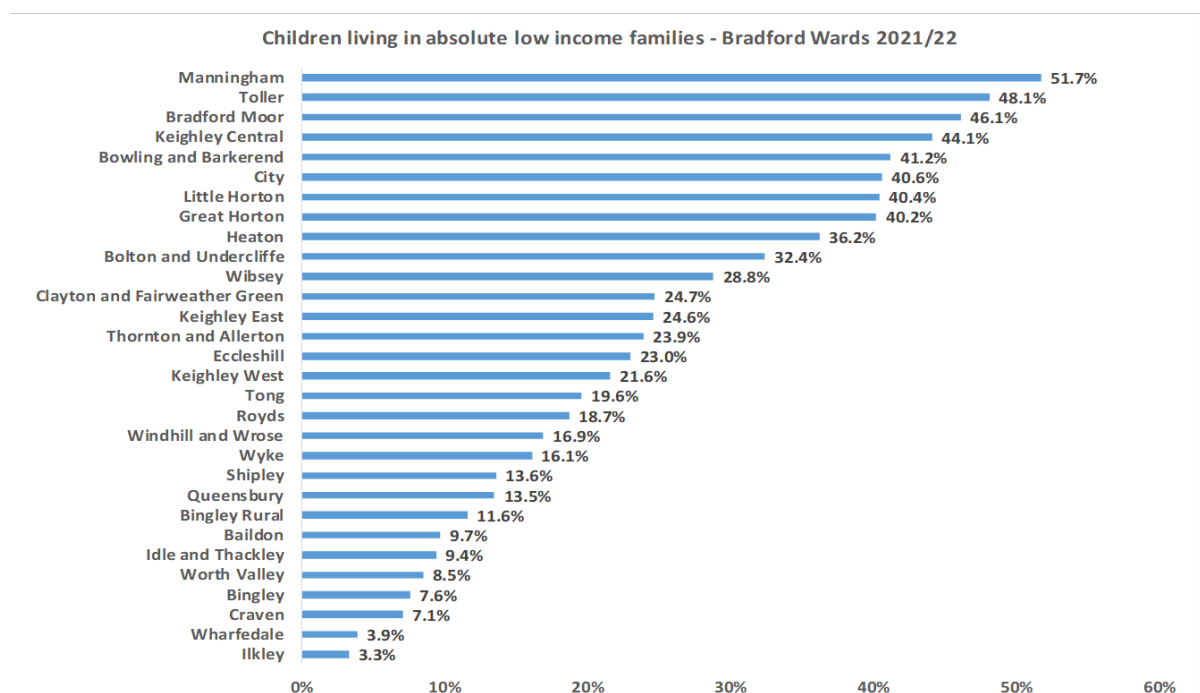


Figure 25: Children living in absolute low income families – Bradford District Wards 2021/22³⁰¹

In March 2023, 22,640 people in the Bradford district were claiming unemployment benefit - a rate of 6.7% of the working age population. Of these, 4,785 claimants were aged between 18-24. Bradford had the highest unemployment rate in the Leeds City Region. The claimant rate for Leeds City Region was 4.2%, for Yorkshire and the Humber was 4.2% and for the United Kingdom was 3.7%. (Unemployment data includes people claiming Jobseeker's Allowance and people claiming Universal Credit who are required to seek work and be available for work).³⁰²

In Bradford District 28,700 children and young people are eligible for free school meals. This is 28.3% of the district's school population, and is higher than the national figure of 23.8%.³⁰³

Census 2021 states that there were 21,053 households on 21st March 2021 with dependent children in the Bradford District where no parent is in paid employment.³⁰⁴

4.4.2 Housing

Having somewhere safe, warm and suitable to live is fundamental to mental wellbeing. Children living in poor quality or insecure housing have increased chances of experiencing

³⁰⁰ Pickett, K., & Wilkinson, R. (2010). *The spirit level*. Penguin Books.

³⁰¹ Census 2021

³⁰² [Unemployment in Bradford District | Understanding Bradford District](#)

³⁰³ [Schools, pupils and their characteristics, Academic year 2022/23 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#)

³⁰⁴ Census 2021

stress, anxiety and depression. Being homeless, or at risk of homelessness, is strongly associated with mental health problems.³⁰⁵

In the year 2022/23 there were 1,058 households with dependent children in Bradford owed a prevention or relief housing duty.³⁰⁶ The prevention duty applies when a local authority is satisfied that an applicant is threatened with homelessness and eligible for assistance. The relief duty applies when a local authority is satisfied that an applicant is homeless and eligible for assistance.³⁰⁷

In the year to 31/03/2023, there were 37 young people who presented as homeless to the Council.³⁰⁸

Unaffordable housing negatively impacts mental health. Levels of stress resulting from falling into arrears for housing payments are comparable to unemployment.³⁰⁹ For several decades house prices have risen at a higher rate than incomes. Between 1997 and 2022 the ratio of median earnings to median house price in Bradford District has risen from 3.0 to 4.9.³¹⁰

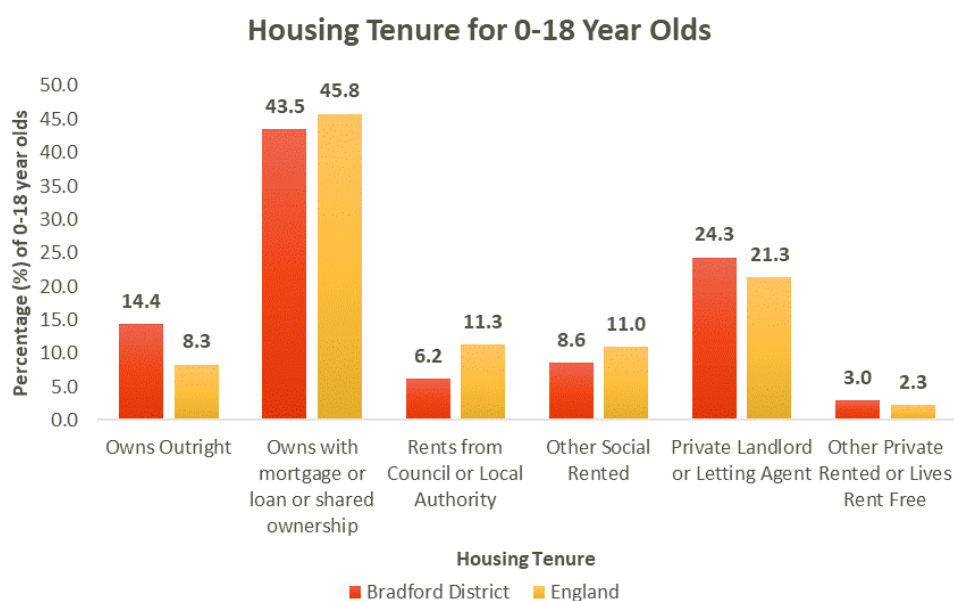


Figure 26: Housing Tenure for 0-18 year olds³¹¹

Bradford District has a significantly higher proportion of 0-18 year olds in homes that are owned with a mortgage or a loan, or that are shared ownership (43.5%), followed by private rented through a private landlord or letting agent (24.3%) (Figure 26).

Compared to England, a higher proportion of 0-18 year olds live in properties that are owned outright with 14.4% compared to 8.3%. The proportion of private rented housing is higher

³⁰⁵ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

³⁰⁶ [Tables on homelessness - GOV.UK \(www.gov.uk\)](#)

³⁰⁷ [Shelter Legal England - Local authority duty to relieve homelessness - Shelter England](#)

³⁰⁸ City of Bradford Metropolitan District Council

³⁰⁹ [the-marmot-review-10-years-on-executive-summary.pdf \(instituteofhealthequity.org\)](#)

³¹⁰ [Housing affordability in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

³¹¹ Census 2021

than that of England with 24.3% compared to 21.3%. However, none of the differences between Bradford District and England are statistically significant.

In Yorkshire and the Humber median private rental price currently amounts to 22.8% of average household income; however low-income households would spend 40.6% of their income on the same property.³¹² Bradford District had Yorkshire and the Humber's largest rise in the proportion of privately-rented homes from 18.1% in 2011 to 23.0% in 2021.³¹³

Those with children to accommodate require a larger home for a given income than those without, adding to cost pressures or likelihood of overcrowding. These pressures are even greater for single parent households, which represent 13.1% of households in Bradford District.³¹⁴ The Census 2021 showed the district had England's joint third-largest percentage-point rise in the proportion of lone-parent households.³¹⁵

Inappropriate and overcrowded housing is known to reduce quality and quantity of sleep for children and place increased pressure on family relationships with emotional, behavioural and academic consequences.³¹⁶ In 2021 5.5% of households in Bradford District were found to be living in overcrowded households. The figures for overcrowded households are higher for Bradford District than regional (2.9%) and national (4.3%) averages.³¹⁷ Data from the Census 2021 showed that households where everyone identified as Muslim were more than five times more likely to be in overcrowded accommodation in comparison to all households in England.³¹⁸ Bradford District has a significantly higher proportion of Muslim children and young people than England.

The affordability of housing is also affected by the cost of heating. Fuel poverty and poor-quality housing are detrimental to mental health, in part through financial stress,³¹⁹ but also because there is a clear link between cold homes and ill-health. Physical health, well-being and self-assessed general health are all impacted, especially for people with existing health issues, such as mental health conditions.³²⁰ Cold homes have negative effects on infant weight gain, hospital admission rates, developmental status and asthmatic symptoms.³²¹ Adolescents living in cold housing are more than five times more likely to be diagnosed with multiple mental health problems than adolescents who have always lived in warm housing.³²²

A household is considered fuel poor if it is living in a property with an energy efficiency rating of band D-G and its disposable income is below the poverty line. In Bradford District, 19.2% of households were classified as 'fuel poor'.³²³

Fuel poverty and poor quality housing is detrimental to mental health, in part through financial stress,³²⁴ but also because there is a clear link between cold homes and ill-health. Physical health, well-being and self-assessed general health are all impacted, especially for

³¹² [Private rental affordability, England, Wales and Northern Ireland - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

³¹³ [How life has changed in Bradford: Census 2021 \(ons.gov.uk\)](https://ons.gov.uk)

³¹⁴ [How life has changed in Bradford: Census 2021 \(ons.gov.uk\)](https://ons.gov.uk)

³¹⁵ [How life has changed in Bradford: Census 2021 \(ons.gov.uk\)](https://ons.gov.uk)

³¹⁶ [Housing and health for young children: National Children's Bureau](https://www.nationalchildrensbureau.org.uk)

³¹⁷ [2021-census-housing-on-the-day-alert.pdf \(bradford.gov.uk\)](https://bradford.gov.uk)

³¹⁸ [Overcrowding and under-occupancy by household characteristics, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

³¹⁹ [the-health-impacts-of-cold-homes-and-fuel-poverty.pdf \(instituteoftheequity.org\)](https://instituteoftheequity.org)

³²⁰ [Advancing our health: prevention in the 2020s – consultation document - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

³²¹ [The health impacts of cold homes and fuel poverty. \(instituteoftheequity.org\)](https://instituteoftheequity.org)

³²² [The health impacts of cold homes and fuel poverty. \(instituteoftheequity.org\)](https://instituteoftheequity.org)

³²³ [Sub-regional fuel poverty data 2023 \(2021 data\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

³²⁴ [the-health-impacts-of-cold-homes-and-fuel-poverty.pdf \(instituteoftheequity.org\)](https://instituteoftheequity.org)

people with existing health issues, such as mental health conditions.³²⁵ Cold homes have negative effects on infant weight gain, hospital admission rates, developmental status and asthmatic symptoms.³²⁶

Other measures of housing quality include the Decent Homes Standard. According to the English Housing Survey 14% of homes fall below the Decent Homes Standard, 10% have a Category 1 hazard and 4% are damp. Applying these estimates to the number of households of each tenure type in Bradford District (209,900 households) would mean there were approximately

- 31,000 homes below Decent Homes Standards (presenting immediate threat to health, not in reasonable state of repair or unable to be effectively heated/insulated)
- 21,000 homes with a Category 1 hazard (serious and immediate risk to health and safety)
- 9,400 damp homes.³²⁷

The private rented sector represents the highest proportion of all unsafe housing both locally and nationally (Figure 27).^{328, 329} Between 2011 and 2021 there has been a 4.9% increase in the proportion of households in private rentals, making this a poignant issue for Bradford District.³³⁰

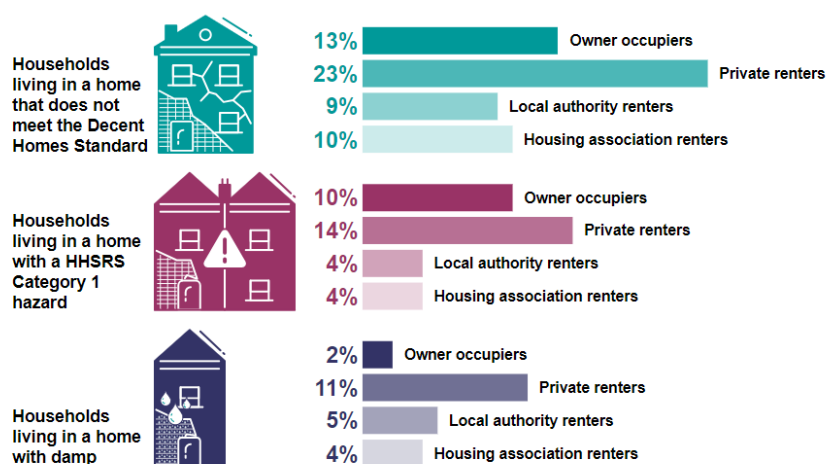


Figure 27: England-wide housing quality issues according to housing sector.³³¹

4.4.3 Green Space, Nature and the Environment

Green spaces, such as parks, forests and urban green spaces, have been proven to improve health. The World Health Organisation found that most types of green space had positive effects on overall mental health, quality of life and subjective wellbeing.³³² Open spaces, such as community centres, cafes, green spaces and safe play facilities for children, are linked to improving companionship, a sense of identity and belonging, and happiness.³³³

³²⁵ [Advancing our health: prevention in the 2020s – consultation document - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s)

³²⁶ [The health impacts of cold homes and fuel poverty. \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/)

³²⁷ [City of Bradford Metropolitan District Council Intelligence Bulletin - 2021 Census, Housing](https://www.bradford.gov.uk/press-releases/city-of-bradford-metropolitan-district-council-intelligence-bulletin-2021-census-housing)

³²⁸ [English Housing Survey 2021 to 2022: housing quality and condition - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-housing-survey-2021-to-2022-housing-quality-and-condition)

³²⁹ [Bradford Housing Strategy 2020 to 2030](https://www.bradford.gov.uk/press-releases/bradford-housing-strategy-2020-to-2030)

³³⁰ [How life has changed in Bradford: Census 2021 \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-the-uk/population-and-demography/ethnicity-and-nationality/how-life-has-changed-in-bradford-census-2021)

³³¹ [English Housing Survey 2021 to 2022: housing quality and condition - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-housing-survey-2021-to-2022-housing-quality-and-condition)

³³² [9789289055666-eng.pdf \(who.int\)](https://www.who.int/publications/m/item/9789289055666-eng.pdf)

³³³ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](https://www.fph.org.uk/better-mental-health-for-all-final-low-res.pdf)

This is seen locally, with Born in Bradford research identifying lower depression risk for pregnant women and improved child mental wellbeing in greener areas.³³⁴

The government's [25 Year Environment Plan](#) pledges to help people improve their health and wellbeing by using green spaces, and to encourage children, particularly those from disadvantaged areas, to be close to nature, as well as creating green infrastructure.³³⁵ There were also plans to embed nature-based interventions as part of strategies for preventing and treating mental ill-health.³³⁶

When asked about the parks and green spaces in the local area (within one mile or a 20-minute walk of home) a Born in Bradford³³⁷ survey of parents of children aged 0-5 years and 10-14 years in 2020 found that:

- 57% of respondents reported being very satisfied/ satisfied;
- 16% were very dissatisfied/dissatisfied.

