

School Health Hubs

Healthcare in a Place You Trust



Interim Report from the Bradford School Health Hubs Pilot

Funded by NHS Charities Together Innovation Challenge,
with Better Lives NHS Charity

2025 – 2027



Foreword

'It is a privilege to welcome you to this interim report on Bradford's School Health Hubs. What you will read in these pages reflects the powerful fact that when schools, health partners, families and communities work side by side, we can create the conditions for children to thrive.

We know that schools are trusted places. Families connect with them every day, often sharing more of their lives with school staff than with any other public service. By bringing health and wellbeing support directly into these familiar spaces, the School Health Hubs are removing long-standing barriers to access and ensuring that help is offered early, compassionately and in ways that make sense to the communities we serve.



What has impressed me most is the relational spirit at the heart of this work. The Health Hubs have not been built for families, but with them. They are shaped by listening, evidence, and a shared determination to reduce the inequalities that hold too many children back. The collaboration between schools, NHS colleagues, community organisations and research partners shows what is possible when we align our strengths and focus on what matters most. This pilot is already showing impact, but more importantly, it is growing hope. It shows that Bradford can lead the way in creating neighbourhood health models that are rooted in trust, anchored in education, and responsive to the realities of the lives of our children and families.

I am proud to support this work and excited to see where it goes next.'

**Professor Nadira Mirza, Non-Executive Member,
Citizens and Future Generations, NHS West Yorkshire Integrated Care Board**

We are grateful to the Innovation Challenge funding from NHS Charities Together.

Innovation Challenge is a flagship funding opportunity from NHS Charities Together by which they fund NHS Charities and their partners to deliver innovative activity that supports children and young people who are experiencing health and/or healthcare inequality.

Bradford District Care NHS Foundation Trust's Better Lives NHS Charity is one of six NHS charities across the UK to receive funding, which sees £923,100 initial investment in innovative and transformational projects tackling health and healthcare inequalities for children and young people aged 0-18 from 2025–2027.

Introduction from the team

“Bradford has built one of the most advanced research ecosystems in the country. Our interventions must be grounded in evidence, shaped by the lived experience of families, and tested rigorously in the places where children grow up. The School Health Hubs are a perfect example of this, using high-quality data to identify need, design solutions and demonstrate impact.”

**Professor Mark Mon Williams,
Born in Bradford’s Centre for
Applied Education Research**

“Partnership is built on trust, honesty and a willingness to solve problems together. The School Health Hubs are a powerful example of this in Bradford. We bring together people who understand that no single organisation can meet the needs of children and families alone, using education settings as anchor institutions within place-based communities.”

**James Lauder,
Civic Responsibility Lead,
Dixons Academies Trust**

“The strength of EALC’s backbone role lies in our ability to bring partners together around a shared mission and make that collaboration feel structured, purposeful and safe. We create the frameworks, the data discipline and the relational glue that help schools, health services and communities work as one team. Our charitable status means we can also draw in new investment and take calculated risks that unlock innovation for children and families.”

**Kathryn Loftus,
Education Alliance for Life Chances**

“Putting children and families first means meeting them where they are, not expecting them to navigate complex systems alone. The School Health Hubs allow BDCFT to work alongside schools and communities in a way that is more human, more accessible and more responsive. We are proud to be part of a partnership that is willing to try new things, challenge old barriers and build the kind of trust that leads to better outcomes for every child.”

**Saiqa Kauser,
Interim Head of Children’s Services,
Bradford District Care NHS Foundation Trust**

“The Health Hub has made a real difference for our learners because it brings support directly into the environment where they feel safest. Many of our families face multiple challenges, and having health professionals work alongside us in school means we can respond with a shared understanding of need for each learner. It has strengthened trust, reduced barriers and helped us focus on what matters most, which is improving the wellbeing of every learner.”

**Lyndsey Brown,
Head Teacher, Oastlers School**

“What I value most about this role is being able to make a difference at the moment a young person needs it, not weeks later. Because I’m based in school, I can pick up concerns early, speak directly with families and work with staff to put support in place straight away. That’s changed the school experience for many of our young people.”

**Emma-Louise McCleary,
School Health Hub Coordinator**

“Community organising is about listening to every voice — parents, young people, staff and partners — to build relational power together.

Through the listening, we’ve been able to organise on the issues that matter the most to school communities, shaping the development of the Health Hubs work.”

**Becky Howcroft,
Senior Organiser, West Yorkshire Citizens**

The School
Health Hubs
Team

Executive summary

The School Health Hub pilot being developed in Bradford is founded on the fact that children, young people and their families are more likely to benefit from healthcare in a setting that they trust and can access. Building that trust between families and schools can be a long journey for which everyone will need patience, persistence and grace, but the rewards are sizeable and long-lasting. We have used a relational model, based on a deep understanding that all the partners involved in our team are working together with one goal, and that team includes our children, young people and families at the heart. Our aim is to improve health outcomes for children and families, to remove barriers to healthcare, to reduce health inequalities and improve the life chances of Bradford's children.

