

From inequality to opportunity: a plan for recovery and growth

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1. Introduction

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

Albert Camus, The Plague

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

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

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

3. From inequality to opportunity: understanding inequality and vulnerability

Multiple deprivation

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

Place matters

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

Multiplying disadvantage

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

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

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

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

People matter

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

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

Can data science improve our collective understanding of a place like Holme Wood?
Can we use data to help the community strengthen and grow by 'acting together'?

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

Partnership matters

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

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

4. From inequality to opportunity: principles for effective action

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

Charlotte Brontë, Jane Eyre

22. Our data on the pandemic tells we must act *now*. It also tells us *where* to act. Our research base tells us *how* to take action. Partnership will be vital.

23. Effective partnerships are founded on strong, shared principles, which shape decisions and interactions through planning and delivery. This plan will require an unprecedented breadth of collaboration, commitment to community engagement, and an openness to change both culture and practice. Successful delivery will require a joint commitment to five key principles:

Principle 1: Clear accountability and authority

Principle 2: Recognising localities and empowering people

Principle 3: Making a reality of multi-agency working

Principle 4: Putting evidence at the heart of planning and delivery

Principle 5: Investment for growth

24. **Clear accountability and authority**, enabled by

- a. A single point of leadership, with dedicated resources and a mandate to challenge and influence delivery across other services...to drive change and, where necessary, influence deployment of resources and people behind the plan
- b. A single, clear and short management chain, enabling clear sight of issues, accelerated decision making, and clarity of communication

25. **Recognising localities and empowering people**

- a. A prioritisation and focusing of resources to the localities, communities and individuals who have suffered most from the pandemic (correlating with generational inequalities)
- b. Putting people and local practitioners and organisations at the heart of design and delivery – improving our understanding of issues by testing evidence; ensuring interventions connect with people’s lives and the issues they face; generating a community mandate for change; and building a sustainable local leadership.

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

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

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

- a. The breadth of academic expertise and capacity available to drive action in Bradford is matched only by the enthusiasm of researchers to engage with

real challenges. We need to be prepared to learn together - not just on interventions but also to create a shared culture, enabling a virtuous cycle of learning through evidence and practice, research and practitioners.

"No medicine cures what happiness cannot."

Gabriel García Márquez

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

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

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

Stage 1 – Identifying and defining areas

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

Stage 2 – Describing areas – scoping and prioritising

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

Stage 3 – Developing and refining models

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

Stage 4 – Proposals for change

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

Stage 5 – Delivery

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

¹ Concentrations of inequality within the 14 wards

BDCT BOARD MEMBERS TO NOTE: UPDATED TEXT FROM THIS POINT ON

6. Next steps: preparing for delivery

As inequality increases, so does the risk of experiencing one or more 'vulnerability'

30. In our most disadvantaged localities, the presence of one vulnerability makes others more likely. This means that, in these localities, identifying a single vulnerability should act as a signal of risk to other services, allowing them to act earlier and prompt collaboration between practitioners.
31. Earlier and coordinated action should improve outcomes as well as the efficiency of local processes for identifying need, targeting and providing support, across all services. Realising that potential will require the permissions, resources, effective community engagement and data tools described at section 5 (above).
32. In theory, any 'vulnerability' – autism, SEND, social care needs, behaviour in school, criminality, poor housing – could act as a trigger for faster, multi-agency action. In practice, we need to design and build, trial and evaluate our new tools and processes in the real world, working with real practitioners and families and building on our strengths. This means taking account of local priorities, resource pressures within different services and localities, and our ability to define clear measures for evaluation. Our criteria for selecting that vulnerability – as for the localities we work in – must be transparent, because building and retaining public trust is vital.
33. Our recommendation is that the vulnerability – or issue – selected must be:
 - Affecting a significant number of children/adults/families.
 - Creating a broad impact across health, education, employment, crime etc, including against nationally measured benchmarks.

This will help to secure buy in, resources and permissions to act, from decision makers and the public

- Hard to tackle now, because of clear inefficiencies within and across systems set up to respond to the issue.

This will engage practitioners, by offering an opportunity to remove ineffective processes and unnecessary barriers. It will also help us to demonstrate impact on financial and quality measures.

- Understood, with access, locally, to expertise on effective practice and deep knowledge about the subject.