Of parents responding to the survey, 27% reported that there was no safe outdoor space for their children to play. Children with Pakistani heritage were more likely than White British children to say they had no park near their home where they could play with friends. In a separate survey³³⁸ of 15,641 children in the district aged 7-10 years 30% reported having no park near their home.

In another Born in Bradford study of the parents of children aged 4 years, satisfaction with green space was significantly associated with fewer total behavioural difficulties amongst south Asian children.³³⁹ Researchers recommended a focus on both quality and quantity of urban green spaces to promote health, particularly among ethnic minority groups.

Most young people (59%) in the Born in Bradford: Age of Wonder young people's survey (2022-23 prerelease) in school years 8 to 10 were very or fairly satisfied with green space but 13% were fairly or very dissatisfied. In summer 49% of young people said they visit parks at least twice a week whilst 31% said they visit 1-3 times a month or less. In winter, only 24% visit at least twice a week and 57% visit 1-3 times a month or less.³⁴⁰

Children in the UK have high levels of concern around the environment and climate change.³⁴¹ A 2023 global survey found that in its UK sample a total of 80% of children and young people were extremely (20%), very (29%) or moderately (31%) worried about climate change, with 28% noting this impacted on their daily functioning. Within the UK, 63% felt sad, 55% felt helpless, 60% felt anxious, 62% felt afraid, and 55% felt powerless. Only 25% of those surveyed felt optimistic³⁴² This is consistent with observations by the Royal College of Psychiatrists in 2020 that 57% of child and adolescent specialists were working with children and young people distressed by environmental and climate crises.³⁴³ The Royal College of Paediatrics and Child Health have also expressed concerns regarding both

³³⁴ [HG2967.3-BIHR-BiB-Evidence-Briefing-Green-Spaces.pdf \(borninbradford.nhs.uk\)](#)

³³⁵ [25-year-environment-plan.pdf \(publishing.service.gov.uk\)](#)

³³⁶ [Advancing our health: prevention in the 2020s – consultation document - GOV.UK \(www.gov.uk\)](#)

³³⁷ [Will-we-ever-return-to-normality-phase-2.pdf \(bradfordresearch.nhs.uk\)](#)

³³⁸ [Vulnerabilities in child wellbeing among primary school children: a cross-sectional study in Bradford, UK](#)

³³⁹ [Availability, use of, and satisfaction with green space, and children's mental wellbeing at age 4 years in a multicultural, deprived, urban area: results from the Born in Bradford cohort study - PubMed \(nih.gov\)](#)

³⁴⁰ [Born in Bradford: Age of Wonder young people's survey \(2022-23 prerelease\)](#)

³⁴¹ [A climate of anxiety \(thelancet.com\)](#)

³⁴² [Climate anxiety in children and young people and their beliefs about government responses to climate change: a global survey - The Lancet Planetary Health](#)

³⁴³ [The climate crisis is taking a toll on the mental health of children and young people \(rcpsych.ac.uk\)](#)

inadequate climate action and resulting impacts on mental health, backing children and young people in their calls for greater urgency.³⁴⁴

2100 may seem like the very distant future. However, the current generation of children and young people are the first that will live into the new century, witnessing the outcomes of environmental decisions made today. Based on current levels of action, they will experience a world 2.8 degrees warmer than pre-industrial averages. This is well above 'safe' levels and illustrates how important and rational their concerns and anxieties are.³⁴⁵

Solutions put forward by children and young people themselves are consistent with the evidence-base around which interventions can improve the environment, physical and mental and health. Access to nature, protecting water sources, improving public transport, public infrastructure and flood resilience were some of the changes children and young people across the suggested.³⁴⁶

4.4.4 War, Disasters and Overwhelming Events

There are many channels through which war, disaster or overwhelming events might impact the mental health of a child. In warzones, children and young people can be victims, witnesses or perpetrators of conflict-related violence, and rates of domestic, sexual and gender-based violence are also known to increase within conflict affected communities both within the conflict zone and beyond. Many families attempt to leave conflict zones. The vast majority are internally displaced or are accommodated within neighbouring countries, but some seek asylum further afield. Disasters, whether natural or man-made, can result in similar experiences of physical danger, destruction and instability as well as forced migration and its associated impacts. Migration can be protracted and dangerous, and even if relative safety is reached, issues of social isolation, stigma and poverty persist. Some children and young people remain with their families. However, families can become fragmented, occasionally leaving children and young people to seek safety without a parent or guardian.³⁴⁷

The mental health issues more frequently seen in this group are post-traumatic stress disorder, anxiety, sleep disorders and depression.³⁴⁸³⁴⁹ Refugees are ten times more likely to have PTSD than the general population with a prevalence of around 11% in children and adolescents.³⁵⁰

Globally, there are 1 billion children living in countries at extremely high risk of climate change impacts, with 500 million children in areas of high flood risk and 9.8 million children displaced due to weather related events in 2020. Children and young people are disproportionately affected by climate related morbidity and mortality including mental health impacts, and more likely to migrate or be displaced as a result of both acute weather-related shocks or longer-term changes. As such, the numbers of children and young people worldwide and within the UK exposed to disaster and displacement is likely to increase, although the extent of this is heavily dependent on facilitation of the commitments made in

³⁴⁴ [children and young people fear Government no longer cares about climate change, says RCPCH report](#)

³⁴⁵ ['Humanity has opened the gates to hell' warns Guterres as climate coalition demands action | UN News](#)

³⁴⁶ [climate-change-children and young people-voice-report-final.pdf \(rcpch.ac.uk\)](#)

³⁴⁷ [The mental health of refugee children | Archives of Disease in Childhood \(bmj.com\)](#)

³⁴⁸ [2021-03-04-atr-strategy-2021-24-zy-v1.pdf \(bradfordatpartnership.co.uk\)](#)

³⁴⁹ [The mental health of refugee children | Archives of Disease in Childhood \(bmj.com\)](#)

³⁵⁰ [Appendix \(moderngov.co.uk\)](#)

the Paris Agreement 2015.³⁵¹

Children in the UK asylum system can be categorised as “dependents” where their request for asylum is linked to a responsible adult or as “unaccompanied asylum seeking children (UASC)” who present themselves alone. Without the practical and emotional protection of a family member or group, UASC are particularly vulnerable.

Bradford has been formally recognised as a ‘City of Sanctuary’ by the national City of Sanctuary movement as being a safe and tolerant place where migrant communities can flourish.³⁵²

- 30 unaccompanied asylum-seeking children came into care in the Bradford District in 2022/23. A figure for the number of asylum-seeking children and young people within families could not be obtained.
- In October 2023 there were 390 asylum seeker children (with families) in dispersed accommodation in Bradford District.
- In January 2024 there were 57 asylum seeker children (with families) in contingency hotels.
- Since March 2022, a total of 128 children have arrived under the Homes for Ukraine scheme in Bradford Local Authority.³⁵³

These figures are a snapshot in time and it is not possible to calculate the total number of refugee/ asylum seeking children who live in the district.

4.4.5 Criminality and the Justice System

There is overlap in the root causes of mental ill health and the risk of engaging in criminal activity, such as backgrounds of abuse, early traumatising experiences, and poverty.³⁵⁴ Office for National Statistics (ONS) research identified that children with poor educational attainment, frequent school absence or exclusion, SEND, experience of the care system, those in receipt of free school meals and in ethnic minorities (particularly black African or Caribbean) are all over-represented within the criminal justice system. 92.6% of those receiving custodial sentences at age 23-24 years are male.³⁵⁵ Incarceration itself exposes individuals to risk factors for development of mental illness and is a poor environment to achieve holistic improvement in mental wellbeing for those with pre-existing conditions.³⁵⁶³⁵⁷ The immediate time after release is a high risk period with little support, and having a criminal record makes establishing protective factors for mental health such as positive social connection, stable housing and gaining employment much harder for an already psychologically vulnerable population. This can lead to cycles of imprisonment and poor

³⁵¹ [The Paris Agreement | UNFCCC](#)

³⁵² [City of Sanctuary | Bradford Council](#)

³⁵³ City of Bradford Metropolitan District Council

³⁵⁴ [What we talk about when we talk about vulnerability and youth crime: A narrative review - ScienceDirect](#)

³⁵⁵ [The education and social care background of young people who interact with the criminal justice system - Office for National Statistics](#)

³⁵⁶ [Prison mental health services in England, 2023 | Centre for Mental Health](#)

³⁵⁷ [Crisis in UK prison mental health - ScienceDirect](#)

health outcomes particularly when first encounters with the criminal justice system happen at a young age.³⁵⁸

The levels of mental health problems amongst children in prison or secure places is estimated to be between 50% - 95%.³⁵⁹ International research suggests conduct disorder is the most common diagnosis among children and young people within criminal justice systems.³⁶⁰ Depression, PTSD, and ADHD are also more prevalent in children and young people involved in criminal activity than the general population,^{361, 362} and incarcerated young people show higher instances of self-harm³⁶³ and suicidality rates: up to 18 times that of others the same age.³⁶⁴

An increased likelihood of children with special educational needs entering the criminal justice system is seen in local and national data (Figure 28). As of January 2023, 47 (28%) children and young people in Bradford's Youth Justice System had an Education Health and Care Plan (EHCP). Of these EHCP's, 83% were for social, emotional and mental health needs.³⁶⁵ Government data for children in key stage 4 (aged 14 to 16 years) show that 81% of children in Bradford, (79% of those nationally) convicted of any offence and 83% of children convicted of serious violence offences (85% nationally) had either SEN support or an EHC plan in place in the years 2012/13 to 2017/18.³⁶⁶

³⁵⁸ [Centre for Mental Health - The Future of Prison Mental Health Care](#)

³⁵⁹ [better-mental-health-for-all-final-low-res.pdf \(fph.org.uk\)](#)

³⁶⁰ [When to suspect a conduct disorder | Diagnosis | Conduct disorders in children and young people | CKS | NICE](#)

³⁶¹ [An Updated Systematic Review and Meta-regression Analysis: Mental Disorders Among Adolescents in Juvenile Detention and Correctional Facilities](#)

³⁶² [Attention-Deficit/Hyperactivity Disorder \(ADHD\), antisociality and delinquent behavior over the lifespan - ScienceDirect](#)

³⁶³ [What we talk about when we talk about vulnerability and youth crime: A narrative review - ScienceDirect](#)

³⁶⁴ [Mental health of children in England \(publishing.service.gov.uk\)](#)

³⁶⁵ [SEND Health Needs Assessment - May 2023.pdf \(bradford.gov.uk\)](#)

³⁶⁶ [Education, children's social care and offending \(publishing.service.gov.uk\)](#)

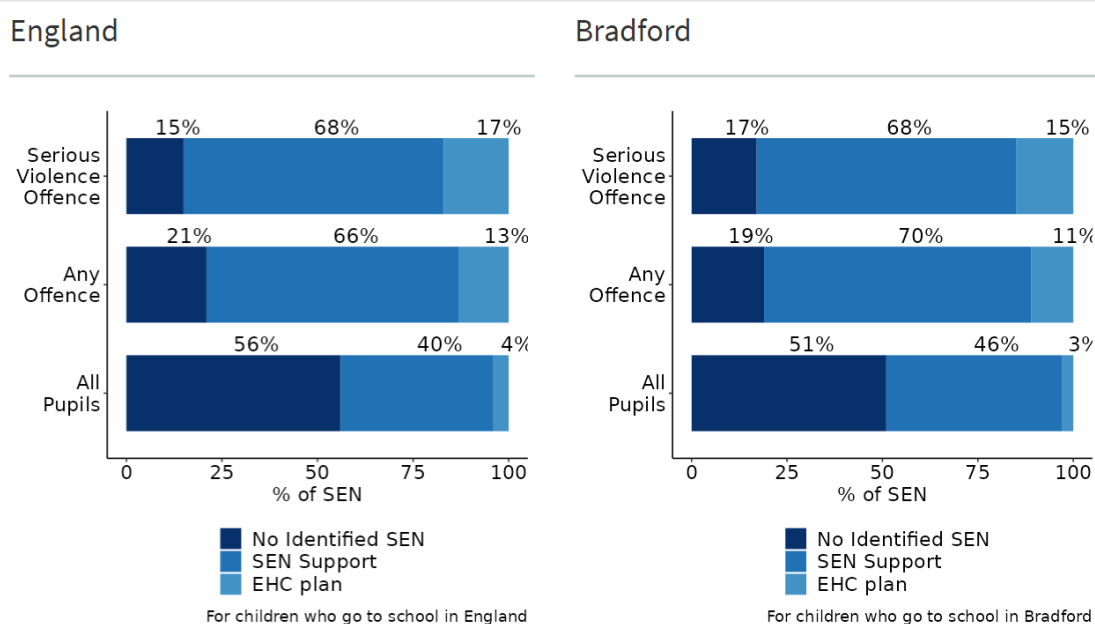


Figure 28: Criminal offences by SEND and ECHP status³⁶⁷

The Born in Bradford: Age of Wonder young people’s survey (2022-23 prerelease) found that 14% of the 1882 respondents said they had been stopped by the police and 8.5% had received warnings or cautions.³⁶⁸

Data from West Yorkshire Police shows the number of young people (those aged 18 and below) arrested and processed in custody for the last 12 months in Bradford District (Figure 29: **Number of children arrested and processed in custody in Bradford District.**). This may not be 885 individuals as some young people may have been arrested more than once.

³⁶⁷ [Education, children's social care and offending \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

³⁶⁸ Born in Bradford: Age of Wonder young people’s survey (2022-23 prerelease)

Period	Number of children detained
February 2023	84
March 2023	75
April 2023	81
May 2023	82
June 2023	78
July 2023	79
August 2023	70
September 2023	81
October 2023	64
November 2023	68
December 2023	53
January 2024	70
Total	885

Figure 29: Number of children arrested and processed in custody in Bradford District³⁶⁹.

4.5 Multiple Vulnerabilities

The interlinked nature of many of the risk factors means that children and young people exposed to one risk may be more likely to be exposed to several others. Children and young people who experience multiple risk factors have higher chances of developing problems than those who experience one in isolation. It is estimated that Bradford District has 26,180 children and young people (aged 0-17) living in a household with at least one of the following risk factors: a parent with mental illness, a parent with drug and alcohol dependence or domestic abuse.³⁷⁰ Key attention needs to be paid to children who are exposed to more than one risk factor for mental health.

³⁶⁹ West Yorkshire Police

³⁷⁰ [Children in families at risk - Local area maps | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](https://www.childrenscommissioner.gov.uk)

SECTION 6: Prevalence of mental health conditions

NHS Digital estimate that the number of children in England with a probable mental health disorder had risen from one in ten in 2004 to one in six in 2020.³⁷¹ Using the NHS digital calculation there are an estimated 18,010 children and young people with a probable mental health disorder in Bradford District.

It should be noted however, that Bradford District has higher rates of children and young people with characteristics that make them more likely to have poorer mental health outcomes and/or have a higher prevalence of mental health conditions. These 'at risk' groups include being of adolescent age, having been in contact with social care, having a special educational need or disability, experience of poverty or deprivation.³⁷² Therefore, the actual number may be higher than 18,010.

No data on children and young people's mental health was available from primary care. This leaves a gap in understanding about how many children and young people are going to their GP for support with their mental health.

Bradford district's directly standardised rate (a measure of incidence, taking into account the age and sex distribution within different populations, to allow for a direct comparison) for new referrals for under 18s to secondary mental health services remained significantly lower than both the England rate and the Yorkshire & the Humber rate from 2017/18 to 2019/20 (Figure 30).³⁷³ Bradford District has the second lowest rate for new referrals in Yorkshire & the Humber, after Leeds. However, rates do show to be increasing slightly in line with most other West Yorkshire local authorities.