In collaboration with Bradford District Care NHS Foundation Trust, Dixons Allerton Academy, Oastlers School, the Centre for Applied Education Research, West Yorkshire Citizens and the Education Alliance for Life Chances, a team submitted a joint funding bid led by the Better Lives NHS Charity to the NHS Charities Together Innovation Challenge in late 2024. This joint bid secured £200k of funding (2025–2027) to develop two School Health Hubs in Bradford based on these two key evidence-informed propositions:

- 1 Reducing health inequalities through education requires a 'whole system' evidence-based approach to child wellbeing, allowing effective pooling and targeting of resources, efficient operational alignment and a coordinated strategy.
- 2 Schools have long since recognised the impact of health, care and other non-educational factors on children's behaviour, attendance and readiness to learn. By placing education settings as anchor institutions of local communities, they are perfectly placed to link families to essential services through School Health Hubs.

School Health Hubs: a place-based model that brings health, education, Early Help, SEND support and community services together in and around schools.





Why now?

For NHS partners

A neighbourhood health model for children works best when it is anchored in schools.

By embedding health, care, and wellbeing support within schools (as trusted anchor institutions at the heart of communities) these pilots have brought together the neighbourhood health framework ambitions of early intervention, reduced inequalities, improved access, and coordinated multi-agency working.

For Education partners

Children learn best when their health and wellbeing is prioritised and their family has access to the health care and support they need.

The School Health Hub model provides a secure framework for education settings to look at health and wellbeing support with both a universal offer and targeted interventions based on better understanding of need. It also allows for flexibility for each education setting to adapt the Hub to address the issues raised in that community.

For Children, Young People, Families and Community partners

“I think the health hub is of huge value to parents, carers, and children. When you have little worries, whether they’re about physical or mental health, having the hub inside school makes it a safe space, and they will make sure you get the best help possible.”

Y10 Learner, Oastlers School

“Many parents, especially women, have felt empowered to speak about their concerns in a safe and familiar place. The hub gives us confidence, encouragement, engagement and created opportunities to connect with teachers and services we wouldn’t normally reach.”

Parents at Dixons Allerton Academy

Executive summary

What is a School Health Hub?

A School Health Hub brings health care into a school. Children, young people, parents and families can then have the care they need and find the information they want in a place they trust.

Each School Health Hub needs a physical space, a coordinated team, a shared understanding and joined-up ways of working. It brings together school staff, health professionals, young people and their families to make very local decisions about what works best.

School Health Hubs are a permanent presence within the school. They may deliver completely new services that are developed within that Hub. They may bring in new health and wellbeing services that haven't been offered before.

They may take existing services and deliver them better. A School Health Hub is not one person acting as an extended school nurse. It's a whole team working together to improve the health and wellbeing of children, young people and families at and around the school.



Demonstrating Impact

The School Health Hub pilot has had a wide impact:

- 1 Improved existing services or support.
- 2 New services and support brought in. This is either direct delivery by the Health Hub team, new NHS partner work, or work commissioned from the community delivery budget directed by the priorities of students and families.
- 3 Improved working practices, including data sharing and community organising.

Our Learning

Our learning has shown that there are clear guides as to what makes a School Health Hub work well (What a School Health Hub needs to be), and also clear indicators of what makes a Health Hub unique as a model of inter-agency working and real partnership between an education setting and health services (What a School Health Hub is not). Health Hubs also need to:

- Have a balance of universal and targeted support.
- Develop a team with a shared problem-solving mindset
- Remember that engaging parents and families needs adaptability.



Where might we go in Year 2?

Year 2 of the pilot brings potential for building on trusted relationships to:

- Expand the One Stop Health Shop events to include wider services such as Dentistry.
- Deliver the community budget programme in both settings.
- Develop the Wellbeing Assessment model.
- Explore further how the Health Hubs can treat and support the whole family, including older adults and younger siblings.

Developing more School Health Hubs

Our learning has shown that the School Health Hub model can be successfully scaled to more schools and can be adapted to a variety of education settings. The partners involved in this pilot project believe that the School Health Hub model provides:

- A better front door to Early Help.
- Earlier identification of SEND and health needs.
- Stronger safeguarding through multi-agency working around schools.
- Less fragmentation between education, CAMHS, paediatrics, primary care and family support.

Why now? For NHS partners

A neighbourhood health model for children works best when it is anchored in schools.

The NHS 10 Year Plan and the accompanying neighbourhood health framework emphasise the shift from hospital to community, treatment to prevention, and more integrated delivery in local settings through collaboration between NHS bodies, councils and wider partners.

Bradford is already working through major system reforms that fit this agenda, including SEND improvement through the SEND One Plan and wider Families First-style multi-agency reform. Bradford's SEND One Plan prioritises early intervention, joint commissioning, workforce development and data, all of which suit a school health hub model.

By embedding health, care, and wellbeing support within schools (as trusted anchor institutions at the heart of communities) these pilots also bring together the neighbourhood health framework ambitions of early intervention, reduced inequalities, improved access, and coordinated multi-agency working.

School Health Hubs are how we can turn three national priorities into one local delivery model:

- 1** Prevention rather than crisis.
- 2** Neighbourhood services rather than fragmented district-wide referral pathways.
- 3** Joined-up support for children and families rather than disconnected education, health and safeguarding responses.

This pilot tests how neighbourhood health works for children by using schools as a front door to mental health support, paediatric health, SEND navigation, Early Help, speech and language, neurodevelopmental support, and targeted public health interventions.

