

Reducing Social and Health Inequalities

Why is this important to Bradford?

The fact that in Bradford District today, people in different social circumstances experience avoidable differences in health, well-being and length of life is, quite simply, unfair. Many of the circumstances which children experience growing up in Bradford District, reflect the resources available to their parents or carers; their family income, and the environments in which they can afford to live. There are stark **inequalities for children in Bradford District**; these health and social inequalities are systematic and avoidable.

In Bradford District, children who grow up in low-income households have poorer mental and physical health and are more likely to leave school with lower educational attainment. Just under a quarter of children are classified as living in poverty (two-thirds of whom live in working households) and this is projected to increase. Other sources of social inequality in Bradford include fuel poverty, poor quality housing, education attainment and the quality of parental employment. Social inequalities are linked to poor health outcomes in childhood, which often progress into adulthood. For example, rates of obesity and poor oral health have a clear link to poverty and ethnicity in Bradford.

This JSNA section outlines some of the key social and health inequalities for children in Bradford.

Strategic context

National Context

- [Fair Society, Healthy Lives: The Marmot Review. Strategic review of health inequalities in England post-2010](#)
- [Joseph Rowntree Foundation \(2017\) Child Poverty data](#)

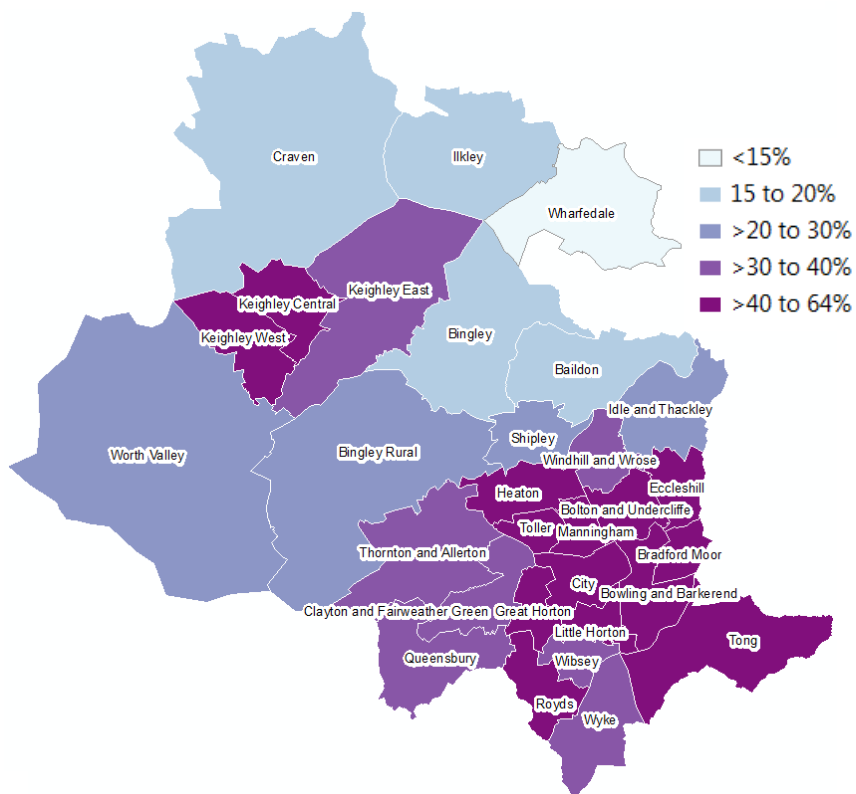
Local Context

- [Children, Young People and Families Plan \(2017-2020\)](#)
- [Integrated Early Years Strategy 2015-2018](#)
- [Joint Health and Wellbeing Strategy, 2018-2023](#)
- [Bradford District Food Strategy, 2012](#)
- [Fuel Poverty: A Framework for Action for the Bradford District, 2015](#)
- [Prevention and Early Help project](#)

What do we know?

Child Poverty: Bradford district has the fourth highest rate of child poverty of all local authorities within the UK. In 2017/18, 54,614 (35.2%) children in Bradford District were living in poverty, rising to 61,499 (40.0%) after housing costs are taken into consideration. Regionally, Bradford has the highest percentage of child poverty, followed by Hull, Craven has the lowest rate (**Figure 1**). There are large differences between wards, with the highest levels of child poverty after housing costs in Toller (63.8%), and the lowest in Wharfedale (14.9%) (1). Bradford West (where Toller is located) has the highest recorded rate (50.4%) of all the parliamentary constituencies within the UK (1).