This will help to build a credible and supportive community of practice including all practitioners and researchers, and will create a platform for public education and engagement. It also allows this programme of work to build on our strengths and focus on freeing up systems to make it easier for practitioners to deliver best practice, rather than on defining that practice for them.

7. Improving services for children with autism and NDD, and laying the foundation for wider action on inequality

34. 'Autism and neurodevelopmental disorders (NDD)' are the group of vulnerabilities proposed as our focus and trigger for action. As a group of issues they clearly meet the criteria set out above:

- a. Waiting times for diagnosis and assessment are too long resulting in distress for both the individual being assessed and for their families/carers
- b. An underlying issue for Bradford and Airedale is the lack of joined up data and concerns that a diagnosis of autism is not always recorded or is a secondary diagnosis. This means we cannot be sure that we know the scale of the issue. It also means we cannot confidently mark success.
- c. Pathways for supporting children and adults with autism in the District are fragmented across a number of different services: the system we need requires proactive planning, across services, to support children and adults through transition points in their life (including school transition, puberty, child to further education, adult services, starting work etc)
- d. A report by Healthwatch confirmed that people with autism and their families believe there is a poor understanding of autism within public sector services but especially in primary care.
- e. Crucially, Bradford is at the forefront of research led practice to improve assessment processes for autism. Bradford's 'SUCCESS' research study² aims to identify children at high risk of experiencing autistic spectrum disorders early, ensuring that their individual needs are met as soon as possible. The study combines routinely collected education data and health data to identify children at risk, who then attend a 1-day autism assessment at the child's school. This assessment day brings together the child's teachers, parents/guardians and a multi-disciplinary team of educational and clinical psychologists, paediatricians, speech and language therapists and other autism experts. This clinical team works to understand the child's needs and provides clear recommendations to support the child's learning, development and wellbeing in school and at home.

35. On 29 June 2021 a group of practitioners spanning child and adult health, education and social care met at Bradford's Wolfson Centre for Applied Health Research³ to start developing a joint plan to:

- improve services for children with autism and neurodevelopmental disorders in the District; and by doing so
- enable a coordinated, more effective and efficient multi-agency response, including 'NDD services' and the wider array of practitioners working across children's services, health, justice, and in the community

36. A full read out of the meeting is available at **[DN LINK]**, including the practical challenges and opportunities identified by attendees. What follows here is the summary of their proposals for action, which are in turn presented here as the recommended catalyst for action on inequality.

² SUCCESS: Supporting and Understanding Children's Communication, Emotional and Social Skills

³ Home to the Bradford Institute for Health Research, and the Centre for Applied Education Research, and a Covid secure site

Proposals for action on autism and NDD

37. **The development, trial in localities and introduction of a ‘needs passport’ for children⁴** - a combination of tools and processes enabling practitioners (in particular) early years practitioners – including nursery teachers, **[DQ should we include childminders]**, teachers, SENCOs, CAMHS, Ed Psychs **[DQ should we include and parents?]**...to collaborate to identify needs and put in place support earlier, based on their collective knowledge of the child and ‘what works’ in autism and NDD. Within this system:
- a. For a minority of children, a formal diagnosis would remain essential to identifying and securing the right support. The option to refer a child for a formal diagnosis would therefore, need to remain and be made faster and easier – proposals below confirm how this would be made possible.
 - b. But, for all children, even those with complex needs, the new approach would break the dependence on diagnosis, to unlock any support. Put another way, for the majority of children, the majority of needs would be identified and met, without a formal diagnosis. This will reduce the pressure on diagnostic services, leaving them able to prioritise cases where doing so is key to unlocking the right support.
38. **There is an immediate need to clear the queue for assessment.** This is the issue at hand for hundreds of Bradford’s most vulnerable families. It will be impossible to secure their trust in a plan for long term change without demonstrating that effective action has been taken on the queue. Removing the queue will also free up practitioners’ time, allowing them to engage in the design and delivery of the new system.
39. **Clearing the queue will require:**
- a. **A short term cash investment** of £X by the CCG, to boost assessment capacity,
 - b. **Adaptations to processes** drawn from Bradford’s SUCCESS programme⁵. This will include smarter use of data and new forms of assessment learning from the SUCCESS trial, including the use of routinely available data to support early identification, and more efficient processes bringing all relevant practitioners and parents together as part of the assessment process – enabling faster assessment and ongoing collaboration.
 - c. We must also **model and then act to mitigate the impact of unblocking the assessment queue** on schools, support services and other stakeholders – otherwise we will simply move the problem from one service to many, as demand for support spikes.