At a local level, School Health Hubs can provide:

- A better front door to Early Help;
- Earlier identification of SEND and health needs;
- Stronger safeguarding through multi-agency working around schools;
- Less fragmentation between education, CAMHS, paediatric health, primary care and family support.

But this needs...

NHS partners that:

- Can work flexibly in different settings, and work in different, creative and innovative ways to overcome barriers to accessing services.
- Are prepared to learn the language and accountability pathways of education settings, including around attendance, behaviour and safeguarding.

In Dixons Allerton Academy (Secondary), the Health Hub team have been working closely with the Mental Health Support Team to develop their whole school approach. This joined-up working means the school has been able to target large-scale wellbeing sessions effectively, run small interventions with group of female students and engage with Adult Talking Therapies to provide support and information for parents.



Why now? For Education partners

Children learn best when their health and wellbeing is prioritised and their family has access to the health care and support they need.

We know that factors traditionally held as outside school have a huge impact on educational attainment and life chances. From good healthy food, to safe green spaces or support for siblings with additional needs, so much of a child's experience outside school affects their ability to attend and access education.

Two School Health Hubs — at Dixons Allerton Academy and Oastlers Special School — are developing health and wellbeing offers for children, young people and their families within their school environments.

These School Health Hubs:

- Enable early detection and intervention.
- Foster collaboration between health and education professionals.
- Reduce barriers to learning caused by unmet health needs.

By positioning schools as anchor institutions, the hubs extend their impact beyond education as community-centred provision to:

- Improve access for families facing health inequalities.
- Support healthier communities.
- Contribute to long-term social and economic benefits of the local community.
- Build on trusted relationships with school staff who see children every day.

The School Health Hub model provides a secure framework for a school to look at mental health and wellbeing support with both a universal offer and targeted interventions based on better understanding of need. It also allows for flexibility for each education setting to adapt the Hub to address the issues raised in that community, which has been particularly useful for trauma-informed practice and inclusion for those with neurodiversity at Oastlers School.

But this needs...

Education settings that:

- Are prepared to learn the language and accountability pathways of NHS partners, including around referral pathways, service delivery and data sharing.
- Can develop the skills and capacity to have relational conversations, and work in different, creative and innovative ways to overcome barriers in access to services.
- Make building relationships with parents, carers, families and communities a priority and recognise the time and investment this takes.



At Oastlers School the staff invest their time in getting to know the learners and their families/home situation in depth, working with every family individually and completing a needs assessment for every learner. There is an understanding that the needs of the whole family must be communicated to partners for the learner's health and wellbeing to be addressed. Through the School Health Hub, these connections have been built out to others such as the Oral Health team when doing annual dental reviews so that sensory issues or family circumstances are clearly identified before the review. Everyone is then aware and informed, leading to better outcomes for learners.

Why now? For Children, Young People, Families and Community partners

Why is it important that you have access to health care in a place you can trust, for example, your local school?

“I’ve been part of the school community since it first opened and over the years I’ve worked to build stronger links between parents, the schools the wider community. The Health Hub has been fantastic because it has brought NHS services, local organisations and community agencies directly into the school, making support far more accessible than usual.

For me it has strengthened relationships between parents and school and shown how valuable these events are. I hope the Health Hub continues to grow, involves more teachers and create more opportunities for parents.”

Parent with three children, Dixons Allerton Academy.

“I think the health hub is of huge value to parent’s, carers, and children. When you have little worries, whether they’re about physical or mental health, having the hub inside school makes it a safe space, and they will make sure you get the best help possible.

It stops you worrying, causing anxiety or stress, so helps improve your mental health. Sometimes when you hurt physically, it also hurts inside. When I broke my hip, it also affected my mental health, and I did not have anyone to talk to as I tend to keep things inside. But speaking to staff, they can recommend or signpost you to the hub and we can get the benefits of their knowledge and get the right support.”

Year 10 learner at Oastlers School

Both schools hosted One Stop Health Shop events for families as part of a development trial.

“We hosted an event that allowed students and their families to access various NHS services including vaccinations, hearing tests and support from our mental health team and school Nurse. We saw over 100 families participate and the feedback was overwhelmingly positive.

Families expressed the gratitude for having these services available in such an accessible manner. Many reported feeling more informed about the health resources available to them which is exactly what we aim to achieve. As we move forward we propose to establish a recurring programme that will not only enhance accessibility to vital health services but also stronger community engagement.”

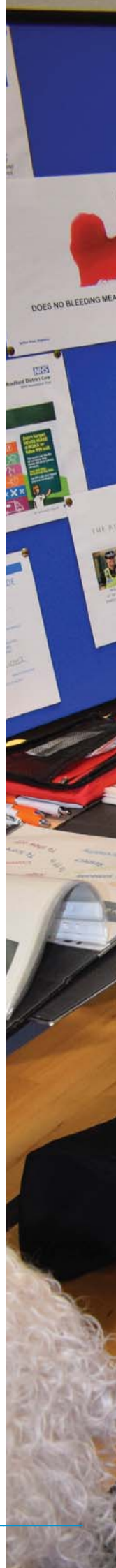
Rehan, Year 11, Chair of Student Council, Dixons Allerton Academy

Parent/Carer involvement has been a key part of the Health Hub from the start.

