Learning from the Experts:
Taking a community-based approach to understand what works to reduce the impacts of poverty

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We are family BORNINBRADFORD

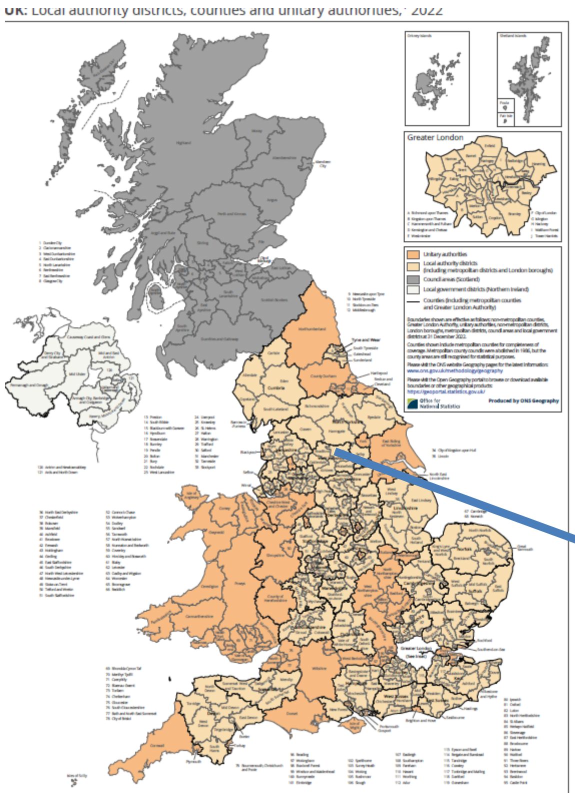
NIHR | Applied Research Collaboration Yorkshire and Humber

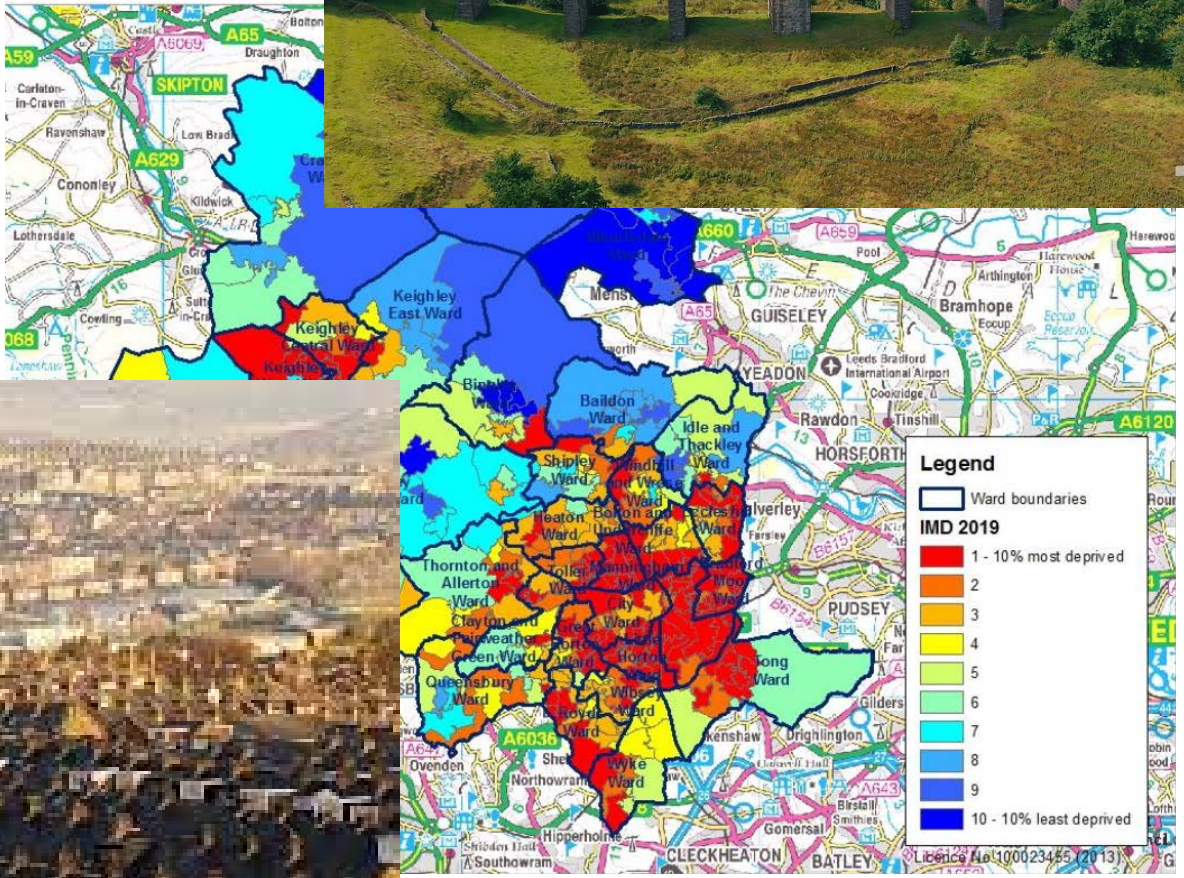
bibbs BORN IN BRADFORD'S BETTER START

Better Start BRADFORD

UNIVERSITY of York

On


UK: Local authority districts, counties and unitary authorities, 2022
Greater London


