

# The power of child-centred data: The example of the Bradford 0-19 Children and Young Peoples' Outcomes Framework

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## What are we doing?

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Throughout childhood and adolescence, children and their families receive care and support from numerous different organisations including health (e.g. maternity, health visiting, GPs, Dentists, Hospitals); children's services (e.g. Family Hubs, Early Help, social care); education settings (nurseries, schools; SEND); and other key services (e.g. Families first, VCSOs, police, housing etc.)

Over a period of three years, partners from key services across Bradford joined together in a task and finish group to co-produce a 0-19 Children and Young Peoples' shared outcomes framework that measures important aspects of children and young peoples' safety, health and development. The priority indicators of the 0-19 outcomes framework can be seen in Figure 1.

The aim of this shared 0-19 outcomes framework is to:

- 1) enable in-depth, locality based, needs assessment;
- 2) to evaluate the impact of interventions through improved outcomes over time;
- 3) to act as a catalyst for a single shared child record across organisations.

## Impact

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We have used this outcome framework to assess the needs of children aged 0-5 in each ward of Bradford district to identify inequalities in outcomes and differences in needs for prevention and early intervention support across the wards.

The findings of the needs assessment show that, when we look at data from the child's perspective, we start to identify stark inequalities and differing patterns of needs that are not clear when using data from a single service or organisation (see Figure 2). For example, the average number of pupils achieving a good level of development in Bradford schools (68%) is just 4% lower than the England average, but the rates across wards vary from 56% to 86%. The needs assessment also demonstrated huge differences in outcomes for children between affluent and deprived areas, and varied needs based on the cultural and ethnic diversity of areas.

This work is now being used by the prevention and early help teams to highlight the importance of the 1001 days prevention agenda, and to implement appropriate support in each locality (funding dependent), and the outcomes framework will then be used to evaluate the impact of these interventions.

## Next Steps

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We are now expanding this needs assessment to look at children and young people aged 5-19 across the Bradford District.

In Bradford, we want to move from the current perspective of data that is at the level of the service to a shared data record that is focussed on the perspective of the child. We are using this outcomes framework as a catalyst to develop a single shared child record across organisations where important information that is in the best interests of the care of the family can be shared across the services that are supporting them.

## How did we do it?

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The group was led by Born in Bradford as a part of the BDMC Prevention and Early Help Outcomes and Performance sub-group. To manage the task the group first focused on a 0-5 outcomes framework, and then extended this to the age of 19. Firstly a 'long-list' of outcomes were developed from: a) existing outcomes frameworks from different services including: Better Start Bradford; Public Health; Prevention and Early Help Services; Families First; SEND) and b) the existing evidence base of the major drivers of inequalities in child health and development.

Data analysts in each service then confirmed which of these outcomes were available in routinely collected data in each organisation, and what the source of the data was (e.g. data system, data owner). Those outcomes that didn't have data were added to a 'wishlist' to be re-visited as potential systems change work for the future. The rest of the outcomes were reviewed and agreed by the task and finish group. A smaller number of 'priority' outcomes were identified that acted as a broad indicator of need over a number of outcomes in the framework. For example, for social care involvement, the number of children in care was taken as an indicator of need.