“As a parent with a child with significant health and mental health needs the administrative burden of managing multiple appointments with multiple different care providers is complex and often overwhelming. Integrating mental and physical health services directly into the school setting would transform a fragmented, exhausting system into a holistic and efficient lifeline for our family. It would minimise time out of school, supporting children who already struggle with attendance to maximise their learning time.

Providing these services in a familiar environment with a consistent team of professionals would allow children to build a meaningful, trusting relationship with professionals who truly understand their needs, minimising the stress these appointments place on the children. Having our child’s needs managed in a single, collaborative and informed setting is an essential shift that would be nothing short of life-changing.”

Parent from Oastlers School





BEHIND THE BLADE

Family Hub
for Life
Living Well 1

What is a School Health Hub?

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This page has been designed to be clearer to read and understand so that everyone within our communities knows more about our School Health Hubs.





Introducing... Dixons Allerton Academy Health Hub

Dixons Allerton Academy is an all-through school with 1800 Primary and Secondary students on one site. Many families live close to the school in local areas including Manningham, Girlington and Allerton.



Physical Space

- The Health Hub is in the Community Hub room, a large room inside the secondary building. It has desks, sofas and chairs, toys and games for all ages, a kitchenette, toilet and small side room that is used for consultations and private conversations. It's accessed by sign-in from the main school reception.
- The school reception staff are used to bringing people through and Hub sessions operate a separate sign-in system to the main school.
- Having its own space means that everyone knows where to come, the families have a sense of ownership of the space and partners can leave out leaflets and information on notice boards.

Coordinated Team

- The Hub relies on NHS staff and school colleagues working very closely together in new ways. The pilot project employed a Hub Coordinator to bring together all the activities and interventions and to help make connections. She is an experienced school nurse, so has access into the NHS systems that are needed to join up care.
- The school staff are also working together in new ways across a large site, with stronger relationships built between the primary and secondary settings. This leads to a more coordinated response to parents using the hub, which has built trust.

Shared Understanding

- The Health Hub has brought some solutions to deep and long-standing issues that the families at the school faced. Staff have known for many years that the community here faces a high level of health inequality and the hub brings a joint focus on targeted, evidence-based interventions that can make a clear difference in a very local context.
- Everyone on the team has worked hard to develop a shared strategic understanding of the school, including senior leaders from all partners building relationships through working together to look at specific issues. They have continued with a problem-solving approach, that is often found in Bradford, with a core willingness to listen and be responsive to challenges and system barriers at all levels. This understanding wouldn't have been possible without a clear shared picture of the issues, whether they showed up in school attendance figures or mental health referrals, or in the data from research partners at Born in Bradford.

Joint ways of working

- Working together well at all levels means being open with information, clear in communication and flexible in ways of working. Shared data agreements between the school and health partners have been at the heart of the hub work so that the team can literally join up the picture of what's putting pressure on the families in the school community.
- The team have also had to do a lot of translating to a shared language the schools, health partners and families can understand. Where this isn't always possible in practice, they have developed skills to understand why language is used and how, and relied on our team members to help with interpretation and communication.
- Everyone has worked hard to advocate for the Health Hub at all levels using our partners, including families and young people, as ambassadors. Staff have been able to have conversations in spaces that are not always shared, to show how the hubs are working and the benefits they can bring. This also extends to accessing virtual spaces with shared spaces behind the scenes. Bradford is fortunate that our NHS partners all use one connected system, but it was vital that our Coordinator had access to that system to track interventions and collect data to show impact.