8. Building on our strengths:

⁴ Also described as a ‘Needs Passport’

Linked data, new data tools and ethics: the ‘electronic Vulnerability Index’

40. Effective action on autism and NDD will require tools allowing the linkage and sharing of information between multiple services and schools. Doing so will allow us to model and understand patterns of vulnerability, identify children at risk, and enable a collaborative, more effective and efficient response by practitioners. The catch-all title for the tools and processes we want to introduce is the ‘electronic Vulnerability Index, or ‘eVI’⁶.
41. While this plan proposes action on autism and NDD as a first step toward a wider response to inequality. The progress already made through ‘Connected Bradford’ means there should be no reason to limit the breadth of data brought into eVI, from its inception. In other words, action on the ground will start with autism and NDD, but eVI and the data tools will be built from day one to capture all key measures of vulnerability and inequality.
42. Building eVI in this way will mean that as soon as we are confident that the methodology, the resources and the permissions and the people are in place, we will be able to quickly expand the families of practitioners able to connect around vulnerable children and families, from those only focusing on autism and NDD, to children’s social care and adult social care, other parts of the health system, police, housing etc.
43. Learning from Connected Bradford, and Bristol City Council’s ‘Think Family’ system, means we know what we need, to make eVI possible:
 - a. single authoritative group spanning data functions across council and its partners, able to focus on and support development of eVI...make the case for shared goals and efficiency
 - b. legal permissions and support to put them in place
 - c. Engagement and coproduction with communities to ensure public backing and the highest ethical standards for use of data

Schools at the heart of delivery

44. Schools must be the catalyst, enabler, and beneficiary of the approach set out by this plan, on autism and NDD, and on inequality, more generally:
 - a. **We must improve support to schools:** the evidence shows the symptoms of vulnerability and inequality holding back educational attainment and aspiration, damaging pupil and school level outcomes:
 - i. poor behaviour affects other pupils and teachers,
 - ii. developmental delays limit learning and attainment; many teachers have limited training or the resources to meet significant need.
 - b. **Schools are best placed to identify need and trigger earlier interventions:** teachers and early years professionals see many of the early indicators of risk and vulnerabilities first, before those issues cross the desk of clinicians, social workers etc
 - c. **Schools connected to families and localities:** schools represent visible, physical spaces in the heart our communities; connected to and trusted by

⁶ This mirrors the proven, successful, ‘electronic Frailty Index’ now used routinely by GPs, which links routine health data on elderly patients to present clear, accessible assessments of risks to ‘frail’ individuals, who the GP can then proactively engage, before a clinical intervention is required.

the overwhelming majority of children and families. They could offer other professionals a route to engage and intervene earlier, without taking vulnerable children into clinical or other non-routine spaces, or relying on them being taken there.

- d. Bradford's schools are well placed to lead the transformation:** the partnership working between Born in Bradford and Bradford's schools⁷ are recognised nationally as at the forefront of designing the processes, tools and skills needed to link services, in particular health and education.

Building on the foundations laid by 0-5 services

45. Systems for identifying and supporting children with autism are strongest at the age of 0-5:
46. The statutory services supporting children in the early years are based on the recommended Marmot model of 'universal proportionalism': services are universally provided at a scale and intensity proportionate to the degree of need. Universal services are there to support and prevent issues from happening by identifying and implementing early intervention where needed.. For a child these services include: Midwifery -9months to 1month; Health Visiting -2 months to 4 years; Early Years nursery provision (2-4); schools (5-18); Targetted services that support children with more needs include: Childrens' Services Family Hubs, Early Help, Social services. Other wraparound services that are also key in keeping children safe and healthy include: Police; Hospitals; GPs. Where a child is identified as high risk, coordinated multi-agency action is routine, although data tools would improve efficiency
47. As a part of the Prevention and Early Intervention steering group in Bradford District, work is underway to create a dashboard (using aggregated ward level data) across all 0-5 services. The purpose of this work is to highlight the key needs of children in each ward, that will help plan and target support, as well as measure improvements in children's development over time.
48. The goal of the 0-5 work has been to establish a single shared child record where all important information about a child is accessible to those involved in the child's care in order to improve practitioners opportunities to prevent and intervene early wherever a risk is identified.
49. The ability to model patterns of vulnerability and drive coordinated action, are core deliverables of the approach proposed by 'From Inequality to Opportunity'. Building on the foundations laid by 0-5 services will accelerate progress toward the significantly enhanced systems and processes we need.
50. At the moment, at the frontline, each of the 0-5 services taking care of the same child remain unable to share more than minimal data about the children in their care. For example, a midwife may identify a mum-to-be with mental health concerns, but this data wouldn't be passed to the health visitor who takes over the care after birth. At the same time the police may have been called to an incident of domestic violence at the house, but the midwife/health visitor would