³⁷¹ [Mental Health of children and young people in England 2022 - wave 3 follow up to the 2017 survey - NDRS \(digital.nhs.uk\)](#)

³⁷² [Improving the mental health of babies, children and young people: a framework of modifiable factors - GOV.UK \(www.gov.uk\)](#)

³⁷³ [Public health profiles - OHID \(phe.org.uk\)](#)

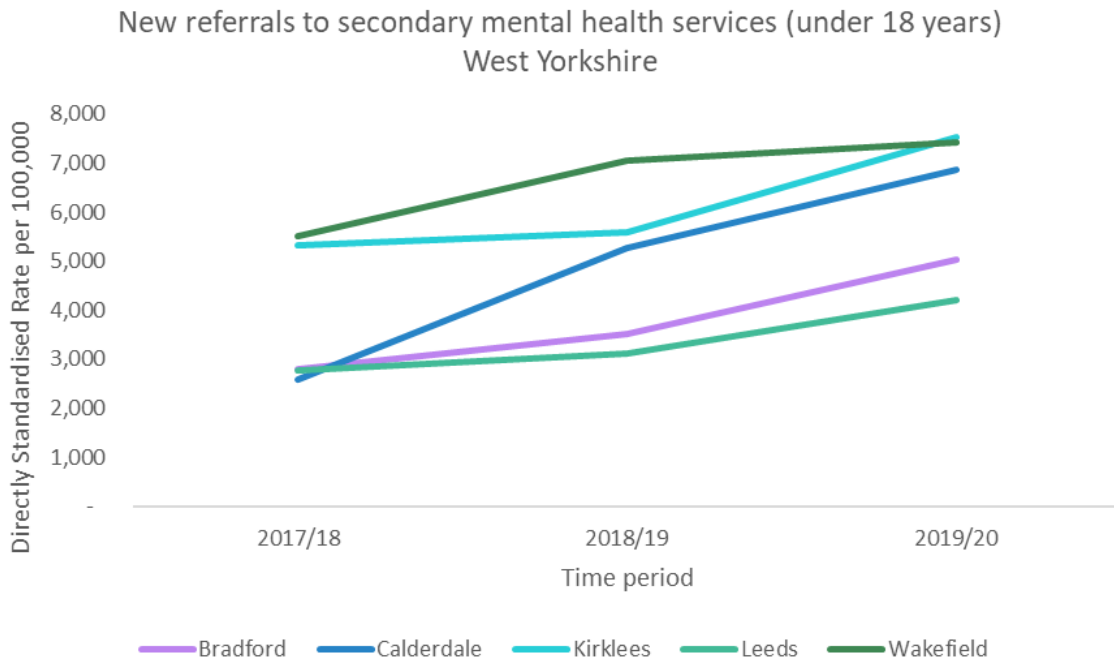


Figure 30: New referrals to secondary mental health services (under 18 years) in West Yorkshire³⁷⁴

Bradford District’s rate of inpatient stays in secondary mental health services is significantly lower than the rate for England and lower than the rate for Yorkshire & the Humber (Figure 31). From 2017/18 to 2018/19 there was a sharp drop in the rate. Due to insufficient sample size, the rate for Bradford District 2019/20 could not be calculated (Figure 32).

However, it would be reasonable to infer that the rate is the lowest of all West Yorkshire local authority areas and one of the lowest in Yorkshire & the Humber, with a count of 10 inpatient stays for 2019/20.³⁷⁵ It should be noted that one person can have multiple inpatient stays in the year, and each stay is included in this indicator. This indicator is a measure of activity, not people in receipt of that activity.³⁷⁶

Data nationally on inpatient admissions can be difficult to interpret due to differences in how voluntary admissions and admissions under the Mental Health Act are counted. Children admitted outside of psychiatric settings, for example to general paediatric wards or where decisions around the best location of care become court matters are also not counted. It is not possible to say whether lower numbers in Bradford relate to lower need, lower access or data classification discrepancies such as those above.

³⁷⁴ Fingertips: Department of Health and Social Care: Mental Health Services Data Set ONS 2011 Census based mid-year population estimates originally

³⁷⁵ OHID Fingertips

³⁷⁶ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

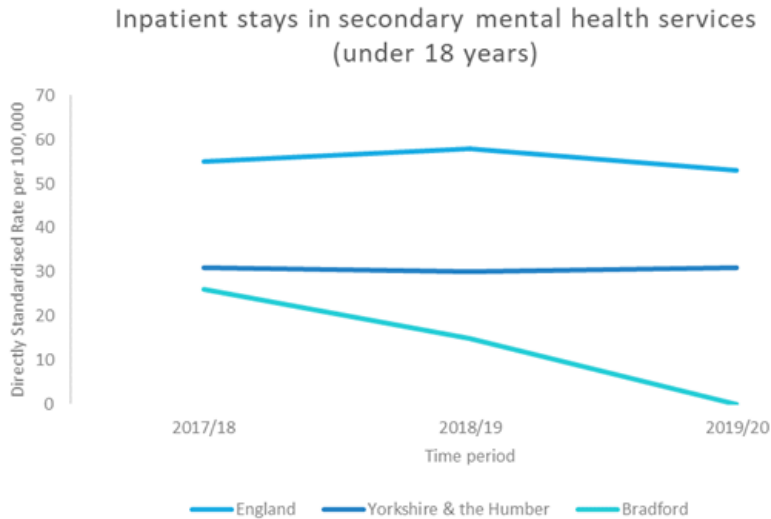


Figure 31: Rates for inpatients stays in secondary mental health services per 100,000 people³⁷⁷

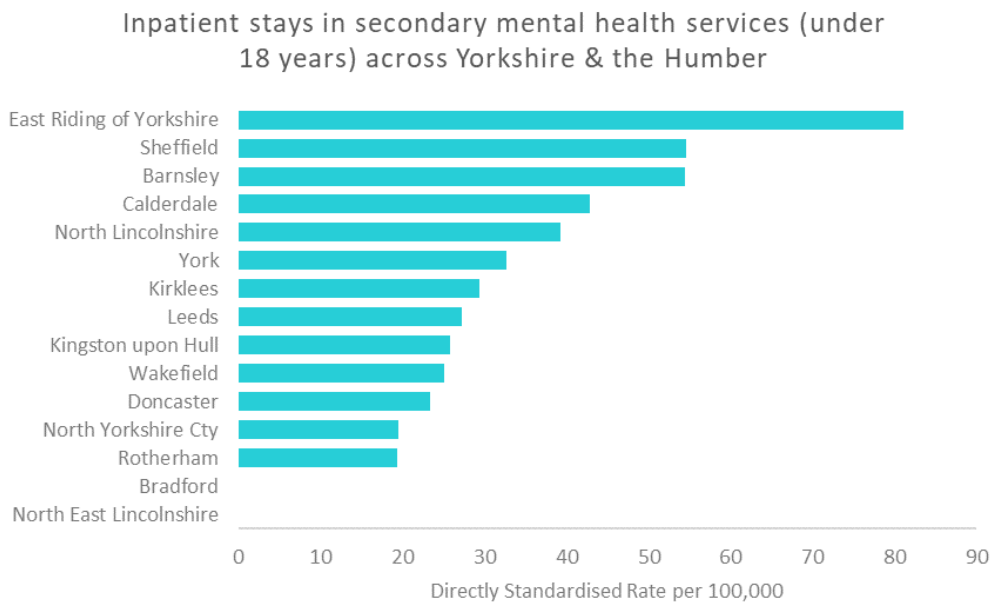


Figure 32: Inpatient stays for Yorkshire & the Humber sub-regions³⁷⁸

Data show that Bradford District has significantly lower levels of children and young people attending community and outpatient mental health services than England. The rate has increased between 2018/19 and 2010/20 but is still significantly below national rates. Bradford District has the third lowest rate for attending community and outpatients in Yorkshire & the Humber and the second lowest rate in West Yorkshire.³⁷⁹

³⁷⁷ OHID Fingertips

³⁷⁸ OHID Fingertips

³⁷⁹ OHID Fingertips

The latest data for 2021-22 (Figure 33) show that Bradford District has a lower rate of hospital admissions for children and young people with mental health conditions than both England (99.8 per 100,000) and Yorkshire & the Humber (91.1 per 100,000) with 64.1 per 100,000 people. When compared to other areas in the Yorkshire region, Bradford District has the fourth lowest rate.

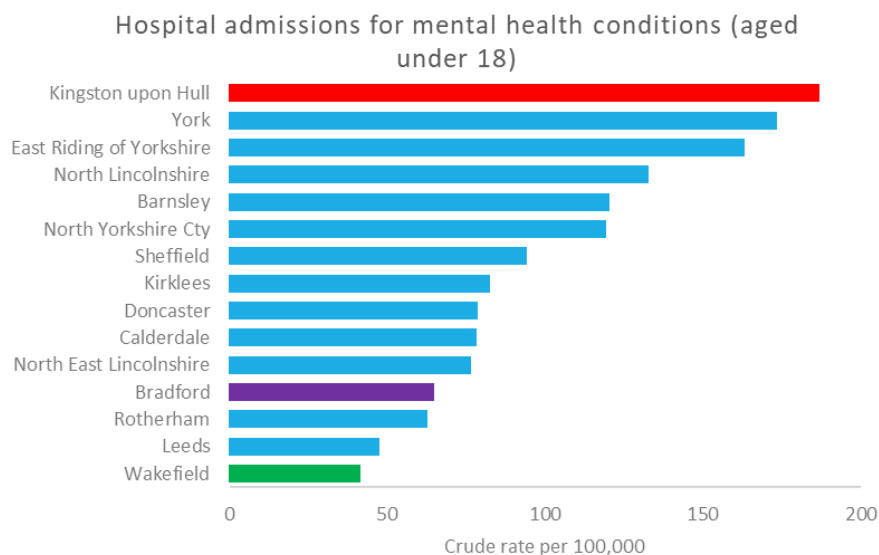


Figure 33: Hospital admissions for mental health conditions for Yorkshire & the Humber sub-regions for 0-18 year olds, 2021-22³⁸⁰

Data from Bradford District Care Trust (Table 10) show the reasons why children and young people went to Accident and Emergency departments with mental health complaints. Between April 2022 and March 2023 there were 450 attendances related to mental health, with drug/ alcohol intoxication or withdrawal and self-harm accounting for 80% of these.

Chief Complaint Description	Number	%
Depressive feelings	<5	0.2%
Hallucinations / delusions	5	1.1%
Feeling suicidal	6	1.3%
Behaviour: agitated / violent	10	2.2%
Behaviour: unusual	26	5.8%
Feeling anxious	44	9.8%
Self-harm	122	27.1%
Drug / alcohol intoxication or withdrawal	236	52.4%
Total	450	

Table 10: A&E Attendances at all Providers - Patients Aged 7 to 18 - by chief complaint description - April 2022 to March 2023³⁸¹

In 2022/23, Born in Bradford's Age of Wonder project surveyed more than 5000 young people in secondary schools across the district. Pre-release findings show the proportion of

³⁸⁰ OHID Fingertips

³⁸¹ Bradford District Care Trust

Bradford teenagers reporting clinical threshold levels of anxiety, depression, eating disorders, and self-harm, are at or slightly above national levels.³⁸²

They found that the levels of anxiety increased with age, with pupils in Year 10 being nearly twice as likely (11%) to meet clinical thresholds compared to years 8 and 9 (~6.4%). Children identifying as having an ethnicity other than Asian (i.e. other or white) had 1.5-2 times the risk of anxiety compared to those that were Asian. Girls were twice as likely (10%) to meet the clinical threshold for anxiety as boys (5%). The prevalence of anxiety of those on free school meals was 11% compared to 6.5% for those not on free school meals.³⁸³

6.1 Sex, Gender and Mental Health

Data show that rates of admissions in Bradford District for mental health conditions are higher for females compared to males (Figure 34). This is also the case for the national and regional picture, with rates for females being more than double that of the rate for males across all three geographies.

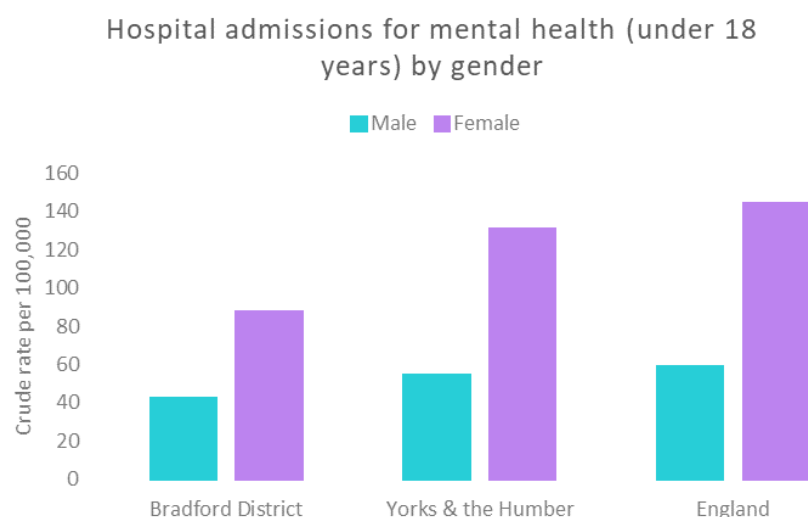


Figure 34: Hospital admissions for mental health conditions by gender 2021/22³⁸⁴

In national datasets there are higher overall levels of reported mental ill health for girls compared to boys, particularly in older age groups. NHS Digital data suggests that prevalence of expressed mental health issues increases with age for girls, with the opposite trend being true for boys, who make up the majority of cases below the age of 10 (Figure 35).

³⁸² Age of Wonder Mental Health and Wellbeing in Schools (September 2023)

³⁸³ Age of Wonder Mental Health and Wellbeing in Schools (September 2023)

³⁸⁴ [Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

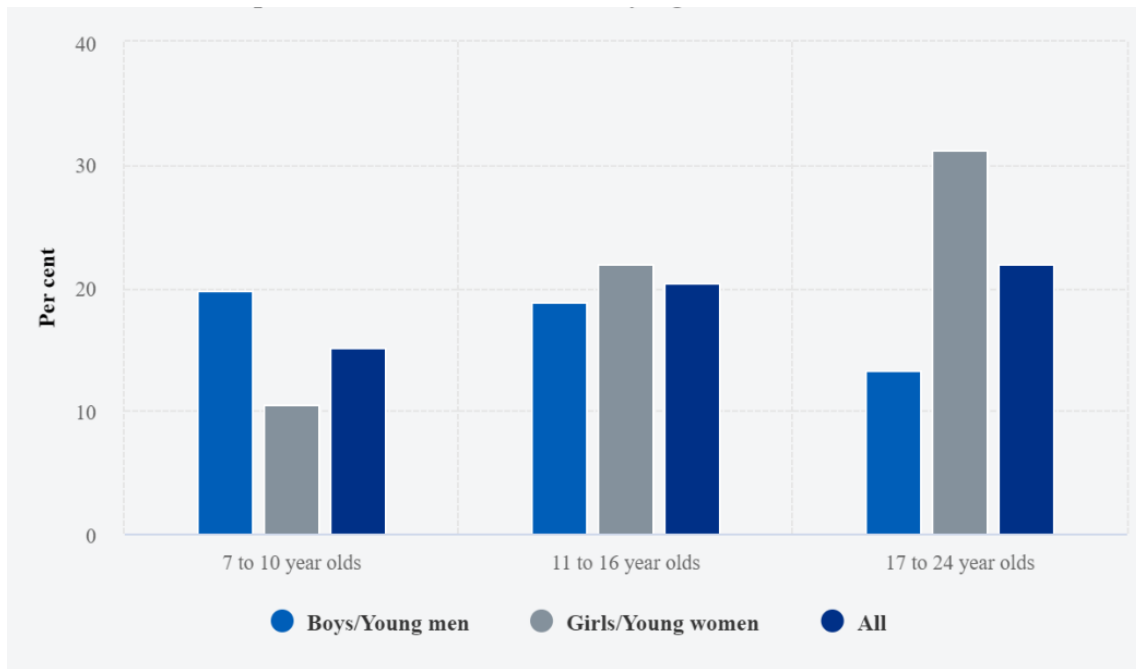


Figure 35: Percentage of children and young people with a probable mental health disorder by age and sex – Wave 3 of England-wide NHS Digital survey on Mental Health of children and young people 2022³⁸⁵

Similarly, the 2022 State of the Nation report for England found that secondary school age boys reported higher wellbeing than girls on all measures. Girls were more likely to screen positive for a possible eating problem and to have tried to harm themselves.³⁸⁶

Locally, the Born in Bradford: Age of Wonder young people’s survey (2022-23 prerelease) found that twice the proportion of girls in school years 8 to 10 (10%) met the clinical threshold for anxiety as boys (5%) (Figure 36).³⁸⁷

³⁸⁵ [Part 1: Mental health - NHS Digital](#)

³⁸⁶ [State of the nation 2022: children and young people's wellbeing \(publishing.service.gov.uk\)](#)

³⁸⁷ Age of Wonder Mental Health and Wellbeing in Schools (September 2023)

Anxiety

Answers to questions about anxiety symptoms that are categorised at 3 levels

■ Clinical ■ Borderline ■ Normal



Figure 36: Proportion of males and females in the Born in Bradford: Age of Wonder study meeting the clinical threshold for anxiety.³⁸⁸

In Bradford District, females have significantly higher rates than males for hospital admissions due to self-harm (Figure 37). The age group 15-19 years have the highest rates with a crude rate of 830.8 females per 100,000, followed by 10-14 (520.9 per 100,000) and then 20-24 (357.6 per 100,000).