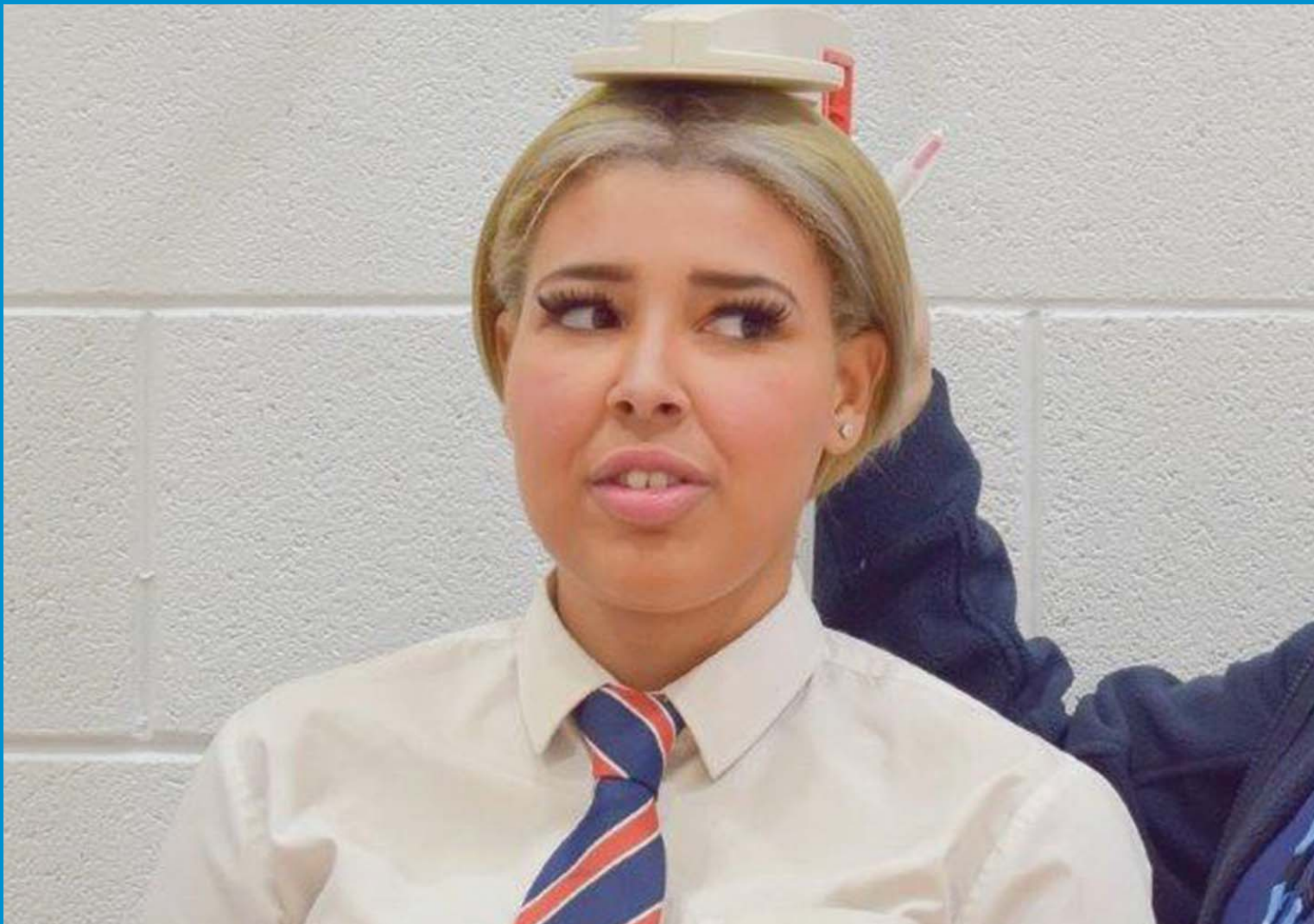
Introducing...

Oastlers School Health Hub

Oastlers School, a registered Trauma Informed School UK, supports children and young people who experience social, emotional or mental health disturbance and is part of Exceed Academies Trust. It runs across two sites, Bradford and Keighley, and currently has 179 learners on roll. Many families live a considerable distance from the school, meaning learners often travel a long way to attend school.

Physical Space

- The Health Hub runs out of the Community room near the school reception. It's often used for parent/carer meetings, so it's accessed through a sign in sheet. Quite a lot of the interventions use this room as well so it gets quite busy. The school also has specialist rooms and break-out spaces to be more flexible depending on what learners need.
- When the team run a whole-school health intervention often they will use one of the small halls to see everyone as it gives more space for learners to feel comfortable.



Coordinated Team

- With the complex needs of the learners at the school there are often a number of health professionals involved with the care of a family. Coordination and communication are really important along with identifying how partners can all best work together to put the learner and family first. The Health Hub Coordinator role is key to speaking into the world of our NHS partners and others to advocate for families.
- Oastlers have included everyone in the team, including dentistry, pharmacy, social workers, speech and language therapy, CAMHS, police, and anyone whose work intersects with the lives of learners and their families. The team needed to be clear from the start that this was a new way of working to continue to build trust with professional partners as well as families.
- The foundation of improving the lives of learners starts with listening to them and their experiences. Everyone has worked hard to listen well to families and include them in the team to keep focused on solving the issues that will make the most difference.



Shared Understanding

- The learners at Oastlers School come from across Bradford district and beyond, and have all have very specific circumstances leading to them becoming part of our community. There is already a whole-school focus on being trauma-informed, working with many health and professional partners, and with highly trained staff to develop positive emotional and relational health.
- This joined-up focus around the learner has been extended through the Health Hub to other partners who aren't normally included, such as dentistry. The families in our school community face a large range of challenges, often all at once, and can find the landscape of professional help confusing, lengthy and complex. The staff have worked hard to look at what services can be delivered from the school rather than across the district. This has huge benefits for both learners and their families.
- However, the services needed for these families are often the ones under huge pressure from across the system. The team had to work together with a clear shared understanding of the benefits of working through the School Health Hub, and make the case at senior levels for the positive impact of this way of working for often over-stretched colleagues.

Joint ways of working

- Working in a school like Oastlers already involves navigating complex and sometimes contradictory systems that can have overlapping assessments, referral routes, and barriers to access. However, the school also already has good working relationships with many services across the district, shares data in regular meetings and has staff on site who have extensive experience in health and social care. The team built on these connections to develop the school hub, targeting the interventions to issues that have the most impact.
- All of the learners and families are already familiar with some of the language of 'the system', sometimes in unhelpful and difficult contexts. The Hub team work hard to ensure that we build positive relationships with families so that everyone understands what is happening at any one moment. This isn't always possible, and then the skills of our health hub team and staff are needed to make sure that we all work together for the best outcomes for the learner and their family.