⁷ Evidence Active Schools and Bradford's Centre for Applied Education Research

never know this. Information about a family discovered by early help would not be shared with any universal services. The only time this is different is where there is a very vulnerable child identified and where social services and health visiting would work closely together, but still other services might not have key information available to them.

51. In the approach proposed by the 'FITO' plan, practitioners working in 0-5 services and schools would be involved in the first phase of activity – connected through the new data tools, asked initially to focus together on the identification of and support to children with autism, with the expectation that – enabled by the data tools - their discussions and actions would extend naturally to a broader range of concerns affecting children and families in the locality.

Selecting localities

52. With almost half of Bradford's wards now listed in the bottom 10% for multiple deprivation there will be a need to decide where to trial these new tools and processes. Beyond 'deprivation', the key to selecting the right places will be capacity, defined as access to trusted organisations and individuals with the skills, resources and connections to engage and mobilise the community, and with the right connections and influence.

[DN to describe effective community and family engagement in Bradford ie Community Partnerships, Aware, Big Conversation to describe the mix of organisations, individuals and how they engage and influence, and how they could help us engage localities]

53. In the localities we select, we will need to ensure schools, 0-5 and other services involved:

- a. Have access to the new data tools that will make delivery possible, allowing practitioners and teachers to share with and receive data and information on vulnerable children [securely]
- b. Can see the patterns of vulnerability in the locality, for example, as they play out in and beyond the school gate, and can access knowledge and support from researchers and other practitioners, to identify and respond to need, quickly.
- c. Build effective partnerships at local level, linking teachers, practitioners and the community, enabling effective multi-agency working.
- d. Confirm resources, including time, that will be made available to support training and deployment of staff, and ensure specialist support is available

Large scale community engagement, public information and education programmes, on NDD

54. Successful place-based working is built on effective co-production with children, families and adults, helping us to understand the needs in a locality and barriers to access and engagement with support.

- a. We can see from large scale education programmes, like work carried out in health on 'pain management', and of course the Covid pandemic, the benefits (as well as evidence on outcomes & costs) of improving public

understanding of an issue, its symptoms, how and when to take personal responsibility, and when and how to refer to practitioners.

- b. Effective community engagement will also be vital in securing public permission and trust in the use of their data (see below)

A package of high quality, holistic training on autism and other neurodevelopmental issues

55. This will include training on how to support people with autism and the role and ways to engage practitioners in other services...for all parts of the system (schools, early year settings, businesses, parents, communities, health visitors etc).

Transition to adulthood: laying the foundations for improving support to adults with autism

56. The lesson we can draw from the SUCCESS programme is that Bradford's research expertise – the use of routine data to speed up identification, and redesigning multi-agency support - can provide a platform for more effective and efficient action on autism (and other issues).

57. While the initial focus of this plan is on children, we are also making available seed funding for coproduction by researchers, practitioners and service users, of improved processes for identifying and supporting younger adults with autism. The initial goal is to identify opportunities to improve the collection and use of data and find operational efficiencies, then designing, trialling and mainstreaming once shown to be effective. By focusing on the group currently in 'transition to adulthood' we aim to improve support and outcomes to this group, and to create a wave of improvement that will wash into services for older adults, supporting our ultimate goals to act together on inequality.

9. A commitment to act, together

[DN – this section to confirm localities prioritised and authorised by politicians and senior leaders, together with commitments on mandate, resources etc]

[DN – this section will confirm the outcome of the bid to MHCLG's 'Data Accelerator Fund' which was written explicitly to fund and authorise action set out by this plan – joining up data to enable faster action on autism, in collaboration with Leeds City Council.]