SKIPTON
Keighley East Ward
Baildon Ward
Idle and Thackley Ward
Shipley Ward
Heaton Ward
Thornton and Allerton Ward
Clayton and Fairweather Green Ward
Queensbury Ward
Tong Ward
Wike Ward
GUISELEY
YEADON
HORSFORTH
PUDSEY
CLECKHEATON
BATLEY
Legend
Ward boundaries
IMD 2019
1 - 10% most deprived
2
3
4
5
6
7
8
9
10 - 10% least deprived
Licence No 100023455 (2013)

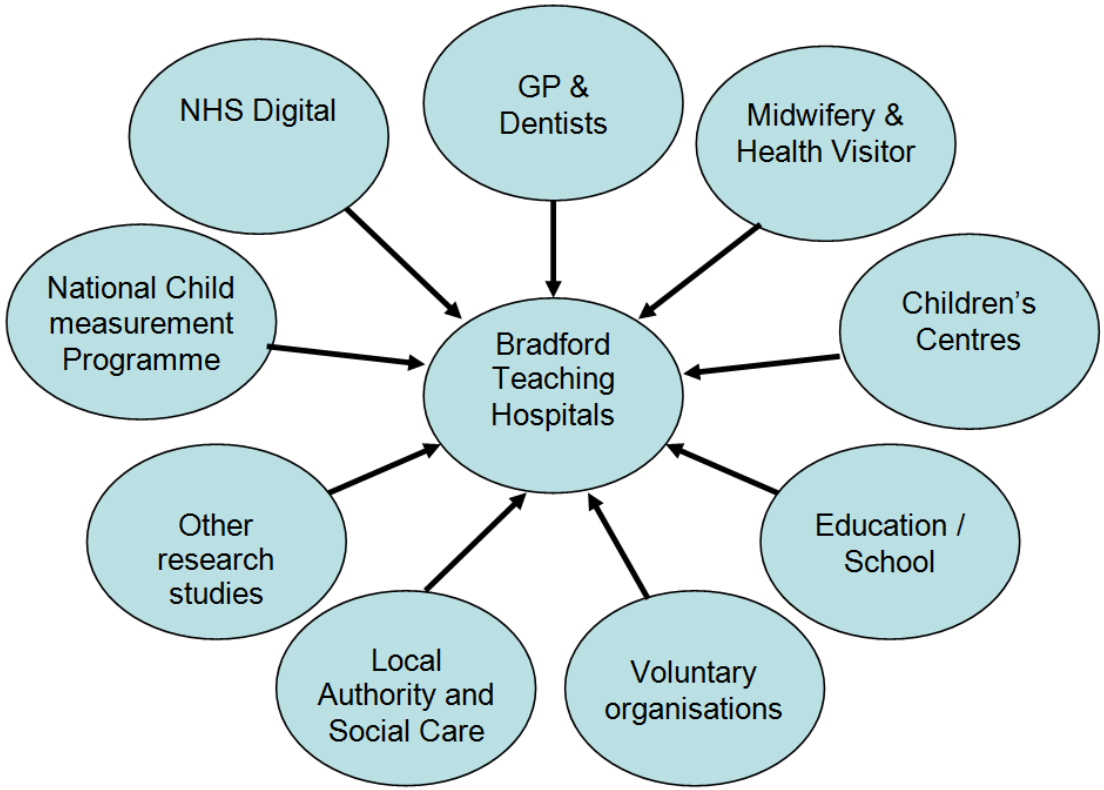
Born in Bradford –
A Family of Cohort Studies