Demonstrating Impact

The School Health Hub pilot has had a wide impact. There have been a whole range of services delivered across the two Health Hubs. These fit broadly into three categories:

- 1 Improved existing services or support.
- 2 New services and support brought in. This is either direct delivery by Health Hub team, new NHS partner work or commissioned from the community delivery budget directed by the priorities of students and families.
- 3 Improved working practices, including data sharing and community organising.

Highlights of our work so far:

1

Vaccinations (DAA)

Uptake rates for immunisations were low, with barriers accessing the e-consent forms for many parents. We switched back to a paper form, which increased consent and the immunisation team are coming in person to help complete forms.

Family drop ins by phone (O)

Learners from Oastlers come from a very wide geographical area and are often dropped off or collected by taxi. This meant it was hard for some carers to access the hub support, so we developed a system of phone referrals and virtual drop-ins to ensure that carers could have appointments with the team, instead of separate coffee mornings. This freed up time to talk!



Sugar – maximum daily amounts for children and adults

4 – 6 years	7 – 10 years	11 years & over
		
5 cubes of sugar	6 cubes of sugar	7 cubes of sugar
The same as: 19 grams or 5 teaspoons	The same as: 24 grams or 6 teaspoons	The same as: 30 grams or 7 teaspoons

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Making it easier to live a healthier, more active life

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Swap your snack

Food Groups
A Guide to the South Asian Eatwell Guide



main food groups that form a healthy, balanced diet: getables every day.

Demonstrating Impact

2

Fun Moves (DAA Primary)

The pathway for intervention for children with poor movement skills was slow and involved repeated assessment. An intervention programme was offered by research partners at CAER but the school found it hard to take up because of staff capacity. Our Hub Coordinator trained in the programme to deliver it herself in PE lessons, reducing the number of assessments from three to one, and significantly reducing waiting time for physio treatment using a fast-track process.

Dental annual screening day in school (O)

Many learners were missing school due to poor oral health and teeth issues. We worked with the Oral Health team to access special funding for annual dental reviews so that the dental team could come on-site to see every learner, assess need and give advice.

Emotional Wellbeing Day (DAA Sec)

Students consistently rated issues around poor mental health, anxiety and wellbeing as the most important. We worked with the Student Council and other partners to hold a roadshow day where young people and parents could come and see what help and support was available, find out about how to improve their mental health and refer into services as needed. Parents and students were able to sit down together with providers to discuss issues as a family. The feedback was really positive about the accessibility of the event from students and parents, and the appropriate nature of referrals from service providers.

Referrals to SHH coordinator for wellbeing work as early triage (DAA Sec)

Many of the referrals from students were for anxiety and or mental health and wellbeing. Lack of capacity in the overall system - CAMHS, the Mental Health Support Team, school counsellors and the voluntary sector services - led to a back up/traffic jam of young people needing support but not being able to access it. As our Hub Coordinator is a school nurse, they are able to triage the referrals with initial wellbeing support and interventions, so students don't have to wait to get help and can be referred onward when needed.

Youth Clubs (DAA Sec/O)

After the number of referrals, the teams in both schools identified a need for opportunities for students to socialise, build relationships, try out new skills and make friends. This led to setting up new youth clubs in both settings. At DAA we have focused on girls who are at risk of social isolation, and at Oastlers we are looking at providing experiences for neurodivergent learners to wind down at the end of the week to ease the transition from school to home.

Wellbeing Assessments (DAA Sec)

Staff from the school were aware that health needs for students and their families were having an impact on attendance. The Hub Coordinator and Attendance team trialled Health Needs Assessments with selected cohorts of students and their parents/carers to understand the situations behind the data, leading to a better pathway for students to get back into school.



Demonstrating Impact

3

Multiple Vulnerabilities Register (DAA)

We have developed a joint protocol across Dixons Allerton Academy, Bradford District Care NHS Foundation Trust, and Bradford Children and Families Trust, for sharing a multiple vulnerabilities register (MVR) across all three agencies and using this as the basis of planning effective early intervention.

The MVR tracks a range of data that might indicate that a student needs further support, in order to ensure that students are not ‘falling through the cracks’ and every student or family that needs support gets it in a timely way. The Hub Coordinator has access to systems such as CPOMS within the school to help keep data up to date.

For families, there must be ‘no decision about me, without me’, so consent had to be gained to have a conversation with external partners about their situation and what support can be provided, and wherever possible families should be present for those conversations. The team have managed to explain this register to families to gain consent where possible.

Holding the MVR jointly across partners, anonymously where there is not yet consent, helps plan services for the community hub and track the impact of those services.