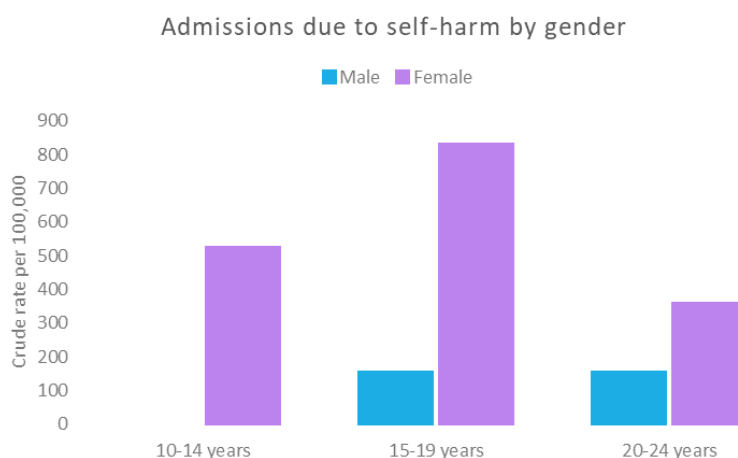


Figure 37: Hospital admissions for self-harm in Bradford District broken down by gender and age group 2021/22³⁸⁹

³⁸⁸ Age of Wonder Mental Health and Wellbeing in Schools (September 2023)

³⁸⁹ OHID Fingertips

6.2 Summary

There are an estimated 18,010 children and young people with a probable mental disorder in Bradford District. Based on the data available, Bradford District had:

- A lower rate for hospital admissions for mental health conditions compared to national and regional averages
- A higher rate of admissions for mental health conditions for females compared to males
- A higher rate of admissions for self-harm for females compared to males
- Over 450 A&E attendances linked to mental health, of which drugs/ alcohol and self-harm were the two most common chief complaints
- A significantly lower rate for new referrals to secondary mental health services than regional and national averages
- a significantly lower rate of inpatient stays in secondary mental health services than national rates and lower than regional rates
- significantly lower levels of children and young people attending community and outpatient mental health services than England
- Clear variations between groups of children based on factors such as age, and sex.

It should be noted that some of this data is now a couple of years old and therefore new data should be analysed as it becomes available.

SECTION 7: Current services and approaches in Bradford

This analysis is based on a snapshot in time from a survey of providers of mental health services for children and young people in Bradford in 2023. Data are collected in different ways by different providers, and therefore are not necessarily comparable between services or with other parts of the country. However, this gives detailed information about the current situation in Bradford in 2022-23, which is not routinely captured in other data sets.

7.1 Services for Individuals

This section covers services supporting children and young people experiencing mental health problems in Bradford District. A list of these services is provided in appendix 2. It does not include data on the NHS Children and Adolescent Mental Health Service (CAMHS), or on mental health services delivered in schools, which have been analysed separately, below.

Working with partners and networks across the system, services supporting individual children and young people experiencing mental health problems across the district were identified. These services were asked to provide service level data on a range of topics including:

1. Service Information
2. Eligibility criteria
3. Information on current service users
4. Service capacity
5. Referrals
6. Systems
7. Which part of the thrive model the service covers

Service data was requested for the financial year April 2022-March 2023. It should be noted that some services cover Craven as well as Bradford District, and this data cannot be separated from the analysis below.

7.1.1 Service Information

Number of services

47 services supporting individual children and young people experiencing mental health problems across the district were identified. These are delivered by 28 separate organisations.

Commissioners

47/47 services provided data on their commissioning organisation (Figure 38).

The majority of the services were commissioned solely by Bradford and Craven Health and Care Partnership (29), followed by City of Bradford Metropolitan District Council (11).

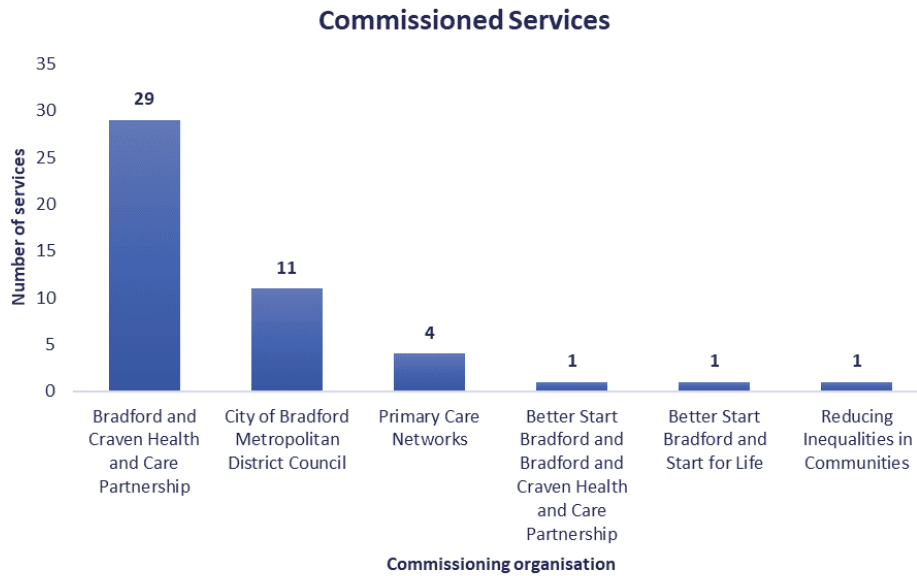


Figure 38: Number of mental health services commissioned by organisations (data from 47 services)

Purpose

45/47 services provided data on the purpose of their service (Figure 39).

23 services stated that their purpose includes providing Social, Emotional and Mental Health (SEMH) support, which is the most recurrent theme. Crisis/distress, relationship issues and support for vulnerable groups were supported by 5 services each. The chart below depicts purposes that are supported by more than one service.

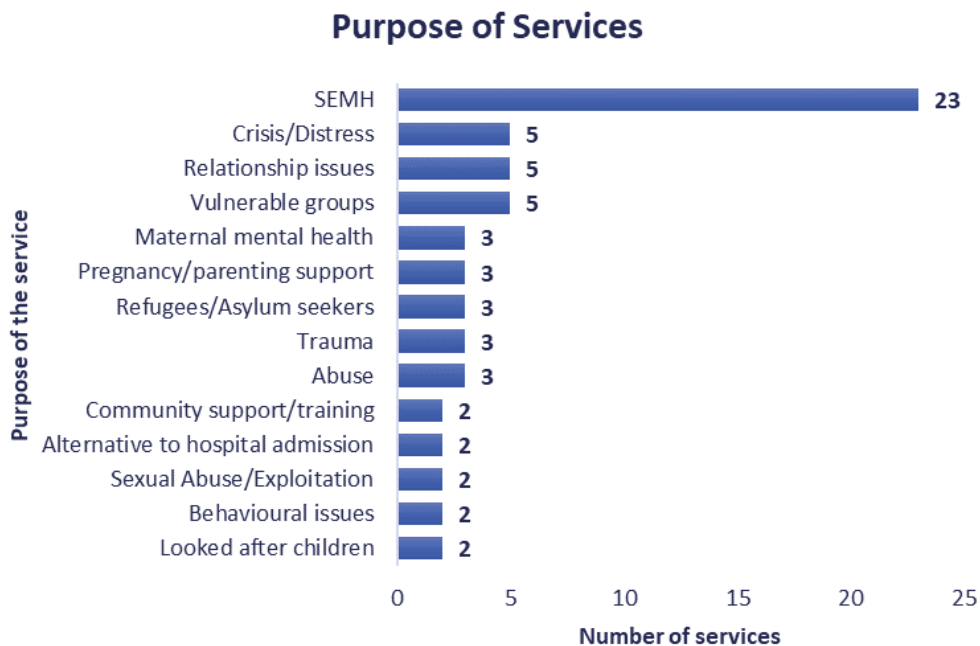
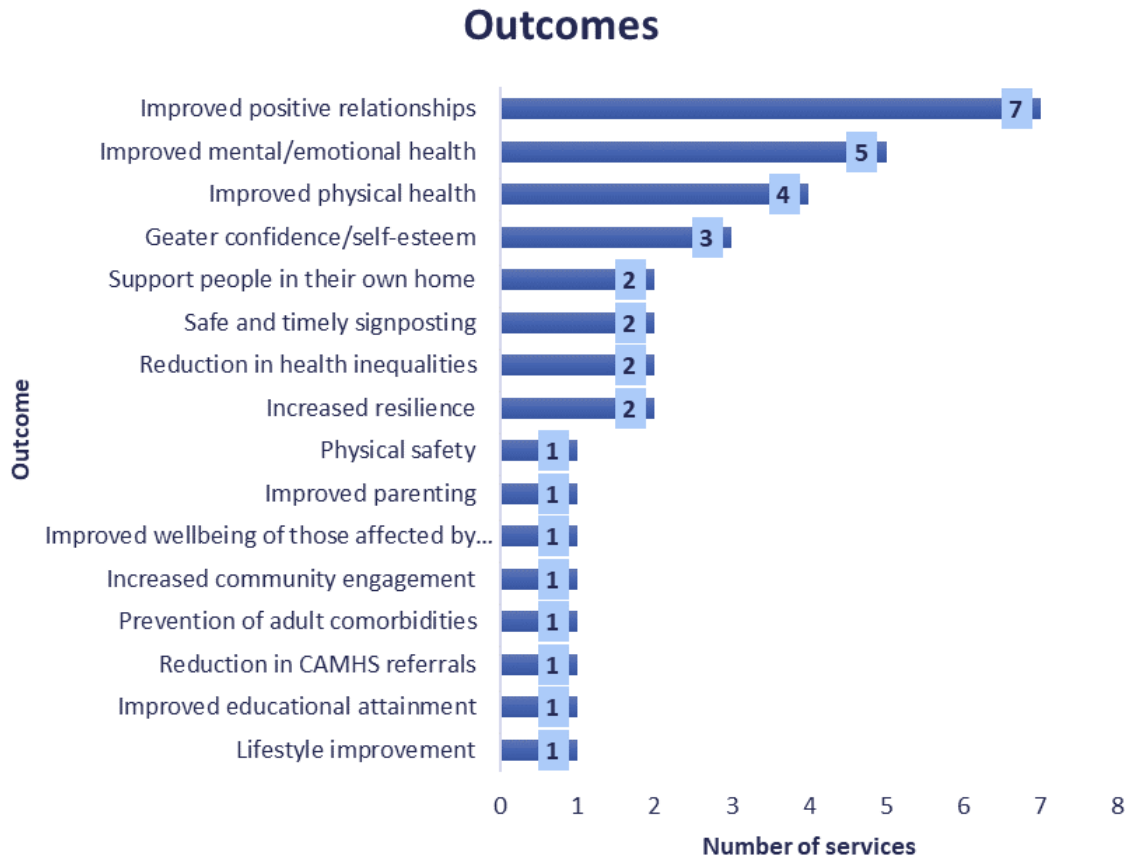


Figure 39: Thematic analysis of the purpose of the services (data from 45 services)

7.1.2 Outcomes

27/47 services provided data on service outcomes (Figure 40).



Of the 27 of services that submitted data, 8 services reported improvements in the mental health of the children and young people they have supported which are detailed in the chart below. It should be noted that some of these 8 services have recorded more than one outcome. Other services provided methods of measuring outcomes, which has not been analysed.

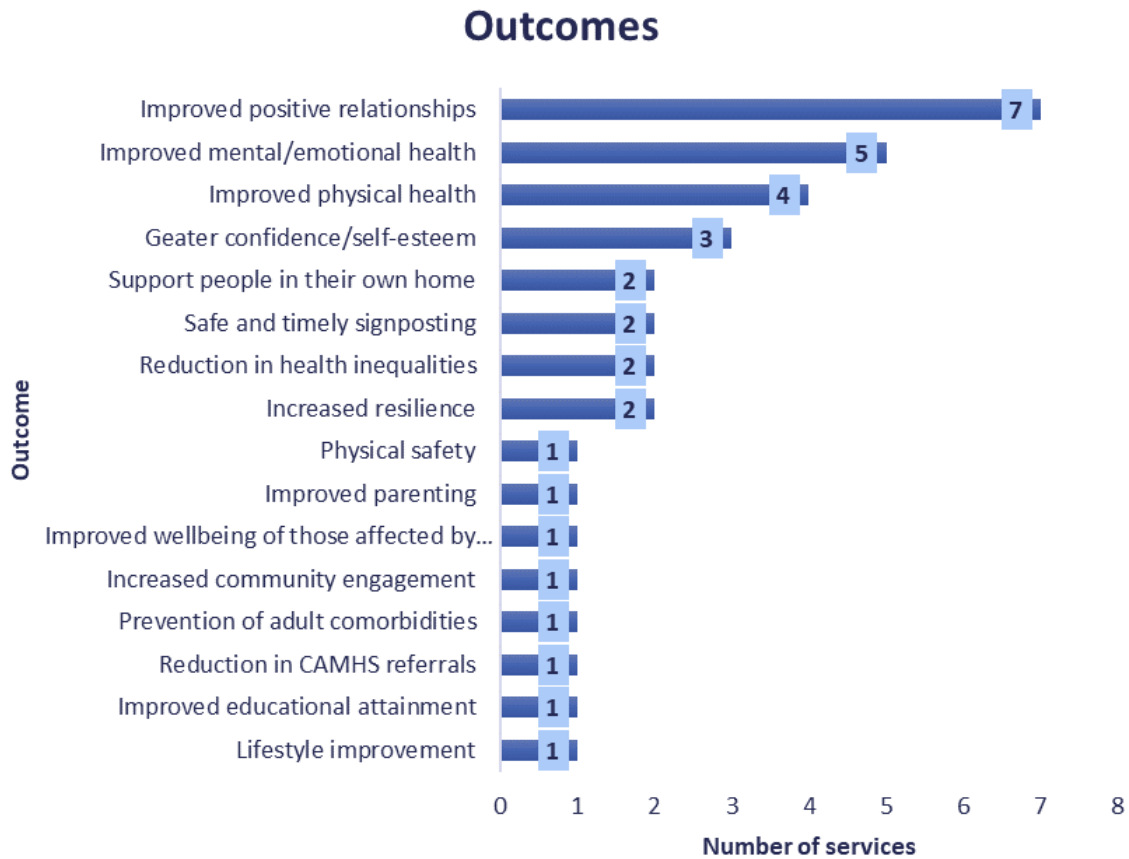


Figure 40: Outcomes of services (data from 27 services)

The most reported improvement was positive relationships, which was reported 7 times. This is followed by mental and emotional health (5) and improved physical health (4).