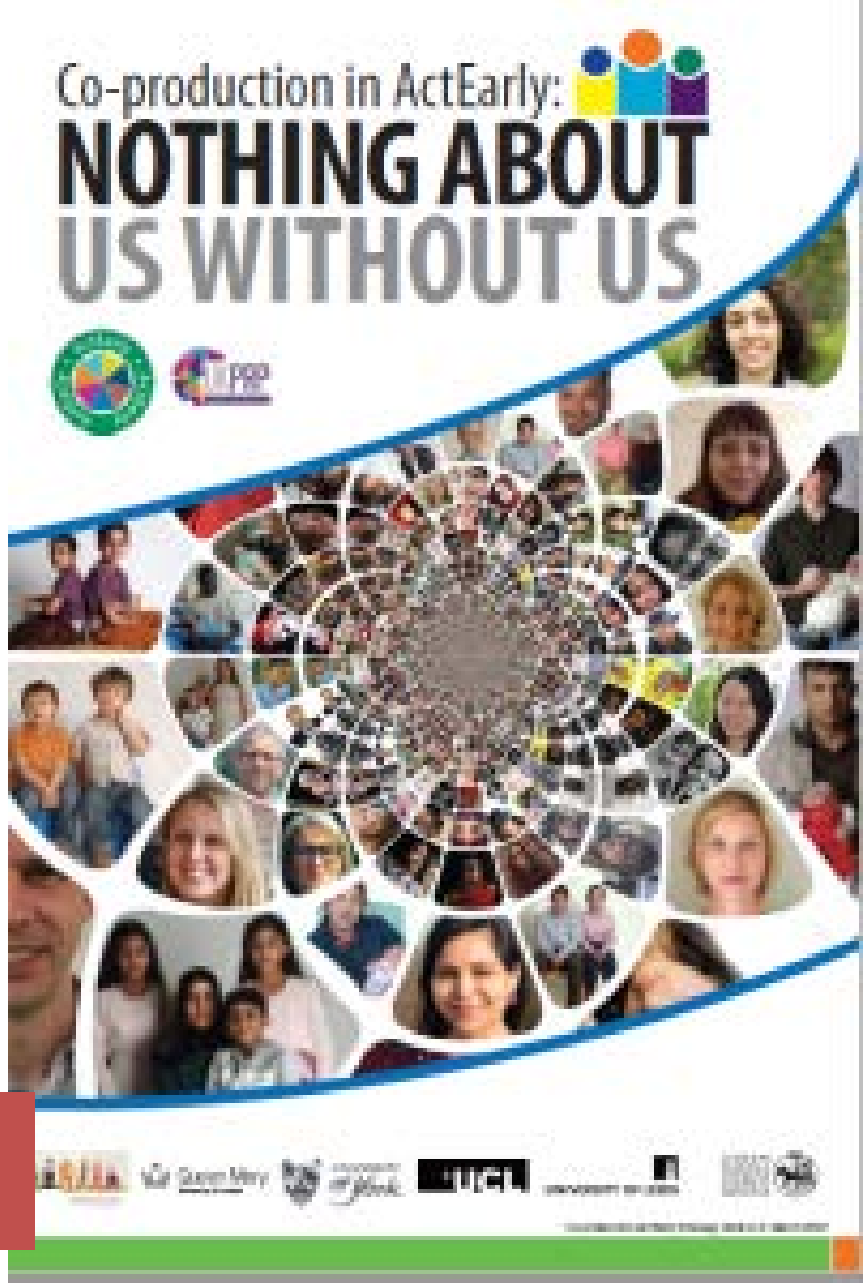
Born in Bradford is an internationally-recognised research programme which aims to find out what keeps families healthy and happy and to develop, implement and evaluate ambitious programmes within practice to improve population health.

www.borninbradford.nhs.uk

Born in Bradford Data

- Routine data linkage
- In BiBBS this also includes intervention exposure
- Complemented by research data collection on social determinants of health