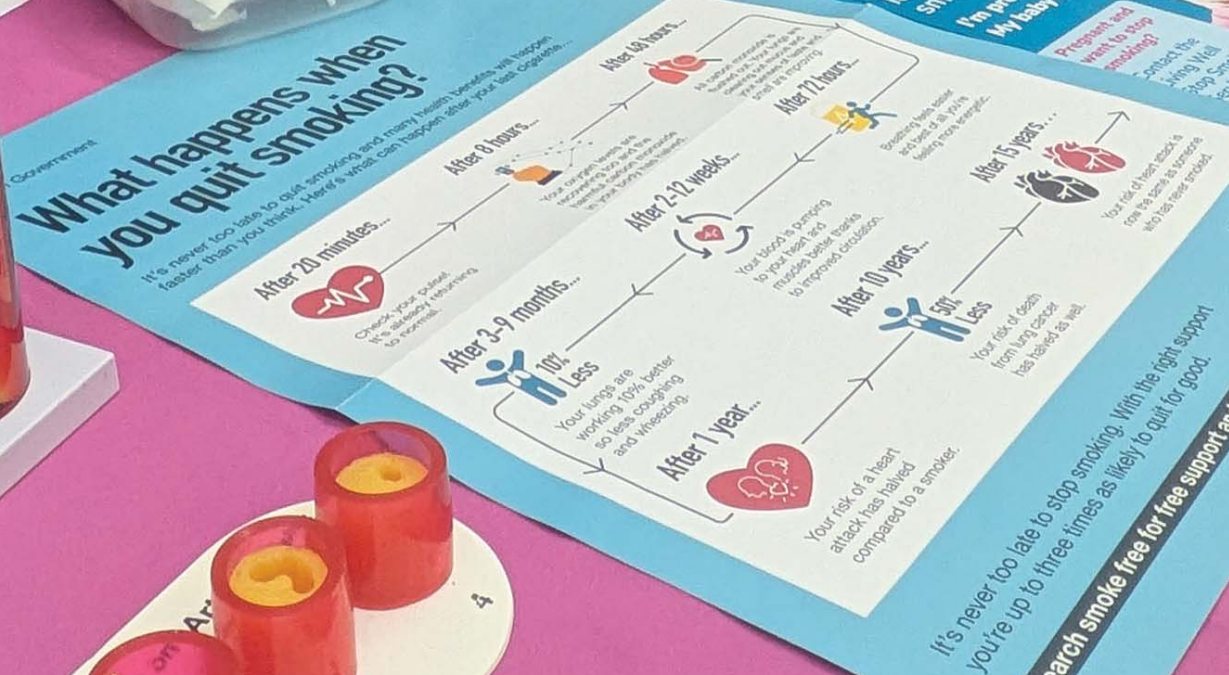
Electronic referrals (DAA/O)

The initial system for referral was paper-based, leading to delays with part-time team not having access. The Health Hub moved to an e-referral system which could be accessed securely off site, so urgent issues could be triaged and dealt with. The team also reduced the referral pathways down to Pastoral (Heads of Year), Safeguarding, SEND and Attendance staff to reduce duplication. “E-referrals have made a huge difference as I can access the referrals every day, as opposed to having to wait till next on-site session at DAA. Onward referrals to School Nursing and allocations have taken place. Supportive conversations with pastoral staff have been had where needed. The referral system works well.”