Figure 1: Children living in poverty after housing costs, 2017/18



2/3 of children in UK poverty are in a working family



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JRF JOSEPH ROBERTS FOUNDATION

Source: Households Below Average Income

@jrf_uk #statofthweek

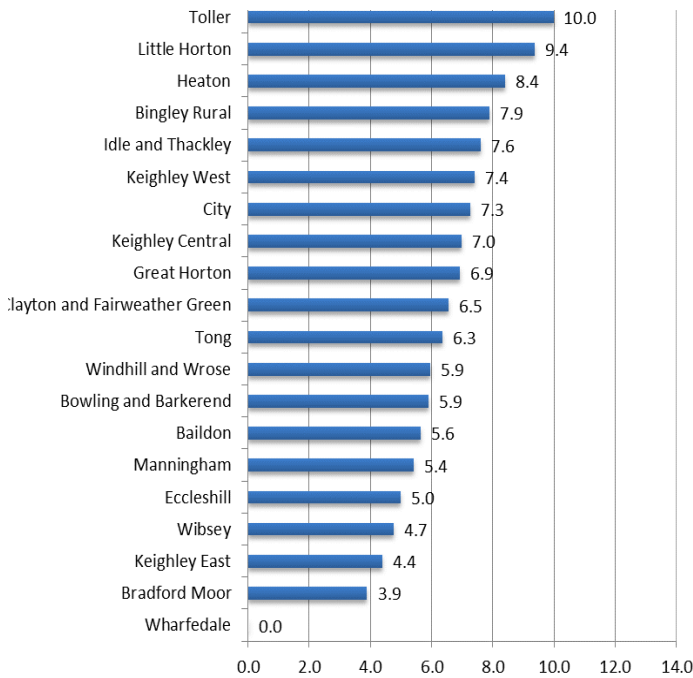
Fuel Poverty: Fuel poverty can have severe and life-long effects on families and children; impacting on hospital admissions, breathing issues, mental health and education. Across the District, fuel poverty has been increasing gradually and remains higher than the regional average. In 2016, 29,095 households in the District (14.3%) required fuel costs that were above average and which, if spent, would leave the household with an income below the official poverty line. The highest levels of fuel poverty were in Bradford West (17.9%), whereas the lowest were in Shipley (9.9%).

Figure 2: Fuel poverty by constituency, 2016

CONSTITUENCY	Households	Percentage
Bradford East	7,416	17.6%
Bradford South	5,853	14.0%
Bradford West	6,798	17.9%
Keighley	4,972	12.2%
Shipley	4,205	9.9%

Infant Mortality: Infant mortality remains a key health outcome for infant and child health. The 3-year rolling Infant Mortality rate (IMR) in Bradford has reduced from 8.2 in 2006-08 to 5.9 per 1000 live births in 2014-16. Following five successive years of reductions, the Districts IMR has been **fairly static since 2011-13**.

Figure 3: Infant mortality rates by ward, 2012-16



The latest IMR remains **higher** than the average rate for England (3.9) and Yorkshire and the Humber (4.1) and is higher in the more deprived parts of the District. Analysis by deprivation quintiles demonstrates that the reductions over-time have been faster in the more deprived areas of the District. Wide variation and health inequalities however, remain across the District, as shown in Figure 3.

Please note: Results are not displayed for Bingley, Bolton and Undercliffe, Craven, Ilkley, Queensbury, Royds, Shipley, Worth Valley, and Wyke as fewer than 3 deaths occurred in these wards. Due to the small numbers involved, compliance with regards to disclosive situations must be observed.

Childhood Obesity: In 2016-17, 22.5% of 4-5 year olds (reception age) in Bradford were overweight or obese (this was statistically significantly worse than regionally (22.2%) and nationally (22.6%). During the same time 37.9% of 10-11 year olds (Year 6) were overweight or obese, which was also statistically significantly worse than both the regional (34.6%) and national averages (34.2%). There is a **large geographical variation** within Bradford District for the **prevalence of excess weight**, as Figure 4 highlights for 10-11 year old children.

Figure 4: Excess weight in year 6 children, 2014-2017

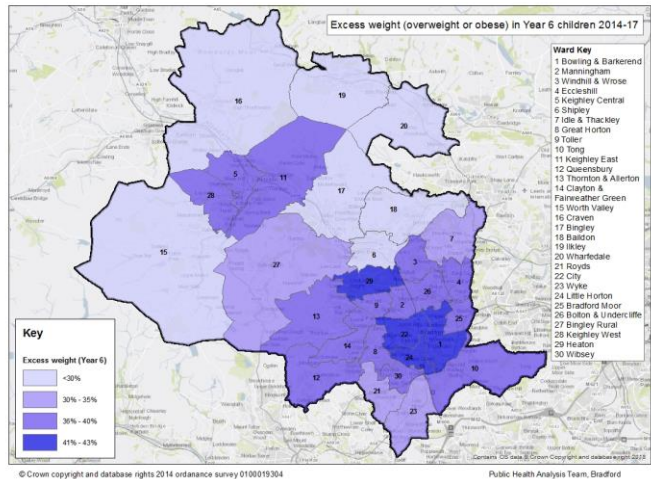
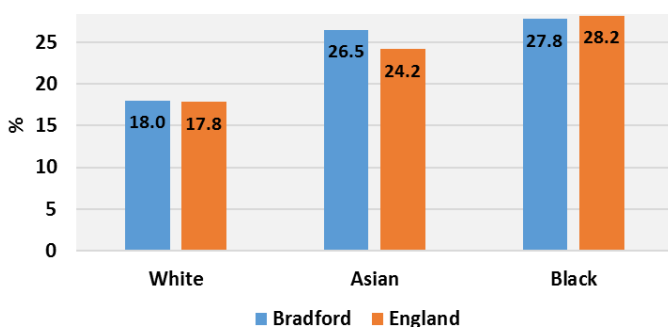