People powered research

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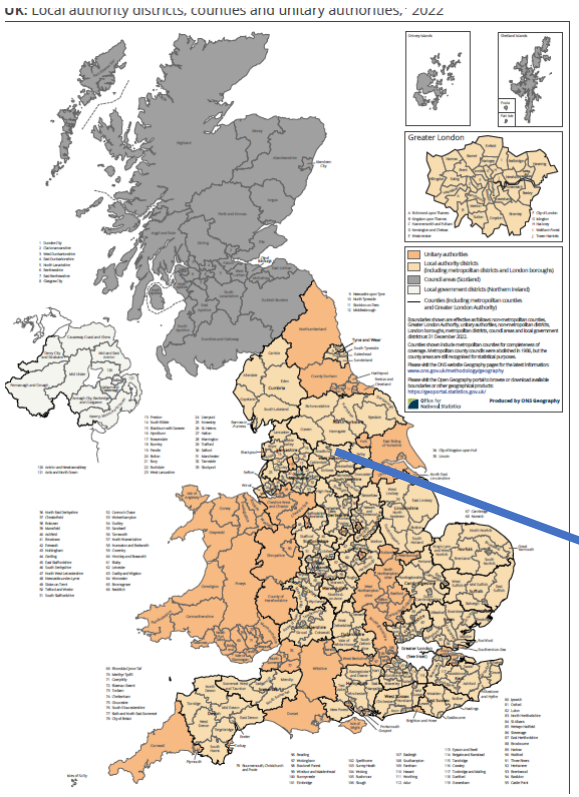
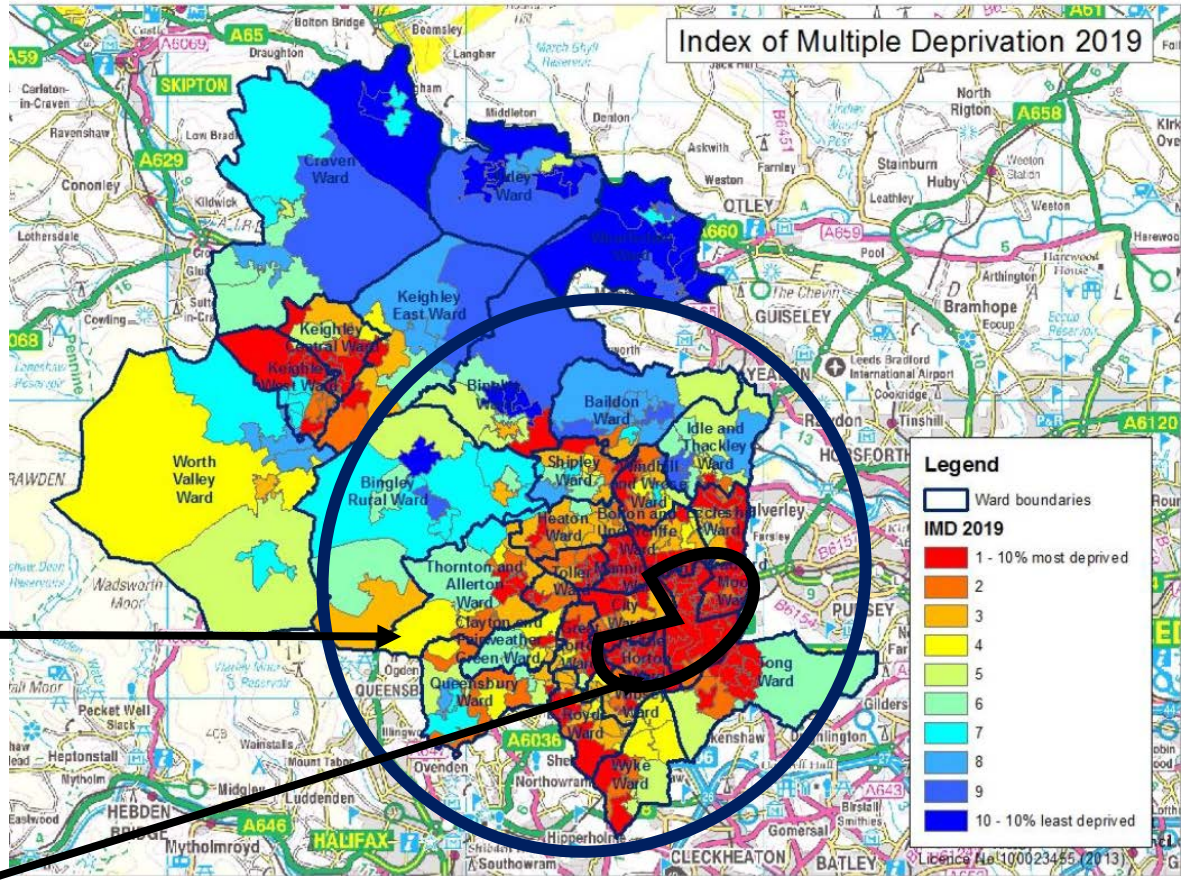
We are family
BORNINBRADFORD



Bradford –
One city, world's apart



BORNINBRADFORD

BORN IN BRADFORD'S BETTER START

Better Start
BRADFORD
INVESTING IN THE FUTURES OF OUR CHILDREN

>20 interventions

Language & Communication

Targeting a vital foundation for improving life chances

Social & Emotional

Focussing on the building blocks of a better start in life

Nutrition & Obesity

Promoting a healthy lifestyle right from the start

Better Start Bradford: *The commissioners* → Service Providers: *The implementers* → Born in Bradford: *The evaluators*

Why these areas?

Oral Health
(Mean no. dmft, age 5)

3.6 BSB

1.98 Bradford District

0.94 England

Breastfeeding initiation

65% BSB

64% Bradford District

74% England

Good Level of Development

63% BSB

67% Bradford District

72% England

Obesity

28% BSB

25% Bradford District

20% England

Dickerson et al., BiBBS Protocol. 2016

The world's first interventional cohort

2016-2024

~6000 MUMS AND BABIES

AIM:

To provide efficient evaluation of multiple early years interventions delivered in practice in a population that are in most need of support