The themes highlighted are only for those services that have provided outcomes details so may not be a true reflection of the outcomes for all services in Bradford District.

7.1.3 Eligibility Criteria

Eligible Mental Health Conditions

25/47 services provided data on the types of conditions their service could support (Figure 41).

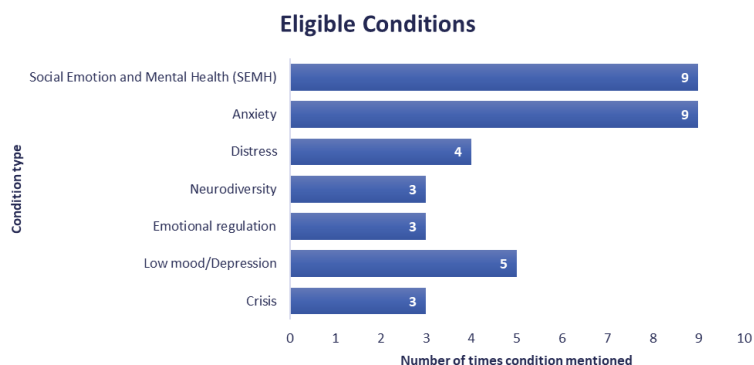


Figure 41: Conditions supported by services in Bradford district (data from 25 services)

Note: Services may have listed more than one condition type

Of the 25 services that provided data on eligible conditions, 9 said that they are able to support children and young people with their social, emotional and mental health and 9 said that they are able to support those who are experiencing anxiety. These are the most recurring eligible conditions, followed by depression. As SEMH may be a broad term, it is not clear whether all mental health services are using the same definition. The Special Educational Needs and Disability Code of Practice: 0 to 25 Years definition of SEMH includes a range of behaviours and potential underlying mental health causes.

Geographical areas covered

38/47 services have provided data for geographical area covered (Figure 42). Of these, the majority accept referrals from all of Bradford District only, followed by those covering Bradford district and Craven.

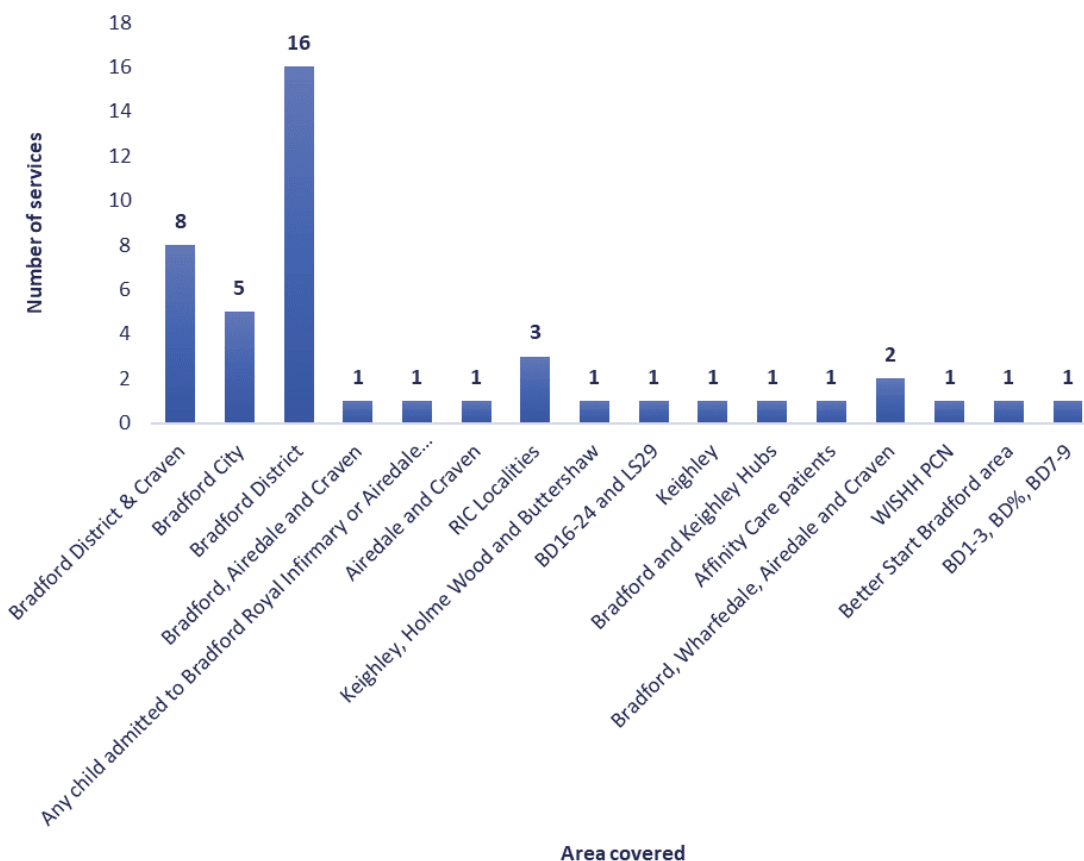


Figure 42: Geographical areas covered by services (data from 38 services)

7.1.4 Current Service users

38/47 services provided demographic data on current service users.

Please note: no personal identifiable information was requested or provided.

Of the 38 services for which we have information, 10,864 children and young people were supported between April 2022 – March 2023. This figure is likely to be an undercount as some services had a 18-24 age bracket, which has not been included in this analysis. Therefore 18-year-olds in some services have not been counted.

It should be noted that there may be individuals accessing more than one service or accessing the same service more than once within the specified period. Therefore, this is unlikely to represent the number of individual children and young people accessing the services. It does, however, show the capacity of these 38 services.

Ages

Many of the services report using the age bands: 0-12, 1-17 and 18-26. Therefore, this is what has been used for analysis. However, some services use different age bands, so the band 0-23 has used to capture data from these other services.

From the data provided, 44% of the children accessing the services are in the 13-17 year age band. This is more than double the number of children in the 0-12 age band (18.3%) and more than three times that of the 18-26 age band (12.5%). However, as stated above, the 0-23 category covers various age bands, so there may be a difference if this was to be broken down further.

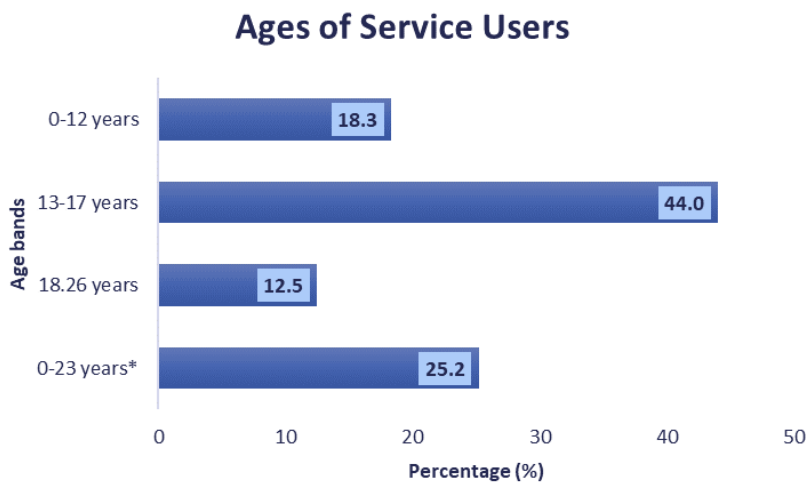


Figure 41a: **ages of Children and young people using mental health services 2022/23**

Gender of children and young people

25/47 services provided data on gender of the children and young people they had supported in 2022/23 (Figure 43).

Of all spaces offered, 60.2% are utilised by people who identify as female, 35.7% by people who identify as male, 0.3% by people who identify as non-binary and 3.4% by people who have not disclosed their gender.

Again, it should be noted that some of these children and young people may be counted twice if accessing more than one service during the time period.

Gender of Service Users

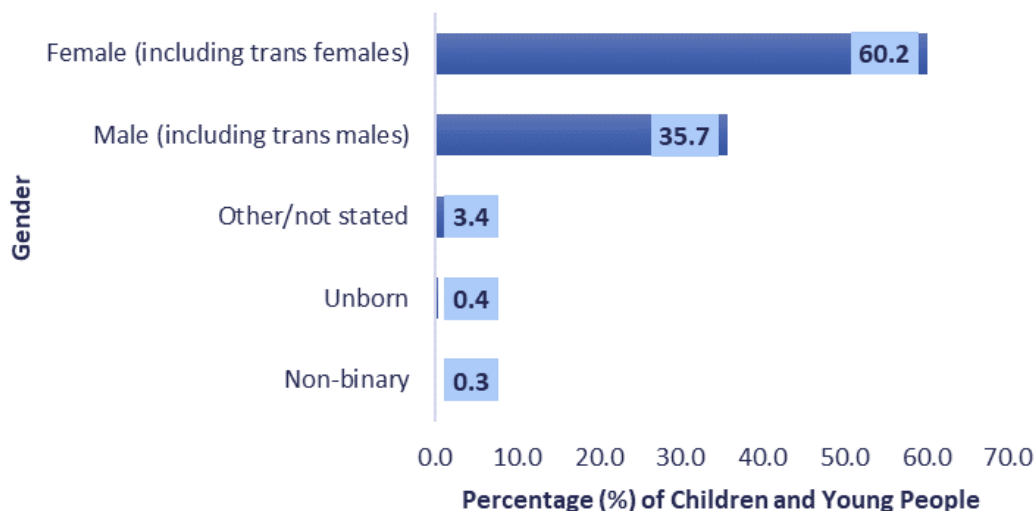


Figure 43: Gender of mental health service users (data from 25 services)

Ethnicity

19/47 services provided data on the ethnicity of the children and young people using the service in 2022/23 (Figure 44).

It should be noted that ethnicity was reported differently by different services. For example, some services grouped a number of ethnic groups together, and some services have not differentiated between minority ethnic groups and have instead used the category “other”, so the numbers/percentages for these groups may be higher than is shown in the chart.

From the data provided, the majority of children and young people using the services are in the white ethnic group (55%), followed by Asian or British Asian (20.8%) and other or unknown (18%). Among services in Bradford, children and young people from white and “other” ethnic backgrounds are overrepresented compared to the population of the district, while children and young people from Asian/ Asian British and black/ black British, African and Caribbean backgrounds are underrepresented. It is impossible to say from this data whether the true incidence of mental illness is different for different ethnic groups, or whether there are variations in access to services.

These findings are somewhat reflective of national data: *“A survey of children and young people in England in 2021 suggested that rates of probable mental disorder were higher among 6 to 23-year-olds in the white British (19%) and the mixed or other (23%) groups, than in the Asian or Asian British (8%) and black or black British (8%) groups. However, small survey sample sizes of minority ethnic groups, cultural differences in self-reporting and the way ethnic identities are grouped for survey purposes can interfere with and mask an understanding of differences”*.³⁹⁰

³⁹⁰ [Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101422/improving-mental-health-children-young-people-methodology-literature-review-and-stakeholder-feedback-that-informed-the-framework.pdf)

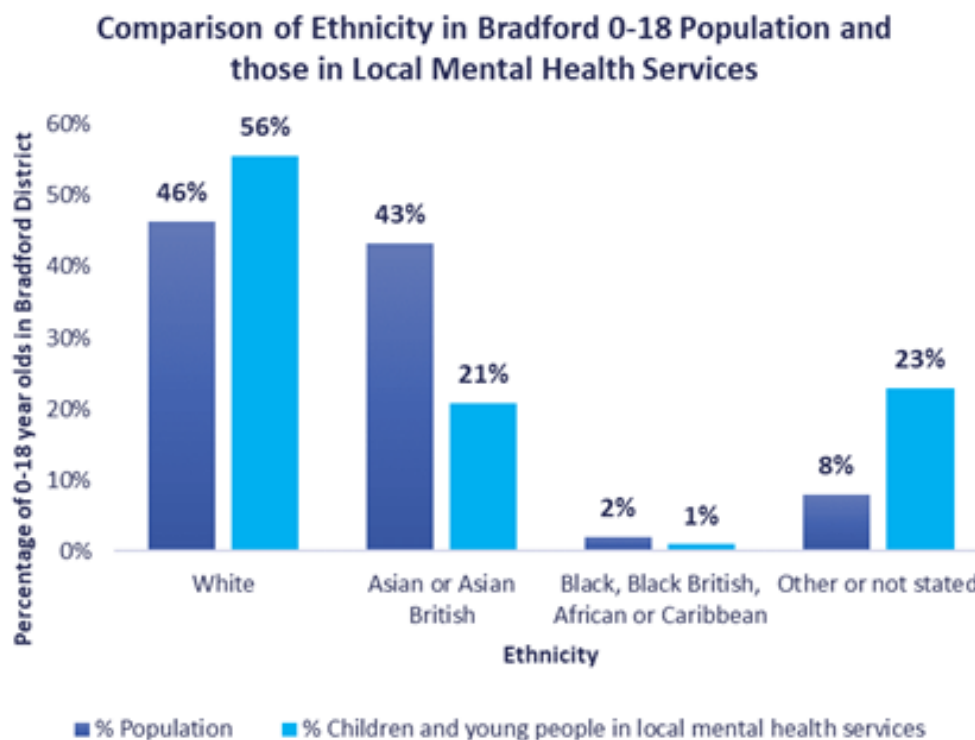


Figure 44: Comparison of ethnicity in Bradford District 0-18 population and those in local mental health services (data from 19 services)

Reasons for presentation

23/47 of services provided data on the reasons for presentation of service users (Table 11).

A number of mental health issues were stated as reasons for presentation. These varied from emotional and mood disorders to psychosis, as well as conditions that occurred as a result of trauma, abuse or a difficult home life. The table below highlights some of the most commonly cited reasons. A full list of all the reasons stated is in appendix 3.

Presenting reason	Number of organisations citing reason for presentation
Anxiety/Stress	13
Family problems/home life	7
Mental Health support	7
Neurodiversity	6
School/Education support	6
Loneliness/isolation	6
Depression/low mood	6
SEND	5
Peers/Friendships	4
Self-harm	4
Domestic Abuse	4

Table 11: Most common reasons for presenting at mental health services (data from 23 services)

7.1.5 Service Capacity

29/47 services provided data on number of children on waiting lists, and 31/48 services provided data on waiting times.

Waiting times and numbers varied between services. Some providers offer same day services, and some didn't have anyone on a waiting list, whilst others had up to 267 children and young people waiting for their service.

The longest waiting time reported was 35 weeks, followed by 20-24 weeks and then 3-6 months. In terms of the shortest waiting times, some are same day services, or aim to see or speak to people within 24 hours, and so have no wait times. However, for those that do, the shortest is a two week wait, followed by four weeks.

The average (mean) wait time by service for those with a wait of more than one day is 11.1 weeks. To calculate this, times were converted into weeks and for this purpose, those with a wait time of one day or less have been omitted. The median is 5-8 weeks and the modal average is 4 weeks.

The highest number of children and young people on a waiting list is 267, followed by 262 and then 189. Some services have no children and young people on a waiting list, but for those that do, the lowest is one. This is followed by 4-10, and then seven.

There were around 1,100 children and young people on waiting lists, but some children may be on more than one waiting list.

The average number of children on waiting lists based on the mean is 67. The median is 24 and there are three modal averages: 7, 10 and 68.

There is no consistency in waiting list management. Some services routinely close the waiting list should numbers hit a certain point, whereas others may keep waiting lists open and allow numbers to increase.

7.1.6 Referrals

31/47 services provided data for the source of referrals, with most accepting referrals from more than one source (Figure 45).

Most services (23) accept self-referrals or from parents/carers. The next commonly cited referral source was educational setting (6) followed by Social Services (5). Those categorised as 'other' includes the Justice System, James Project, Brathay Trust, Community leaders, IAPT and Housing Services.