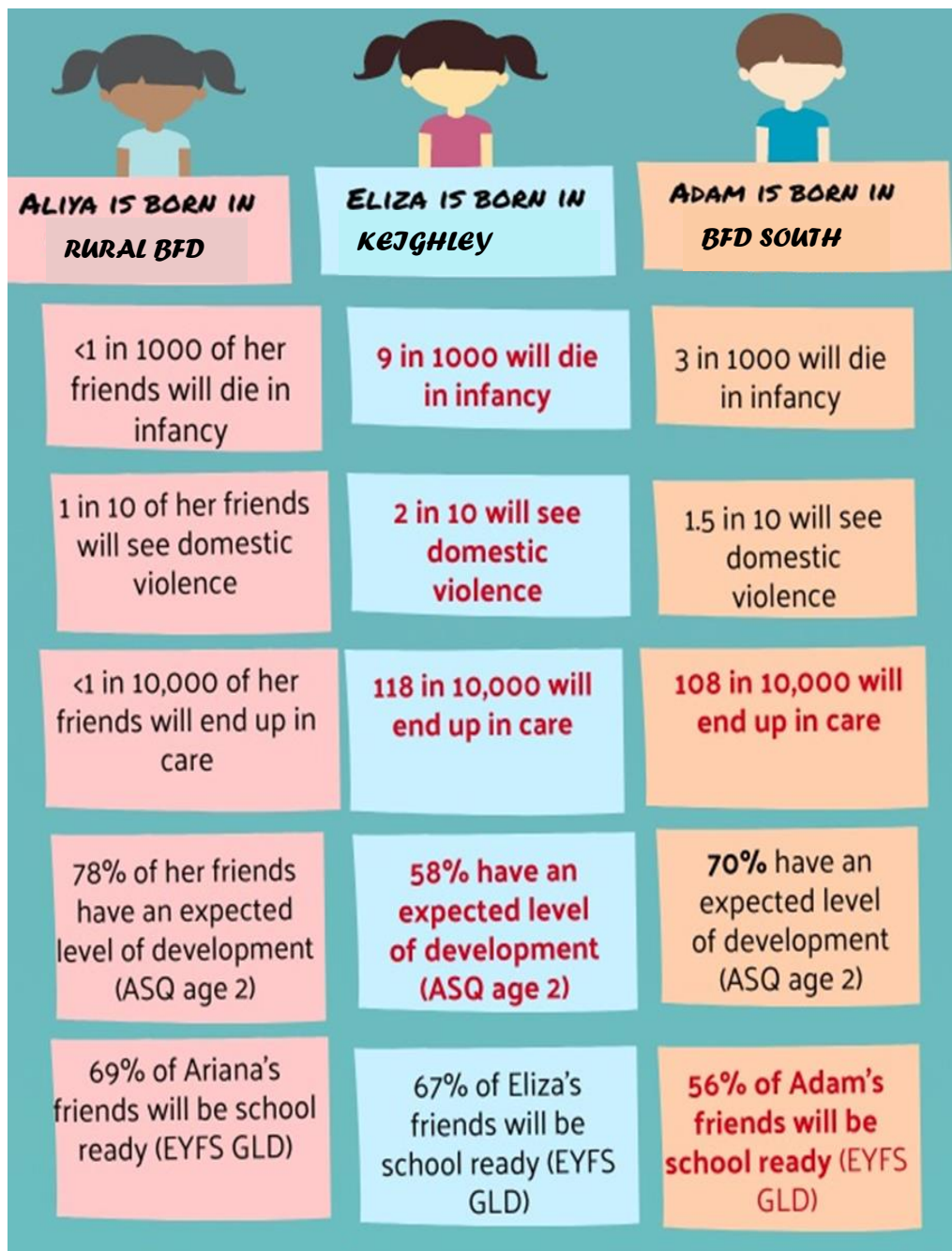
To ensure that data protection legislation was followed, an analyst within the local authority requested aggregate data at ward level from each of the data sources identified. This data was pulled together and placed in Power BI as a series of 'heatmaps'. In addition a PDF document was developed for those wanting a 'snapshot' of the need assessment.

Figure 1: The priority Indicators of the 0-19 CYP outcomes framework

<b>THRIVE &amp; ACHIEVE</b>
Proportion of children eligible for nursery at 2 and 3 years who take up offer
ASQ-3: Proportion of children scoring above the cut off for all areas
EYFS: Proportion of children achieved good level of development (GLD)
EYFS: Proportion of children achieved at least the expected level in: Communication and Language; Personal, Social & Emotional Development; Physical Development (prime area of learning)
Proportion of children with an EA1 notification (SEND)
KEY STAGE 2: % and number achieving the expected average in Reading, Writing and Maths
GCSE: % and number achieving 9-5 pass in English and Maths GCSE
16-17 year olds not in education, employment or training (NEET) or whose activity is not known
First time entrants to the youth justice system
Number of children referred to CAMHS
Number of children persistently missing from education in Bradford (absence)
Numbers of Young People being supported through SEN Support in Bradford
Number of Young People with a diagnosis of autism
<b>SAFE &amp; PROTECTED</b>
Proportion of families with child referred to Early Help
Proportion of families eligible for universal plus health visiting care (Tier 2, 3 & 4)
Proportion of mothers of children aged 0-4 reporting alcohol/drug abuse
Proportion of mothers reporting smoking at birth
Rate of still birth per 1000
Rate of infant mortality per 1000
Rate of children in care (CIC, previously LAC) per 10,000
Rate of children with child in need plan (CIN) per 10,000
Rate of children with child protection plan (CPP) per 10,000
Rate of children attending A&E
Rate of children admitted to hospital for accidental and deliberate injuries (combined; per 10,000)
Admissions to hospital for self-harm
Proportion police calls to domestic violence at home where child present
<b>HEALTHY &amp; EMOTIONALLY WELL</b>
Proportion of children breastfed at 6-8 week assessment
Proportion of mothers screened for depression at 6-8wk HV appt (Whooley)
ASQ:SE-2: Proportion of children reaching expected level of social and emotional development at 2.5 years
Prevalence of Experience of Dental decay in 5 year olds in Bradford
Proportion of children overweight / obese at reception & Year 6
Proportion of children with up to date immunisations
<b>ECONOMICALLY &amp; SOCIALLY INCLUDED</b>
Proportion adults with level 1 qualification as highest attainment
Proportion of pregnant women with little or no spoken English ability
Proportion of children from an ethnic minority background (i.e. not white British)
Proportion of families living with fuel poverty
Proportion of families living in poor quality housing (damp; vermin; major repairs; no heating etc.)



Figure 2: Examples of the stark differences found in the 0-5 needs assessment.



## Further contact

For more information on this work, please get in touch with:

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