Probably the world's most diverse cohort…

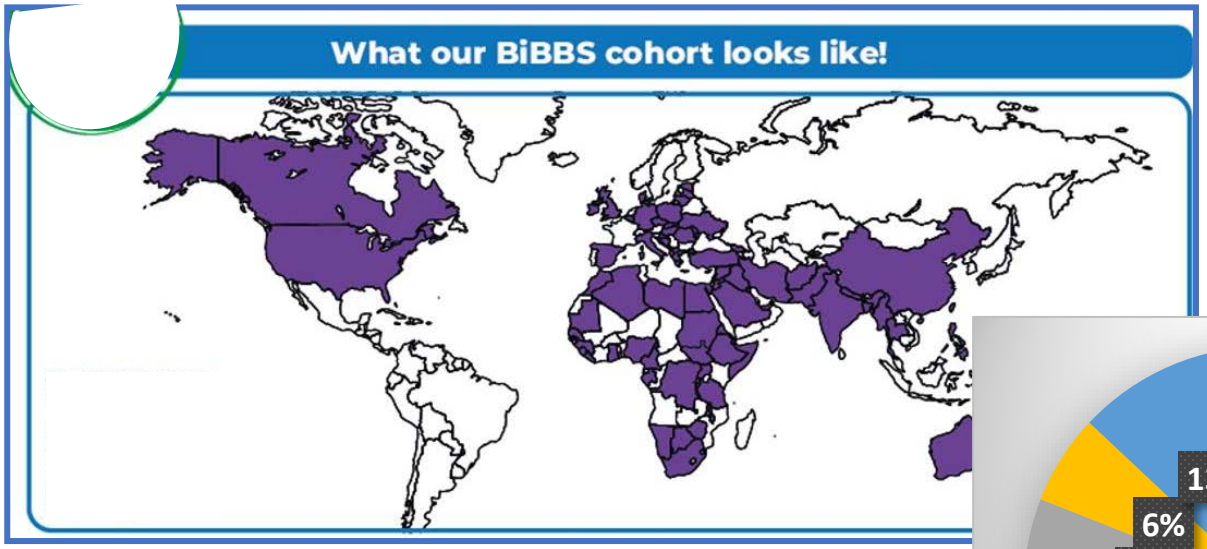
88% ethnic minority

54% migrants

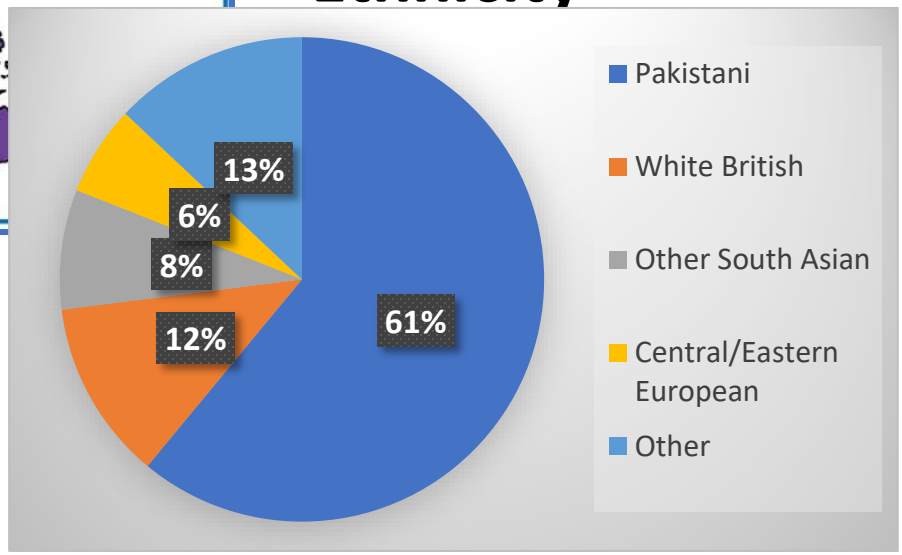
>90 different countries of birth

56 different languages

33% Little/no English



Ethnicity



What does this rich data tell researchers about the community?

Socioeconomic Circumstances

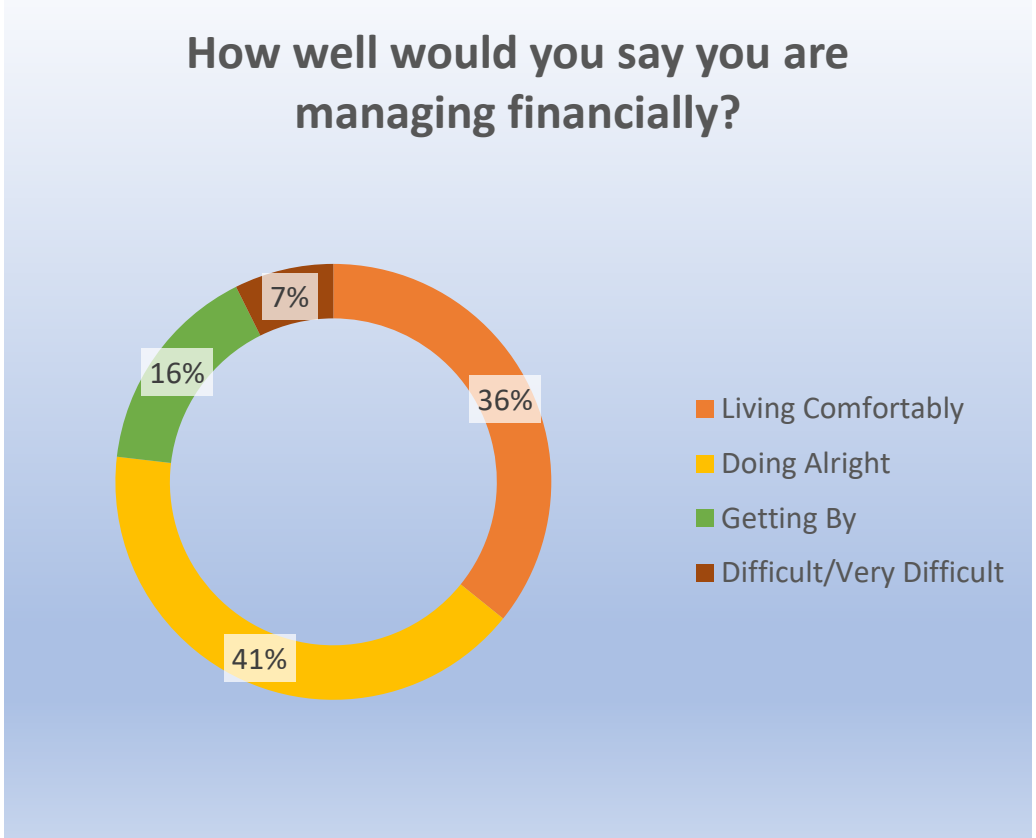
Index of Multiple Deprivation:

84% live in the most deprived decile

16% in 2nd most deprived

Household Employment:

86% of partners
34% of mums



Dickerson et al., BiBBS Interim Cohort Profile. 2022

Differing living circumstances & choice

Multi-generational and large families -

- Overcrowding
- Financial buffer
- Social support

Vulnerabilities

1 in 4 children are late talkers

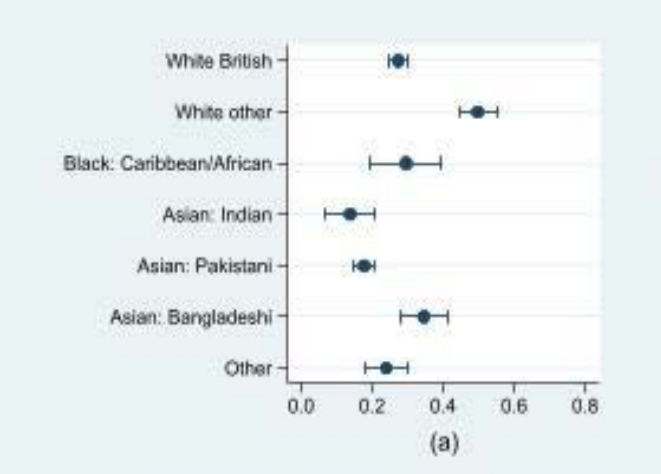
– less likely in large households

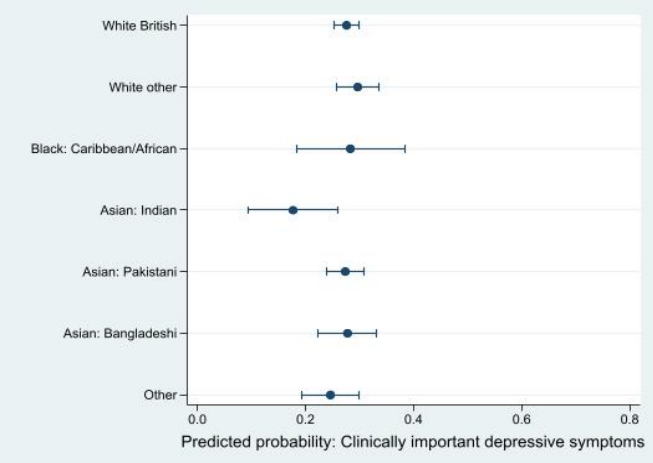
46% of mums report low mood
(15% clinically relevant symptoms)

– less likely in Pakistani heritage

Variables associated with maternal depressive symptoms during Covid-19

Odds ratios for clinically important depression by ethnicity a) unadjusted; b) adjusted





Significantly greater odds of depression for:

Loneliness, lack social support, financial insecurity, living in London

McIvor et al., The Impact of the Pandemic on Mental Health in Ethnically Diverse Mothers. 2022

Protective Factors – "some good came out of it too"

"there's always light at the end of the tunnel and it's all the knowledge that you've sort of accumulated about the deen and you know, why sometimes we can feel down and it's normal to feel down but, you know, and you look at the lives of the Prophet Muhammad, peace be upon him and the other prophets and then you think, well actually, mine's not so bad, so it kind of keeps you going."

Religious Beliefs & Practices

Social Cohesion

Living in Multi-Generational Households

"Our neighbours went shopping for us, they cooked for us. My next-door neighbour checking up on us. …That was really reassuring at that time, and helped reduce my tension"

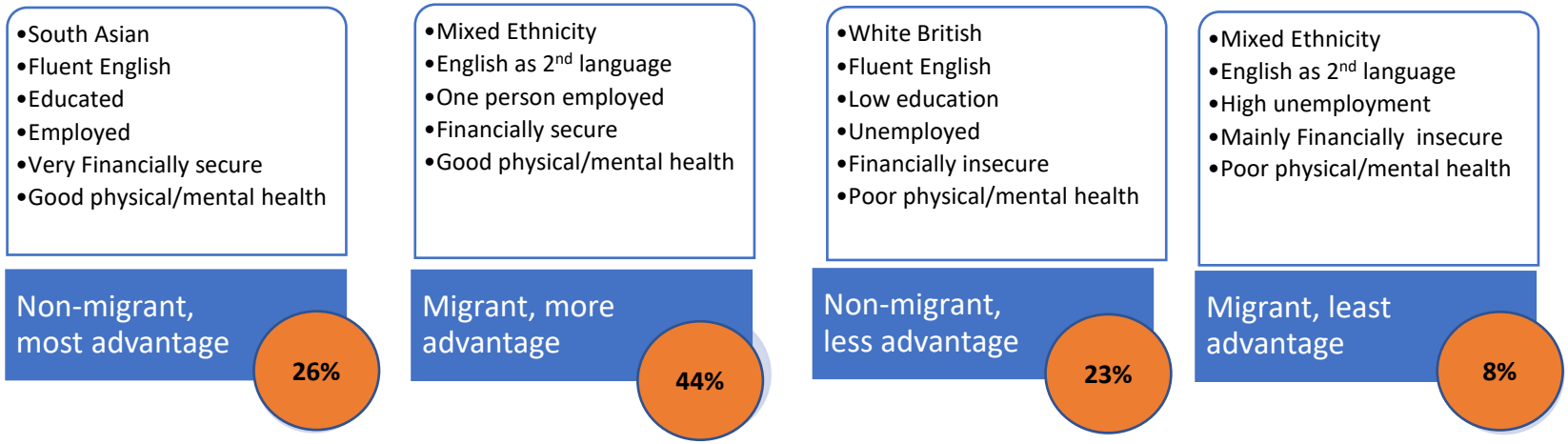
"Our neighbours are all Pakistani and I don't have family here but neighbours are so supportive and helped me so much ... They fill the void I don't have with my family not being here."