Who are referrals received from?

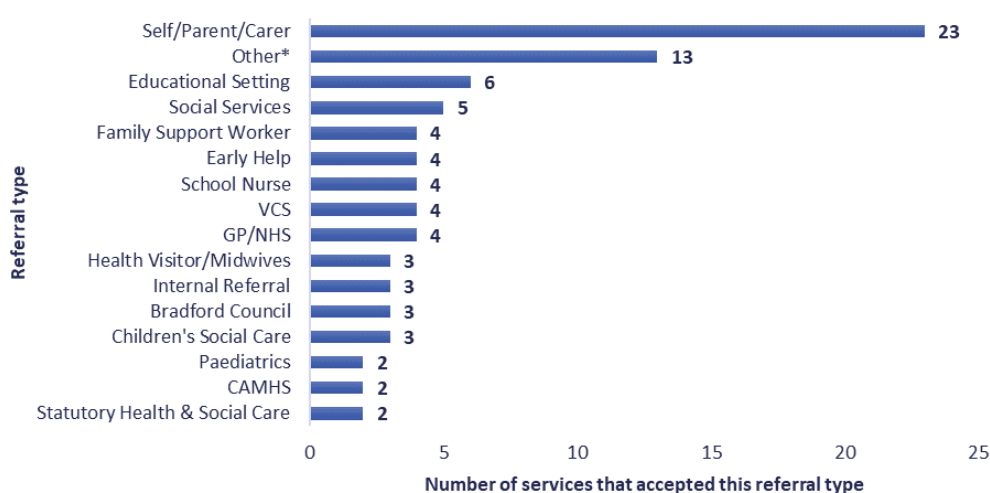


Figure 45: Number of services accepting referrals from different sources (data from 31 services)

*Those categorised as 'other' are 13 separate types and are listed separately

In terms of actual number of referrals received from different sources, only six services provided data (Figure 46). The table below shows the number of referrals received by these services and who they were received from. However, as the number of services reporting this is so small, this may not be indicative of the full picture for Bradford District.

Source of referral	Number
Self/Parent/Carer	418
Educational Setting	166
Statutory Health and Social Care	68
City of Bradford Metropolitan District Council	44
GP	42
VCS	34
CAMHS	32
Early Help	27
School Nurse	25
Family Support Worker	12
Social Services	7

Figure 46: number of children referred from different sources: six services

Referrals per Quarter

22/47 services provided data on referrals per quarter for 2021/22 and 2022/23 (Figure 47).

The highest numbers of referrals for the services that have provided the data were in Quarter 1 (April-July) of 2021-22 (1,627 referrals) and Quarter 4 (January-March) of 2022-23 (1,624 referrals).

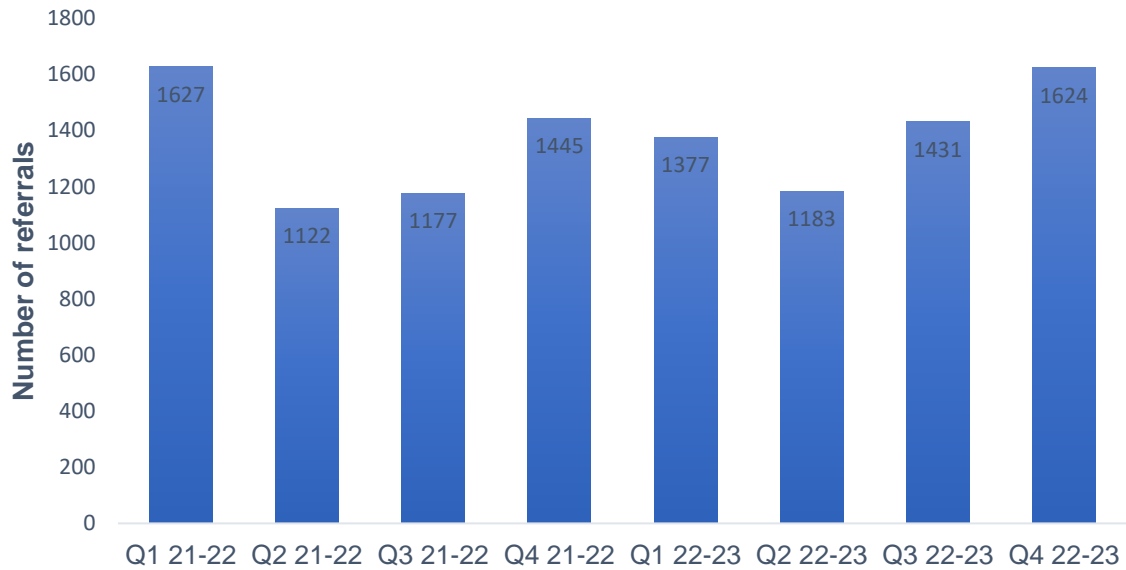


Figure 47: Referrals to reporting services in Bradford district, 2021-21 and 2022-23 (data from 22 services)

7.1.7 Onward referrals

18/47 services provided data regarding onward referrals (Figure 48).

In terms of onward referrals, the most recurrent service referred on to is CAMHS, with 6 local services stating that they referred on to this facility. This is followed by the Voluntary and Community Sector, Early Help and Social Care.

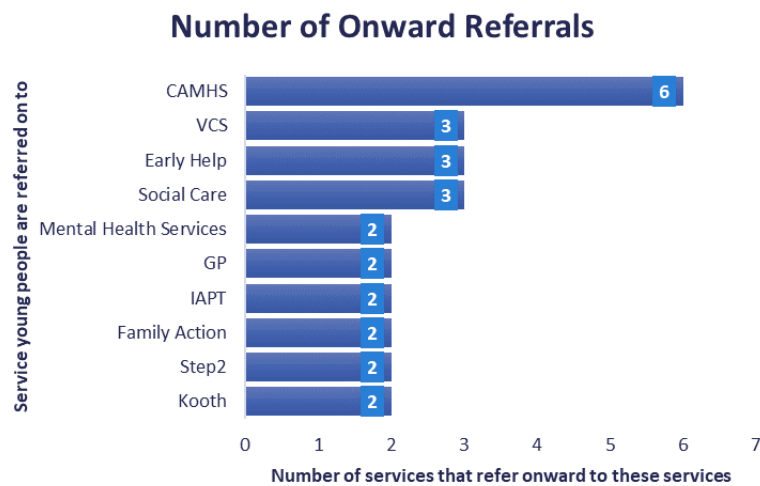


Figure 48: Number of services referring on to different sources of further support (data from 18 services)

7.1.8 Systems

31/47 services provided data on the systems they use to collect and record data on service users (Figure 49).

A wide range of different systems are used to collect and store data. The most used system for storing data is MyMup with 11 services stating that they use this system. This is followed by SystemOne and then bespoke systems specific to the service.

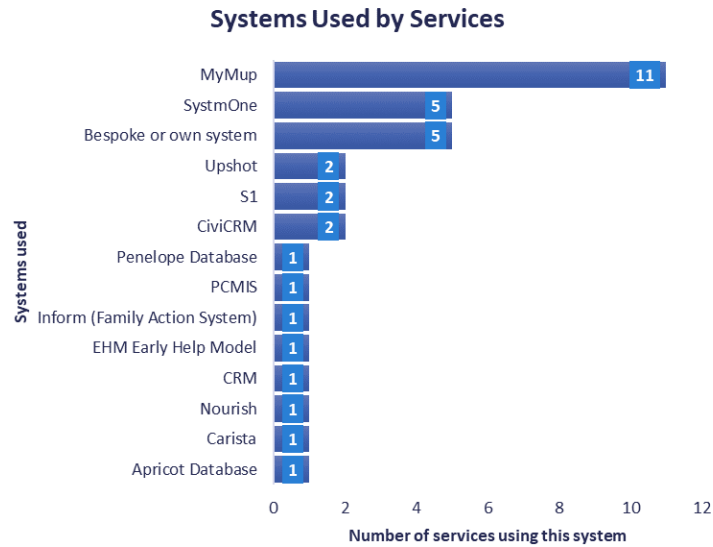


Figure 49: Data collection and storage system used by mental health services in Bradford district (data from 31 services)

7.1.9 Thrive Quadrant

Bradford District uses the THRIVE framework for children and young people’s mental health services to describe the type of support a service can provide.



Figure 50: *The THRIVE Framework*³⁹¹

34/47 services provided data for the THRIVE Framework grouping their service fits into (Figure 51).

None of the services that provided data for this analysis were in the ‘Thriving’ quadrant. This quadrant covers children and young people who do not need individualised advice or support for their mental health.³⁹² This type of service may be individual-, group- or community-based. Services delivering the “thriving” component of the framework will often not be delivering mental health specific work and will focus on children without an identified mental health need. They would therefore not feature in this analysis as they would likely not consider themselves to be mental health services. Examples of services and interventions located within the Thriving component of the pathway may include:

- Parenting programmes;
- Early Help for families;
- Welfare advice and support;
- Schools
- Health visiting;
- School nursing;
- Personal, social, health and economic (PSHE) education;
- Physical activity interventions;
- Healthy eating interventions;
- Interventions to improve the physical environment, such as improvements to housing, green spaces, air quality, etc.
- Cultural opportunities;

³⁹¹ [HM Thrive A5 fd.pdf \(bradford.gov.uk\)](https://bradford.gov.uk/~/media/Assets/Reports/2019/201906_HM_Thrive_A5_fd.pdf)

³⁹² [THRIVE-Framework-for-system-change-2019.pdf \(implementingthrive.org\)](https://implementingthrive.org/THRIVE-Framework-for-system-change-2019.pdf)

- Bradford Youth Service
- Family hubs
- Better Start Bradford
- Libraries
- Etc.

Many of the services that support children and young people to thrive are delivered by the Council, schools, Children’s Trust and VCS.

Recommendation: Map all services that support CYP to thrive. Explicitly acknowledge them as doing so in strategies and actions plans and work in partnership to maximise CYP mental health as part of their services.

The majority of services categorised themselves in the ‘Getting Help’ quadrant which support children and young people who need specific interventions that are focused on agreed mental health outcomes.³⁹³

Some of the services placed themselves in more than one quadrant.

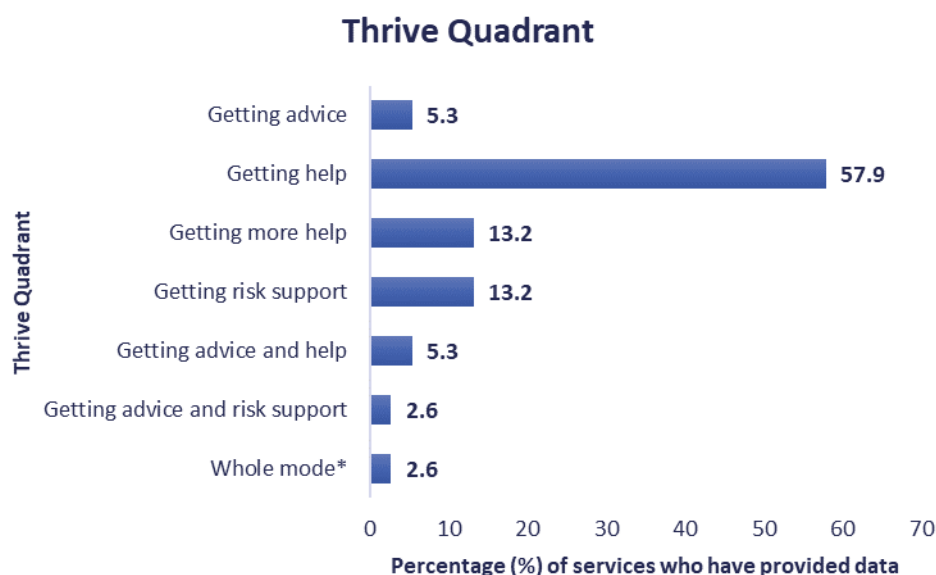


Figure 51: Proportion of services identifying with different Thrive quadrants (data from 34 services)

7.1.10 Key Points

- More females than males or children and young people of other genders have accessed mental health services
- The age group which has utilised the highest proportion of places was 13-17 year olds
- Children and young people who are white utilised more spaces than any other ethnic group (based on available, reported data)
- The most presented mental health issue is anxiety

³⁹³ [THRIVE-Framework-for-system-change-2019.pdf \(implementingthrive.org\)](#)

- The condition that is most supported is Social Emotional and Mental Health (SEMH) needs
- Most referrals are self-referrals or by parents/carers.

7.2 Bradford District Care Trust

Bradford District Care Trust provide the Children and Adolescent Mental Health Service (CAMHS) for Bradford district and Craven. The services provided include multi-disciplinary teams of children and young people's mental health professionals delivering the NHS specialist mental health support. Specific services included cover neurodivergence (Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)); Core CAMHS (services for Anxiety, Depression, and Self Harm); Specialist Teams (services for Psychosis, Eating Disorders, Youth Justice, Looked After and Adopted Children (LAAC)); and the crisis service.

The Trust also deliver the Mental Health Support Teams (MHST). The 2017 Green Paper for Transforming Children and Young People's Mental Health detailed the proposals for increasing access to mental health support for children and young people. As part of this work NHS England and the Department for Education were responsible for establishing and delivering MHSTs in educational settings.³⁹⁴

MHSTs have three core functions:

- 1) Delivering evidence-based interventions for mild-to-moderate mental health issues;
- 2) Supporting the senior mental health lead (where established) in each school/ college to take a whole school approach;
- 3) Providing advice to school/college staff and liaising with specialist services to help children and young people get the right support and stay in education³⁹⁵

The data in this section covers combined data for CAMHS and MHST's. This is because the two services both use the same mental health SystemOne unit³⁹⁶. The data covers children and young people from the Craven area of North Yorkshire as well as from Bradford, as this cannot be separated for analysis.

Between April 2022-March 2023 a total of 11,315 referrals were received by CAMHS and MHST. The total number of children and young people receiving an intervention is unknown as this data is not collected. Everyone referred into CAMHS (if contactable) is given a first appointment. At this point a discussion is had with the patient and family to decide whether they will remain in CAMHS or be signposted to other services that meet the need of child / young person.³⁹⁷

CAMHS /MHST gender data was separated into two categories: male and female (Figure 52). More referrals were received for males (53%) than females (47%). This differs from other services, where females occupied a majority of the places available.

³⁹⁴ [NHS England » Mental health support in schools and colleges](#)

³⁹⁵ [NHS England » Mental health support in schools and colleges](#)

³⁹⁶ Bradford District Care Trust

³⁹⁷ Bradford District Care Trust

Gender: CAMHS Referrals

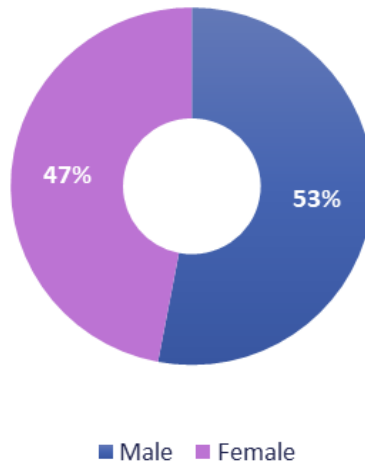


Figure 52: CAMHS /MHST referrals by gender

Similar to other services in Bradford District, the age group with the highest number of referrals is the 11-15 year olds with 47.1%, closely followed by 0-10 year olds (40.2%) (Figure 53). The group with the lowest percentage of referrals was 16-18 year olds with 12.7%.