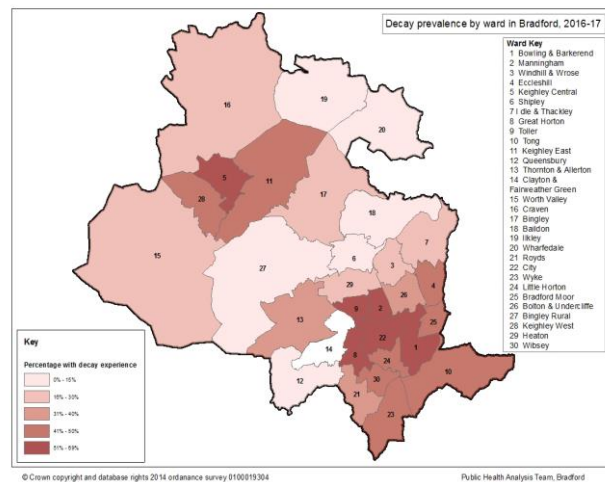
Figure 5: Excess weight in year 6 children, by ethnicity



The prevalence of obesity is **higher in Asian and Black ethnicity pupils**, compared to White pupils. By reception age, the prevalence of obesity is similar in White, Asian and Black ethnicity pupils. However, the difference between children of White ethnicity compared to those of Asian and Black ethnicity is more pronounced in Year 6 Bradford pupils, as Figure 5 shows.

Oral Health: Bradford District has **high levels of dental disease**; however there have been **significant improvements** in reducing the level of decay in children. 60.2% of 5 year olds were free from dental decay in 2016/17. This was worse than the regional (69.6%) and national averages (76.7%). There is **significant variation** in the oral health of young children across the district by locality (Figure 6). The higher levels of decay experienced are spread across the wards of Bowling and Barkerend, Great Horton, Manningham, City, Toller, and Keighley Central.

Figure 3: Dental decay prevalence by ward in Bradford, 2016/17



Source: Public Health England

What Assets do we have?

Reducing social and health inequalities has been identified as a priority commitment across numerous partnerships, organisations, strategies and action plans across the District.

[Better Start Bradford](#) is a partnership working with families and children to improve the life chances of children living in some of the most deprived wards in the District, through focusing on improving health, social and emotional development and communication, and to share lessons from this to promote wider change.

The **Healthy Bradford Plan** is a system wide approach and collaboration with partners to shape the system with coordinated actions to make it easier for everyone, everywhere in the District, to live healthy and active lifestyles every day.

Protective factors are crucial for the potential to build future resilience and reduce the impact of health inequalities. As well as tackling inequalities, it's important to support the development of **protective factors** to build resilience, and reduce the impact of inequalities. For example, parents make a huge difference to their child's development. A secure, loving and nurturing home environment which provides a child with a secure attachment relationship is an important protective factor for their emotional, social and cognitive development.

Gaps / challenges / opportunities

Government cuts means the Local Authority is facing unprecedented pressure on its budgets and this has led to changes in the way services for children will be delivered across Bradford District. Better Start Bradford will continue to be funded by the Big Lottery Fund until 2025.

The Early Prevention and Help Service will be co-located and integrated with the Public Health 0-19 Service (including health visitors, school nurses and oral health improvement services). These services will focus more support to those families who need most support, and ensure that families get the right support at the right time. The aim is also to build greater resilience within families and communities so they can help themselves.

What are we doing about it and what does the information presented mean for commissioners?

- Making the best use of the available funding can be achieved by investing to support the development of protective factors, improving outcomes and reducing inequalities for all children and young people across the District.
- It is imperative that evidence-based programmes, which are likely to drive down inequalities are commissioned.
- There is a need to use robust information and intelligence to plan, develop and evaluate services (and support the development of robust information where this does not yet exist).
- Partnerships need to continue to prioritise tackling inequalities, and evaluate local progress against reducing social and health inequalities.

References

1. Stone J, Hirsch D. Local indicators of child poverty,2017/18 [Internet]. 2019. Available from: <http://www.endchildpoverty.org.uk/wp-content/uploads/2019/05/child-poverty-indicators-2019-report-to-ecp-1.pdf>