"big family, me and my sister-in-law all day when breakfast finish, clean everywhere, then all dinner time, then dinner time finish, oh evening teatime, this is thing too much normally for people but more people in house to help in my family."

Iqbal et al., Exploring the impact of the COVID-19 pandemic on the mental wellbeing of British Muslim Pakistani women. 2023

Describing the main groups within BiBBS

Latent Class Analysis (probabilities summarised)



Lister - PhD thesis, 2023

Do these characteristics predict engagement with preventative interventions?

Yes and No….

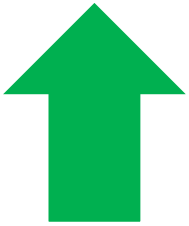
Regression Analyses: LCA groups not associated with engagement, but….

CEE ethnicity

Little-no English language

Pakistani ethnicity

Socially isolated



I-MAIHDA Regression Analysis:

Predicted probabilities of engaging in an intervention for 4 strata : social support, ethnicity, migrant status and spoken English ability

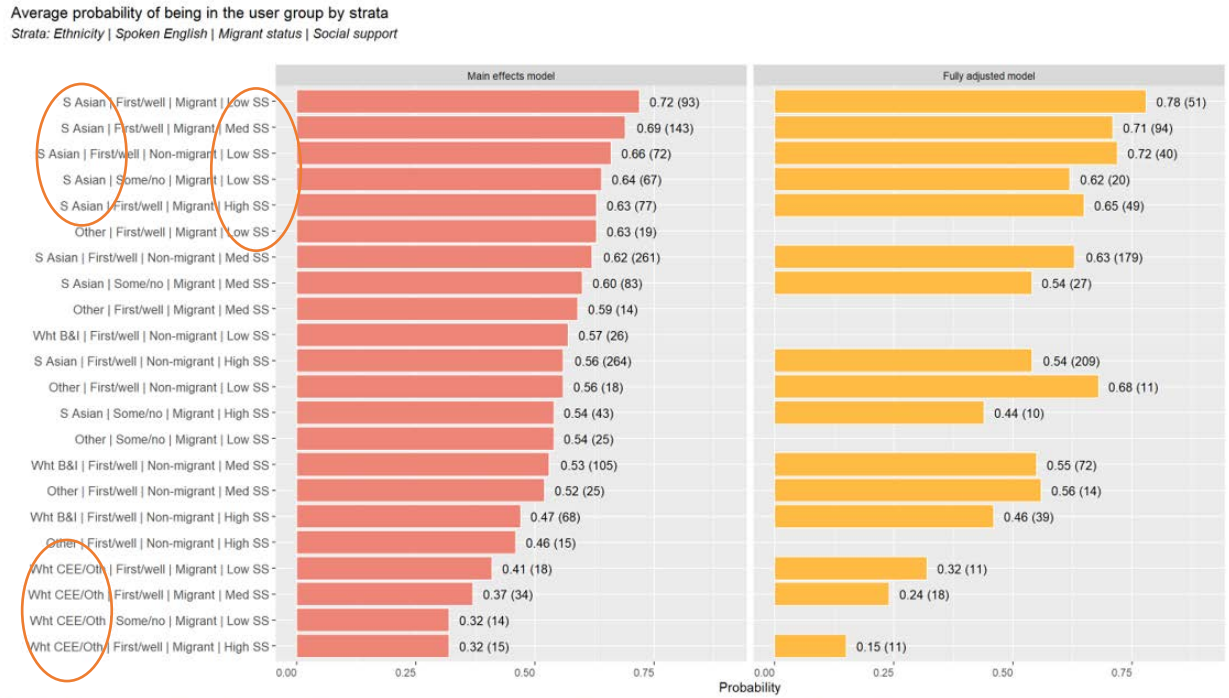


Figure 2: : Predicted probabilities of being in the user group by strata for MAIHDA 2, ordered by probability predicted by the main effects model.