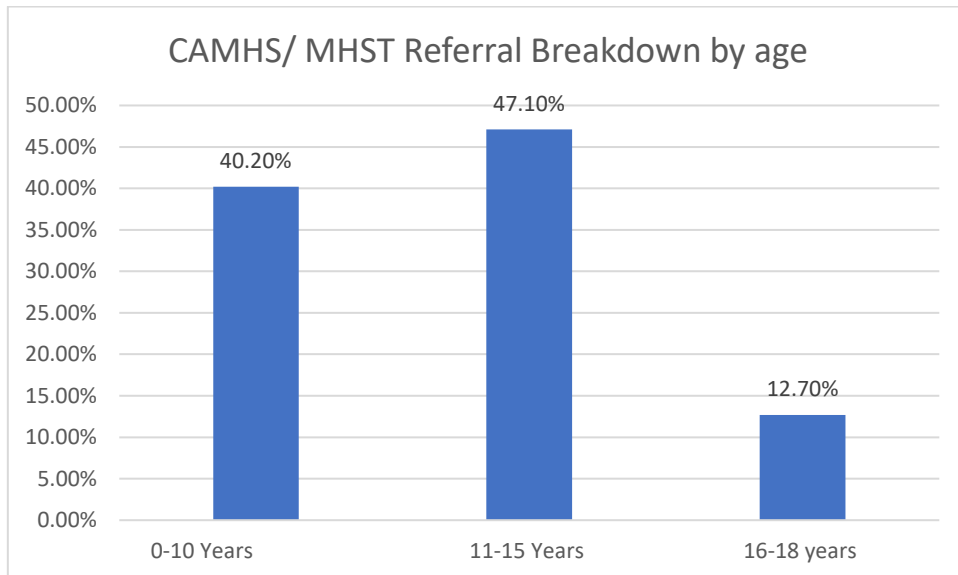


Figure 53: CAMHS/MHST referrals by age

For ethnicity, as seen in other services, the highest proportion (72.1%) of children and young people accessing CAMHS/MHST are white. This is followed by Asian or Asian British (15.1%) and (Figure 54). The order is the same as for the other services. However the proportion of people whose ethnic group is white is higher for CAMHS/MHST than for the

other services (CAMHS: 72.1%, other services: 55.5%) and the proportion for those whose ethnic group is Asian or Asian British is lower than the other services (CAMHS:15.1%, other services: 20.8%).

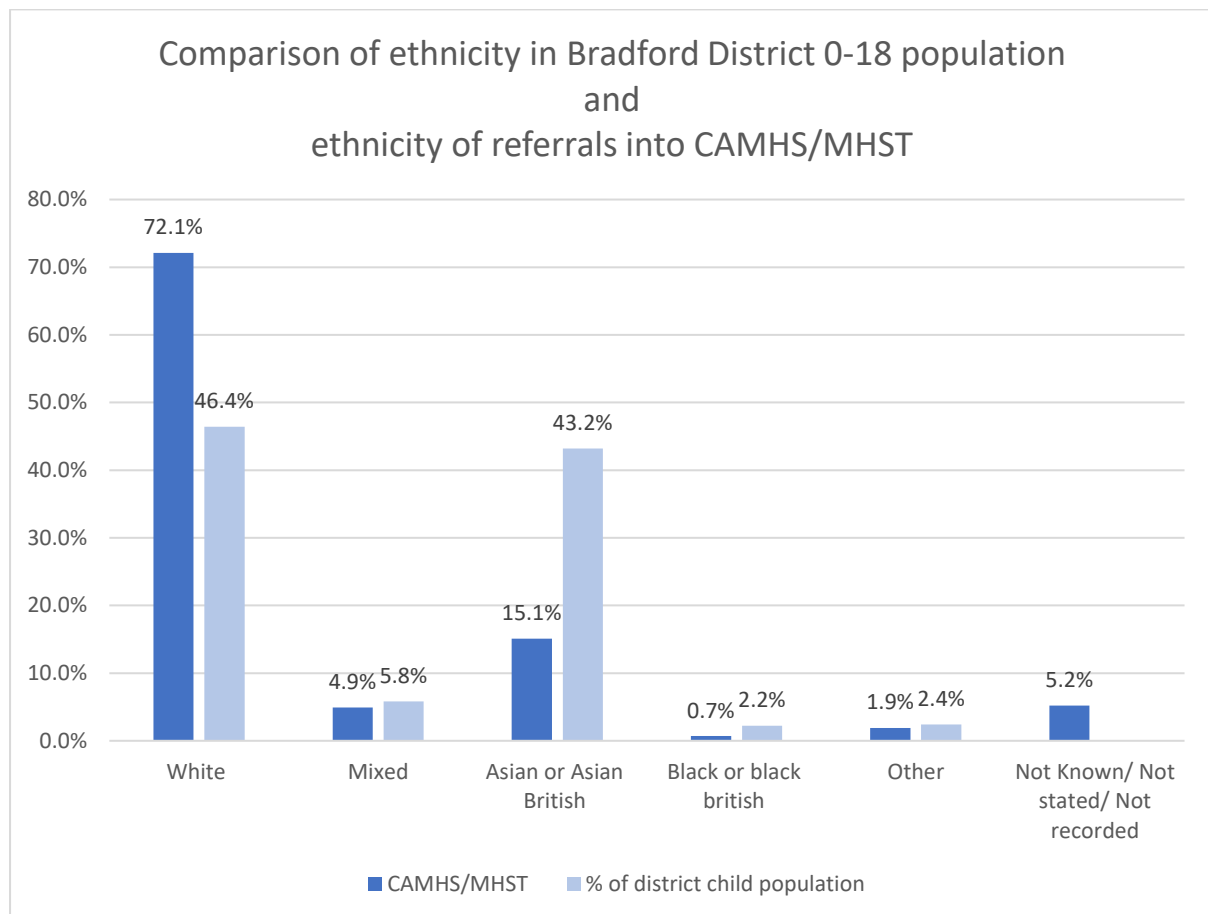


Figure 54: Comparison of ethnicity in Bradford District 0-18 population and ethnicity of referrals into CAMHS/ MHST referrals

Table 12 details the top 15 most common presentations to CAMHS/MHST.

Neurodevelopmental Conditions, excluding Autism Spectrum Disorder, Suspected Autism Spectrum Disorder and Diagnosed Autism Spectrum Disorder account for 41.4% of referrals into CAMHS/MHST. It should be noted that in separate data provided by MHST there were no referrals for these conditions. Therefore, these referrals were only for CAMHS.

Anxiety is a common cause of referrals for CAMHS/MHST, as well as the other services in the district. With 20.9% of referrals (2,404) for assessment there is a gap in understanding about what support these children and young people need.

The other 0.9% of referrals were split between a number of reasons: Panic Attacks, Social Anxiety, Psychological Therapy, Ongoing or Recurrent Psychosis, Post Traumatic Stress Disorder, Sleep hygiene, Bipolar Disorder, Phobia, Gender Discomfort issues, Physical Health Review, Conduct disorders, Neuro-Rehabilitation, Drug and alcohol difficulties, Perinatal mental health issues and Personality disorders.

Primary Reason for Referral Breakdown (April 2022 - March 2023)		
Primary Reason	No of Referrals	%
Neurodevelopmental Conditions, excluding Autism Spectrum Disorder	3,867	33.6%
Anxiety	2,521	21.9%
Assessment	2,404	20.9%
Suspected Autism Spectrum Disorder	860	7.5%
Self harm behaviours	545	4.7%
Behaviour Disorder	416	3.6%
In crisis	238	2.1%
Depression	144	1.3%
Suspected Eating Disorder	102	0.9%
Attachment difficulties	84	0.7%
Relationship Issues	58	0.5%
(Suspected) First Episode Psychosis	56	0.5%
Diagnosed Autism Spectrum Disorder	42	0.4%
Unexplained physical symptoms	41	0.4%
Obsessive Compulsive Disorder	30	0.3%
Total	11,408	99.1%

Table 12: Top 15 most common presentations to CAMHS/MHST³⁹⁸

Data from CAMHS indicates the following in terms of wait times as at March 2023:

- The average wait time from referral to the first appointment (assessment) is 49 days.
- The average wait time from the assessment to the start of treatment is 54.2 days.
- The average wait time from the referral to the start of treatment is 91.7 days.

As of 31st March 2023:

- The number of children waiting from referral to the first assessment was 946.
- The number of children waiting from referral to the first treatment was 1497.

MHST state that they do not hold a waiting list due to how the service is offered and delivered.

7.3 Services for Schools

23 mental health services and programmes for schools were identified for Bradford District. It was not possible to get service data for all these programmes and services: only 8 services provided a range of data for analysis. These services were provided by 3 organisations:

- Educational Psychology (City of Bradford Metropolitan District Council)
- Mental Health Support Teams (Bradford District Care Trust)
- Inspired Neighbourhoods CIC, as part of the Youth in Mind programme.

³⁹⁸ Bradford District Care Trust

Separate data was provided for Mental Health Support Teams to the data in the previous section. This data has been used in this section.

All 8 services are commissioned by Bradford District and Craven Health and Care Partnership.

The district also offers the Kindness, Compassion and Understanding (KCU) programme which was developed by young people to address the issues of inequality, discrimination, loneliness, poverty, hate crime, social exclusion, bullying and prejudice.³⁹⁹ KCU is delivered by people aged 16-24 to schools and youth settings. In the year April 2022-March 2023 they delivered sessions to 5,326 children and young people in 153 settings. The programme does not collect demographic information about the children worked with and therefore it has not been included in the rest of the analysis in this section.

7.3.1 Service Information

Purpose

There are 5 services whose purpose is to provide training and support to school staff, including mental health champions and other nominated staff members. The other 3 services state that their purpose is to support children and young people experiencing social, emotional and mental health issues.

Outcomes

Outcomes of the services included increased skills/knowledge for school staff, goal-based outcomes and children and young people experiencing better mental health (Figure 55).



Figure 55: **Outcomes of services delivered in schools (based on 8 services)**

³⁹⁹ Kindness, Compassion and Understanding

Geographical Coverage

6/8 services cover the whole district. 1 covers schools in the Reducing Inequalities in Communities (RIC) localities and 1 covers 37% of schools in Bradford, Airedale, Wharfedale and Craven (Figure 56).

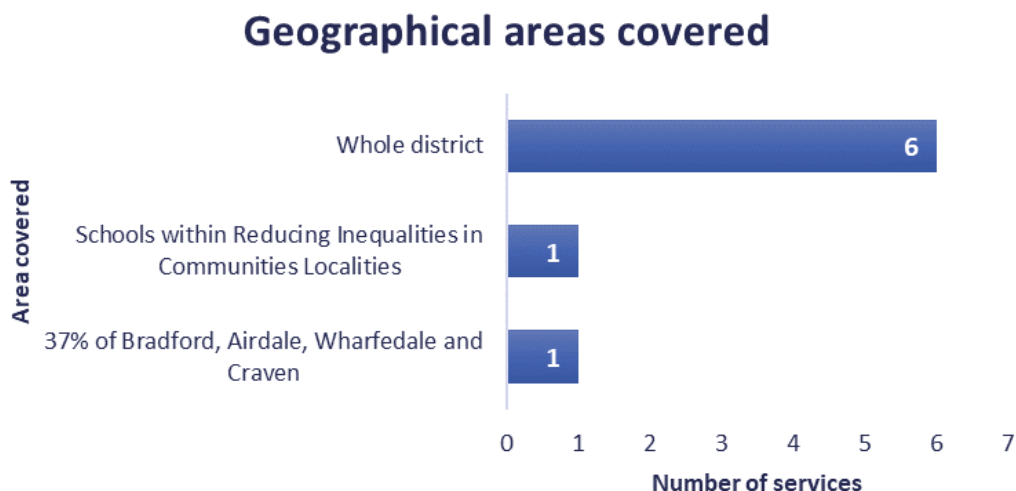


Figure 56: geographical coverage of mental health services in schools (based on 6 services)

School types and ages

7 services support both primary and secondary schools, with some also supporting those in nurseries and further education. One service supports children aged 5 – 13.

Number of schools supported

7/8 services gave data for the number of schools they had worked with. The numbers varied from 17 (lowest) to 180 (highest). The mean average is 74 for those 7 services.

Presentation

The 3 services directly supporting children and young children provided data on the main reason for presentation, which include:

- Children struggling with their social, emotional and mental health
- Those with mild to moderate mental health concerns
- Anxiety
- Behaviour
- Low mood
- Self-harm

It should be noted that some services have given more than 1 reason for presentation.

7.3.2 Capacity

4/8 services have provided data regarding schools on waiting lists. The lowest number of schools on waiting lists is 0 and the highest number is 47. The mean average for the number of schools on waiting lists is 17.

6/8 services have provided data on waiting times. Many of the services do not have waiting times. However, 1 service has stated that they have a wait time of 7 working days or 6 – 8 weeks, depending on which service is required.

7.3.3 Systems

5/8 services have given data regarding the systems used (Figure 57). The main systems used are Microsoft Word and Excel. However, it should be noted that one service states that they use more than 1 system.

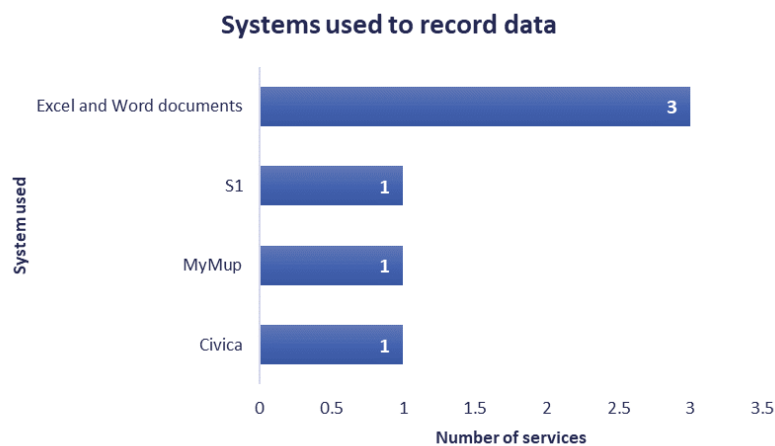


Figure 57: System used to record data for school-based services (based on 5 services)

7.3.4 Thrive Quadrant

8/8 service provided Thrive quadrant data (Figure 58). Out of the services, 4 were 'getting help', 1 was 'getting advice' and 3 were 'thriving'.

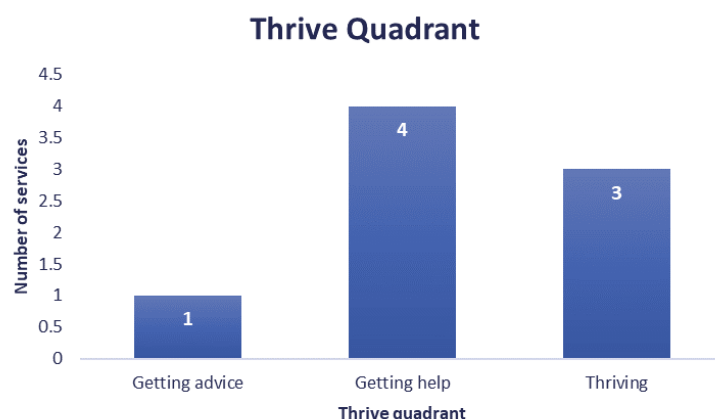


Figure 58: “Thrive” quadrant covered by school-based services (based on data from 8 services)

SECTION 8: Limitations and further work

The authors acknowledge that the list of services involved in the analysis is not exhaustive and there may be more services working in the district. It also does not include the range of advice and training available in district, such as parenting courses, Relationships Matter advice and training, Ready to Relate training and campaigns such as Big Little Moments and Moments that Matter. It should also be noted that there are also a range of national services to support children and young people with their mental health including free confidential telephone and online support, websites with information and advice and support for teachers and parents.

In 2020 the Centre for Mental Health conducted a survey of 145 professionals working in Bradford and Craven in education, local authority, charity or non-government organisation, NHS Mental health, and private mental health services. They were asked how easy they thought it was for children (aged 4- 16) to access the help they need when they begin to struggle with their mental health.