Lister, Hewitt, Dickerson. Using I-MAIHDA to extend understanding of engagement in early years interventions: an example using the Born in Bradford's Better Start (BiBBS) birth cohort data, Social Sciences & Humanities Open, Volume 10, 2024,. https://doi.org/10.1016/j.ssaho.2024.100935.

I-MAIHDA Results: Odds ratios and CIs

	MAIHDA 2 (four-variable strata)	
	OR (95% CI)	**P value**
Null Model		
Intercept	1.25 (0.98-1.54)	0.049*
Strata main-effects model		
Intercept	1.28 (0.97-1.71)	0.09
White B&I	0.70 (0.46-1.04)	0.09
White CEE/other	0.27 (0.16-0.44)	<0.001*
Other ethnicities	0.66 (0.42-0.98)	0.04*
Med social support	1.27 (0.94-1.75)	0.13
Low social support	1.49 (1.06-2.16)	0.03*
Migrant	1.35 (0.94-1.84)	0.09
Some-no spoken English	0.69 (0.49-1.02)	0.053
Fully adjusted model		
Intercept	1.07 (0.74-1.56)	0.74
White B&I	0.73 (0.46-1.16)	0.21
White CEE/other	0.12 (0.05-0.26)	<0.001*
Other ethnicities	0.80 (0.46-1.54)	0.50
Med social support	1.35 (0.93-2.01)	0.12
Low social support	1.96 (1.19-3.19)	0.01*
Some-no spoken English	0.43 (0.22-0.82)	0.01*
Migrant	1.50 (0.97-2.42)	0.07
One person employed	1.01 (0.74-1.36)	0.96
No-one employed	0.57 (0.32-1.07)	0.08
Clinically significant anxiety	1.23 (0.74-2.09)	0.44
Clinically significant depression	1.46 (0.94-2.40)	0.11
Fair-poor health	1.23 (0.89-1.72)	0.22
Some financial insecurity	1.31 (0.91-1.86)	0.14

The odds of engagement with interventions is significantly lower for mothers:

- Of White Central/Eastern European ethnicity
- With some/no English ability

The odds of engagement are higher for those with low levels of social support

Confirmed that these were additive effects, not interactive.

Lister et al.,. Using I-MAIHDA to extend understanding of engagement in early years interventions. 2024.

Qualitative insights – What are the key components to engagement in perinatal projects?

- Overlapping key themes from qualitative evaluations of3 perinatal interventions: midwifery continuity of carer, Babysteps & breastfeeding peer support

Key Components for Uptake

Home visits

Practitioners with community languages

Having a choice – empowering families

...when you've got an interpreter you don't know if they're speaking with the same level of empathy and communication that you are trying to express to a woman, whereas you know that support worker who speaks her language is doing that...And I think it's a bit more relatable as well to a lot of women and gives them more of a voice and you know, we're working in an area with huge amounts of health inequalities and I think that's really important to break down that."

I was really, really pleased that, you know, the lady came to our house. She was really thorough, she was really helpful ... So I was quite overwhelmed"

"I think being able to see somebody in their own home allows you a very unique opportunity to build a very supportive relationship and one of trust... you get that opportunity to see how, what their living circumstances are..."

"They have to work with social services, it is mandatory, whereas with us as Baby Steps, they can choose whether they want to join the programme or not[...] I think there's a stigma around social services" (Practitioner)

"we had never had such in Nigeria, so it was more or less like I need to learn new things[...]"

Key Components for Completion

She told me everything what was happening with my baby, what's going to happen in the next four weeks, what am I meant to be feeling and what it's not safe to be and if I have any worries to contact her and stuff. She kept telling me that and that reassured me that I know she'll be there to help me when something happens or if anything goes wrong, she'll be there.

Continuity and stability of staff = Strong therapeutic relationship, trust

"they knew what I was going through, so they were always there for me, trying to encourage me [...] they were very, very supportive." (Mother)

Person-centred, flexible delivery to address complex needs / cultural differences

"we ask about family traditions and how it was when you were growing up and thinking about, maybe will you carry traditions on? It gets them talking and because they're from the same culture they can share experiences" (Facilitator)

Perceived need & relevance of additional support

"With it being my first, I wanted to get as much information have, to look after her right. I didn't have any family, [...] Even if I had family who were here, I think would have still gone and done the Baby Steps"

Traditionally it's been midwifery then health visiting and this sort of two week gap between, which sometimes people can fall into... so that I think's really important, that we are there very early on and we bridge those two statutory services"

Conclusions

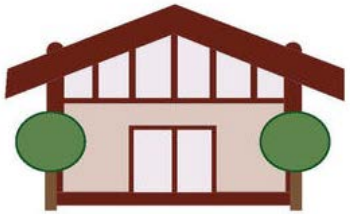
There are multiple differing, complex levels of advantage and disadvantage in the BiBBS community, that appear to be related to specific vulnerabilities / protection from them.

There are multiple, complex reasons for engaging in, and completing interventions

No surprise that one size does not fit all

We need pathways through services that are flexible and complementary to meet family needs

Adaptable pathways to improve equity?



BHT
Early Education & Training

Stacks based on need?


Questions?