The majority (61%) said it was ‘Very difficult’ or ‘difficult’, whilst 13% said it was ‘Quite easy’ or ‘easy’. When asked how easy it was for 4-16 year olds with identified mental health needs to access the support they need the majority (76%) said ‘Very difficult’ or ‘quite difficult’.⁴⁰⁰

The survey was open between March and April 2020. It is assumed that the responses to the survey were referring to the situation prior to the COVID-19 pandemic.

⁴⁰⁰ [Chi5AugDocWApp1.pdf \(archive.org\)](#)

SECTION 9: Recommendations

System-wide governance

1. Professionals from across the system should routinely be brought together to tackle the cross-cutting themes and issues identified in the report, and to increase cross-cutting knowledge and skills. This should include colleagues from physical and mental health, social care, youth work, justice, education and VCS. This should also include partners in adults' mental health to ensure that transitions are managed effectively (**Healthy Children and Families Health and Care Partnership Board**).
2. These findings should be considered to help the system to deliver the relevant priorities of the Bradford District Children and Young People's Strategy 2023-2025 (**Healthy Children and Families Health and Care Partnership Board**).

Priorities from the Children and Young People's Strategy that are specific to children and young people's mental health and wellbeing are:

- 1. Ensure babies (and new mothers), children and young people have early access to, and a good experience of, universal services, wellbeing and mental health support.*
 - 2. Improve families' access to affordable and healthy food*
 - 3. Ensure all children and young people can access active spaces and enhance opportunities to engage with sports and other physical activities to have fun and reduce sedentary behaviour.*
 - 4. Focus on prevention and promotion: work with communities, children and young people to co-create what works to protect their wellbeing.*
 - 5. Support easy access to services and pathways by Implementing the Thrive framework and establish one front door so everyone knows where to access help when needed.*
 - 6. Promote Living Well and Healthy Minds in Schools: develop whole school approaches with our Healthy Minds charter, champions, and support teams.*
 - 7. Focus on children who need more support and have trauma informed approaches*
 - 8. Review pathways to improve access to services whilst ensuring children and young people are directed to the correct service and receive the necessary support whilst on that pathway*
3. System-wide leadership and governance is needed to tackle the range of determinants of children's mental health and to achieve parity of esteem with physical health. Policies, strategies and work-streams that support any of the determinants of mental health and wellbeing should understand and explicitly state their role in supporting children and young people's mental health. Progress on these

strategies and workstreams should be fed into an overarching children and young people's mental health plan which is reported on via agreed governance channels (**CYP mental health leadership group**).

4. Re-visit the recommendations from Bradford and Craven Independent system-wide review of children and young people's mental health system⁴⁰¹ and prioritise key actions to take forward (**CYP mental health leadership group**).
5. The findings from this needs assessment should be considered alongside the findings from The Mental Health of People from Racialised Communities in Bradford & Craven and the Review of Counselling and Therapeutic Support in Bradford District and Craven (**CYP mental health leadership group**).

System-wide data

6. There is a wealth of data across the system that should be regularly collected and analysed to measure success against a range of indicators relating to mental health and wellbeing. All commissioning should be informed by this data (**CYP mental health leadership group** and **Healthy Children and Families Health and Care Partnership Board**).
7. Data collection and analysis from across the system needs standardising. Analysis of services was difficult due to differences in the ways that data is collected and reported e.g. ages, ethnicities, presenting reason. Commissioners across the systems should work together to standardise reporting across services, to allow accurate analysis of categories such as age, ethnicity and sex. Outcome measures for services should be agreed and standardised across the system (**Planning and Commissioning Forum**).
8. The voice of children, young people and families should be a central part of the qualitative data collected and used to support improvements (**Healthy Children and Families Health and Care Partnership Board** and **Planning and Commissioning Forum**).

Prevention

9. Adopt a system-wide preventative approach that focuses on root causes and links between issues (**Children and Families Health and Care Partnership Board**).
10. Work with schools to enable a health promoting, wellbeing-focused and trauma-informed environment (**Living Well Schools** and **ATR Strategy Group**).

⁴⁰¹ [Chi5AugDocWApp1.pdf \(archive.org\)](#)

Awareness and stigma

11. Awareness through schools, places of worship, community centres, parenting spaces and youth groups should be raised to ensure that children, young people, families, and those working with them have a consistent understanding of what good mental health is, and when more support might be indicated (**CYP mental health leadership group**).

Access to care

12. It is recommended that a list of services, training, information and advice to support children and young people mental health is held in the system for professionals and residents (**Healthy Minds**).
13. Work with and within schools to streamline the offers available, ensure that school leaders know what is available, how to access it, and when it is indicated (**Living Well Schools**).

Service provision

14. Consideration should be given about how to make services more appealing, accessible and acceptable to males and people from non-white backgrounds (**Mental Health Provider forum**).
15. Ensure that services are geographically equitable, and available to people from minoritized ethnic backgrounds, people without English as a first language, those who have experienced trauma, LGBTQI+ groups, and those with less disposable income (**Mental Health Provider Forum and Planning and Commissioning Forum**).

SECTION 10: Appendices

10.1 Appendix 1 – Relevant Local and National policies

Policy	Overview	Key Outcomes/targets/findings
No Health without Mental Health (2011) ⁴⁰²	“A cross government mental health outcomes strategy for people of all ages”	<ul style="list-style-type: none"> • Parity of esteem • Reduce stigma and discrimination • Desire to move away from top-down approaches in favour of partnership models and empowering communities to keep themselves and their families healthy
Closing the Gap (2014) ⁴⁰³	25 focus areas through which broader long-term vision of “No Health without Mental Health” were set to be achieved for all ages including children and young people	<ul style="list-style-type: none"> • Universalise IAPT (Improving access to psychological therapies) availability • Expand Friends and Family Tests as a quality indicator • Develop e-resources to aid signposting • Improve transition to adult services
Future in Mind (2015) ⁴⁰⁴	Dedicated look at children and young people mental health through multidisciplinary taskforce with contribution from children and young people, parents and caregivers.	<ol style="list-style-type: none"> 1. resilience, prevention and early identification 2. improved routes of access including moving away from tiered systems 3. better accountability and transparency 4. focus on care for vulnerable groups 5. workforce development
The Five Year Forward View for Mental Health (2016) ⁴⁰⁵	Strategy from the independent Mental Health Taskforce regarding changes needed to meet increasing demand and improve outcomes on mental health across the whole life course.	<ul style="list-style-type: none"> • Backed Future in Mind recommendations (subsequently accepted by Govt. in 2017) • 70,000 children and young people with access to high quality mental health care by 2020/21 • Emphasise prevention/early intervention • Better community crisis care including intensive home treatment provision • More transparent, consistent data collection • Dedicated targets and funding for eating disorder services • “Local Transformation Plans”
Transforming children and young people’s mental health provision: a green paper (2017)	Builds on Future in Mind to more specifically lay out plans around early intervention and prevention focusing on school based interventions for	<ol style="list-style-type: none"> 1. Dedicated “Senior Mental Health Lead” for each school, leading whole school approaches to mental health and wellbeing 2. Mental Health Support Teams (MHST) working with schools for early intervention in mild to moderate mental health issues under guidance of CAMHS 3. Trail 4 week target for waiting times to specialist CAHMS services

⁴⁰² [Health and Social Care Act 2012 \(legislation.gov.uk\)](http://legislation.gov.uk)

⁴⁰³ [Closing the gap: priorities for essential change in mental health \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

⁴⁰⁴ [Future in mind \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

⁴⁰⁵ [The Five Year Forward View for Mental Health \(england.nhs.uk\)](http://england.nhs.uk)

	children and young people	
Advancing our Health: Prevention in the 2020s (2019) ⁴⁰⁶	Green paper proposing new approaches to prioritising prevention for the future	<ul style="list-style-type: none"> • Personalised prevention and health promotion using genomics, artificial intelligence and smart devices to target care • Launch of Every Mind Matters website • Asset-based approach to health throughout life course including for children and young people
NHS Long Term Plan (2019) ⁴⁰⁷	A ten year strategy for NHS England as a whole including mental health and children's mental health provision.	<ul style="list-style-type: none"> • Re-commitment on Five-Year Forward targets • Extending target for children and young people in contact with NHS funded services by 2023/24 to 345,000 • children and young people mental health funding to grow as a proportion of both overall mental health and total NHS budgets • Separate funding allocations and waiting time targets for eating disorder services • Extension of 0-18 years care model to include up to age 25 to reduce gaps in provision at critical life stages • Endorsement of iThrive model of care • Ambition for a 24 hour crisis service • Consolidation and expansion support in educational settings
Health Equity in England: The Marmot Review 10 Years On (2020) ⁴⁰⁸	Comprehensive analysis on the state of health and social inequity in the UK in the years 2010-2020.	Presents evidence and trends seen in social determinants of health and explores the causes of this, particularly the detrimental impact of austerity policy, over a time period in which life expectancy has stagnated in the UK. These determinants are as much influences on mental as they are physical health, and understand this context is key to understanding the landscape in which children and young people's mental health currently exists.
Promoting children and young people's mental health and wellbeing: A whole school or college approach (2021) ⁴⁰⁹	8 Principles of a "whole school approach" aiming to give schools a central role in supporting children and young people mental health	<ol style="list-style-type: none"> 1. Ethos and environment promoting respect and valuing diversity 2. Curriculum promotes resilience, and support social and emotion learning 3. Enable student voice to influence decisions 4. Develop staff so they can support their own wellbeing as well as that of students 5. Work with parents and carers 6. Targeted support and referral when needed 7. Identify needs and monitor impact 8. Leadership and management championing all of the above
COVID-19 Mental Health and	A strategy developed with the intention of	<ul style="list-style-type: none"> • £79 million additional children and young people funding

⁴⁰⁶ [Advancing our health: prevention in the 2020s - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/424222/Advancing_our_health_prevention_in_the_2020s.pdf)

⁴⁰⁷ [NHS Long Term Plan » Online version of the NHS Long Term Plan](https://www.nhs.uk/longtermplan/online-version-of-the-nhs-long-term-plan/)

⁴⁰⁸ [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](https://www.healthfoundation.org.uk/health-equity-in-england-the-marmot-review-10-years-on/)

⁴⁰⁹ [Promoting children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101111/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf)

Wellbeing Recovery Action Plan (2021) ⁴¹⁰	addressing the mental health impact of the Covid-19 pandemic. All ages groups included with specific reference to children and young people.	<ul style="list-style-type: none"> • Appointing a Youth Mental Health Ambassador • Introduction of a Psychological First Aid training resource • Endorsement of 'The Best Start for Life, A Vision for the 1,001 Critical Days, The Early Years Healthy Development Review Report (2021)⁴¹¹ • Support family-wide approaches e.g. Family Hubs
Children's Commissioner - Children's Mental Health Services 2021-22. ⁴¹²	An evaluation of local CCGs against five indicators of CYPMHS performance	<ul style="list-style-type: none"> • Of the 1.4 million children estimated to have a mental health disorder - 48% received one contact with CYPMHS and 34% received two. • average waiting time increased to 40 days.
Mental Health of children and young people in England 2022 - wave 3 follow up to the 2017 survey (2022) ⁴¹³	A recurring cross-sectional survey tracking trends in children and young people mental health over time.	<ul style="list-style-type: none"> • 2866 children and young people (7-24 years) sampled • Sharp increases in the numbers of children and young people experiencing mental health problems (18% 7-16 year olds, 22% of 17-24 year olds) particularly among young adult females. • Mental health issues were more common for children and young people experiencing recent reductions in household income, food insecurity, online bullying, lack of peer support. These children and young people were less likely to feel safe at school or online than peers.

⁴¹⁰ [COVID-19 mental health and wellbeing recovery action plan \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁴¹¹ [The Best Start for Life \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁴¹² [Childrens Mental Health Services 2021-2022 \(childrenscommissioner.gov.uk\)](https://childrenscommissioner.gov.uk)

⁴¹³ [Mental Health of children and young people in England 2022 \(digital.nhs.uk\)](https://digital.nhs.uk)

10.2 Appendix 2: Mental health services for individuals included in service analysis

	Service name	Service provider's name
1	Positive Behavioural Support Service	Affinity Trust
2	WRAP (Wellness Recovery Action Planning)	Barnados (Youth in Mind)
3	CYP Mental Health Project	Bevan House
4	Bradford District NHS Talking Therapies	Bradford District Care Trust
5	CAMHS -Specialist Early Attachment and Development Service (SEAD)	Bradford District Care Trust
6	First Response	Bradford District Care Trust
7	Future Focus	Bradford District Care Trust
8	Intensive Home Treatment Airedale	Bradford District Care Trust
9	Intensive Home Treatment Bradford	Bradford District Care Trust
10	Little Minds Matter	Bradford District Care Trust
11	Public Health Nursing Children's Service	Bradford District Care Trust
12	Public Health Nursing Children's Service	Bradford District Care Trust
13	Specialist Mother and Baby Mental Health service	Bradford District Care Trust
14	Young Women & Girls Service	Bradford Rape Crisis & Sexual Abuse Survivors Service
15	Buddies	Bradford Youth service (Youth in Mind)
16	M.A.G.I.C	Brathay Trust (Youth in Mind)
17	Young Carers	Carers Resource
18	Safe Spaces Crisis Cafes	Cellar Trust and Mind in Bradford
19	Safe Spaces Hub	Cellar Trust and Mind in Bradford
20	Safe Spaces overnight stay	Cellar Trust and Mind in Bradford
21	Children's Trauma Therapy service	Family Action
22	Perinatal Support Service	Family Action
23	Freedom Programme	Freedom Programme
24	Mental Health support	Girlington Centre
25	RISE Young Person Resilience Service	Gr8 Minds WACA
26	Young People Social Prescribing Service	HALE
27	Young People Social Prescribing Service as part of Affinity Young Peoples Contact Service	HALE
28	Inspired Young and Healthy People	Inspired Neighbourhoods CIC (Youth in Mind)
29	BREW Project	Invictus Wellbeing
30	Kooth	Kooth

31	Night Owls	Leeds Survivor-Led Crisis Service
32	Yorkshire MESMAC	MESMAC
33	Enhanced Access	Mind in Bradford
34	Guideline	Mind in Bradford
35	WISHH (Windhill, Idle, Saltair, Healthy Happy)	Mind in Bradford
36	Hospital Buddies	Mind in Bradford (Youth in Mind)
37	Know your Mind Plus	Mind in Bradford (Youth in Mind)
38	Know Your Mind	Mind in Bradford (Youth in Mind)
39	Child Exploitation Family Support Provision	P.A.C.E (Parents Against Child Exploitation)
40	Children and Family Service	Refugee Action
41	Children and Family Counselling	Relate Bradford and Leeds
42	CYP counselling 11+	Relate Bradford and Leeds
43	Children and Family Counselling	Relate Cross Pennine
44	Mental Health support	Roshni Ghar
45	CYP Counselling	Step 2
46	Bradford Counselling Services - now trust Therapy (part of Cellar Trust)	Trust Therapy
47	CYP Counselling	YMCA

10.3 Appendix 3: List of presentations to mental health services

Anxiety	In crisis
Emotional regulation	Panic attacks
Peers/friendships	Conduct disorders
Neurodiversity	Perinatal mental health
Self-harm	Covid-19
Suicidality	Development issues
Self-care issues	Behavioural problems
Emotional support	Attachment concerns
Mental health support	Body-based regulation
Family problems/home life	Looked after children
Personal safety	Relationships
School/education support	Psychosis
Loneliness/isolation	Child in need (CIN)
Physical health	Substance misuse
Depression/low mood	Early help
Community involvement	Sexual abuse/violence
Bullying	Self-esteem issues
Criminal offending	Anger issues
Domestic abuse	Carer
Bereavement	Employability
Discrimination	Phobias
Post Traumatic Stress Disorder	Poverty
Obsessive Compulsive Disorder	Barriers to services
Sexual health	Parental mental health
Gender discomfort	Family Support
LGBTQIA+	Severe mental illness
Special Educational Needs and Disabilities	
Social Emotional and Mental Health	