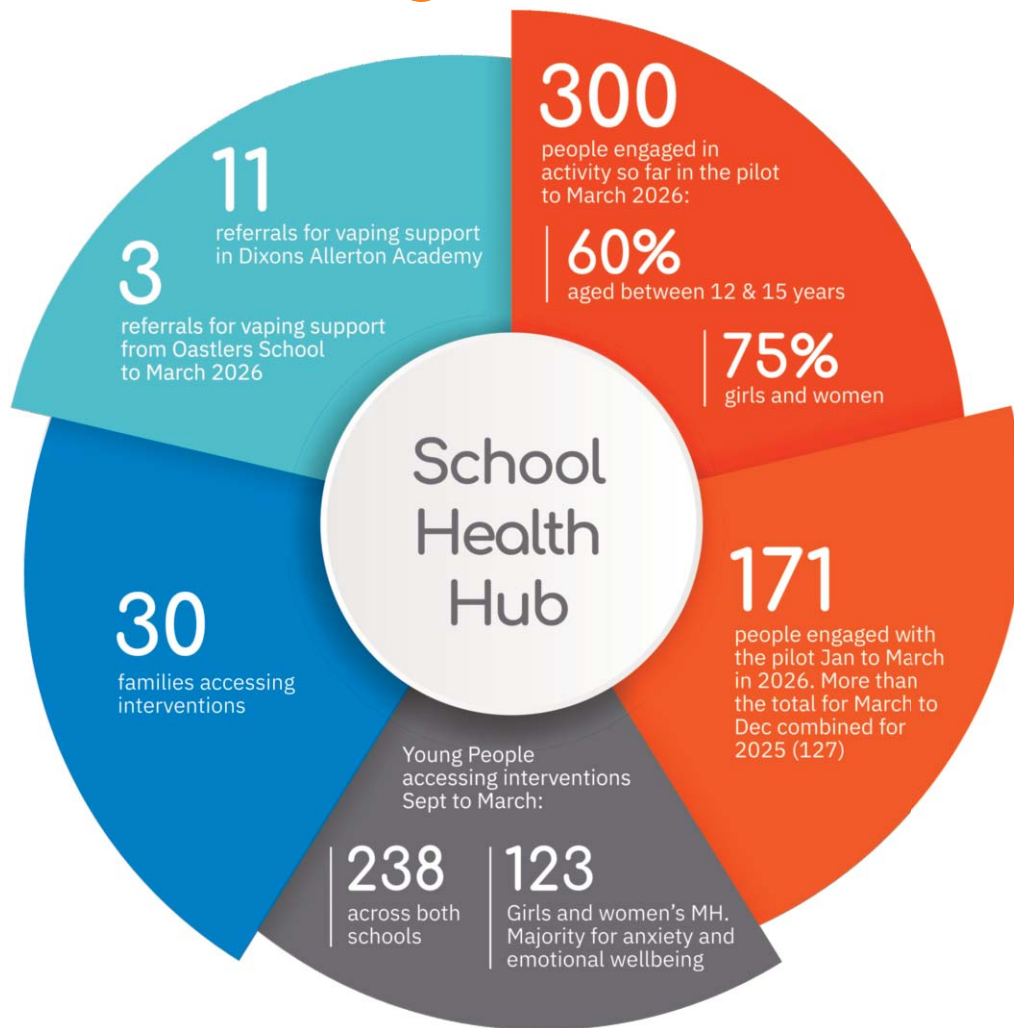
Hub Coordinator

Community organising and listening to student/family priorities (DAA/O)

At the heart of the School Health Hubs innovation grant there is a commitment to developing, hearing, amplifying and being accountable to the priorities of children, young people and their families for the health and wellbeing work delivered through the hubs and wider in the schools. This corresponds to an ambition for co-organising together where decision-making processes are shared and everyone has a seat at the table. We have used community organising principles with Citizens UK to develop this which has led to work on mental health for young people and families, more accessible and targeted support, oral health work and support with vaping.



Demonstrating Impact: Data Insights



EMOTIONAL WELLBEING DAY AT DIXONS ALLERTON ACADEMY:





THE PROCESS

20 have gone fully through the process since October 25 to March 26

REFERRALS

45 referred by the school (for significant absence)
20 had Health Needs Assessments done
15 families kept on pathway (inc. one set of siblings)



COHORT

On the **3rd** cohort since September

ENGAGEMENT

Best outcomes are where parents and school are buying in to the process, with a long engagement focus



IMMUNISATIONS

Dixons Allerton Academy Year 9 immunisations for top-up booster consent rate from **13%** to **59%** on the booster day



TOOTHBRUSHING

Toothbrushing at school programme now in place at both schools. *Dixons Allerton* EYFS **100%** uptake (46 children), and *Oastlers* whole school offer



AUTISM COURSE

27 expressed initial engagement

13 parents engaged

28 DIFFERENT SETS OF PRACTITIONERS ACROSS BOTH SCHOOLS INCLUDING:

10 Voluntary and Community Sector organisations

3 University Research teams

8 different teams from Public Health, Bradford Council

5 different NHS health teams from Bradford District Core NHS Foundation Trust

2 Further Education colleges

COMMUNITY LISTENING



OASTLERS SCHOOL

3 Parents
 Student Council
120 Young People
5 Adults



DIXONS ALLERTON ACADEMY

27 Parents
 Student Council
200 Young People



38 staff | Dixons Allerton Academy (Secondary)

9 staff | Dixons Allerton Academy (Primary)

9 staff | Oastlers School

Our Learning from the First Year (2025/26)

At the end of the first year, both School Health Hubs are operating effectively in two very different school contexts. This has given us a strong understanding of what makes a School Health Hub work well, and what makes it distinctive as a model of inter-agency working between education and health.

Balancing Universal and Targeted Support

A successful Health Hub must balance:

- **Universal offers** that reach the whole school community, build visibility, and create trust.
- **Targeted interventions** for specific groups of children, young people, or parents who need support.

We have found that both are essential. Universal activity alone has not reached families facing the greatest barriers, while targeted work by itself has not built the early engagement that can prevent escalation. The School Health Hubs are working because they deliberately combine both approaches as part of a full package of delivery.

A Shared Problem-Solving Mindset

A problem-solving approach is vital from all partners. The Health Hubs have, at times, brought to the surface long-standing system barriers, capacity constraints, policy misalignment and competing priorities across partners. This can create barriers to good outcomes for families. However, the Health Hubs have also produced good workable solutions that can now be put into practice across Bradford.

- Barriers are now identified early and addressed collectively.
- Partners work flexibly and creatively to find workable solutions.
- Learning from the School Health Hub is already informing wider system practice across Bradford.

This is one of the clearest indicators that a School Health Hub is more than just co-location, it is a shared co-working system.

Engaging Parents and Families Requires Adaptability

Engagement with parents and carers has been a critical learning point. In some settings, traditional approaches such as drop-ins, coffee mornings, and universal information sessions did not reach the families who most needed support.

The School Health Hubs have responded by:

- Pivoting towards more targeted outreach, often delivered through trusted staff or community partners.
- Maintaining a high-quality universal offer that works well for most families but often by phone.
- Using relational approaches to build trust over time.

This adaptability is a signature of our first year. The School Health Hubs meet families where they are, not where the system expects them to be.



What a School Health Hub needs to be

It needs to be...	Because...
On a school site	Staff and students need to access the services directly without additional travel, referral steps, or logistical barriers.
Open to parents without signing in to school reception	This removes barriers to access for parents/carers Reduces time and demands on staff capacity Signals that the School Health Hub is a community facing space, not a school-controlled service.
A named, on-site NHS nurse	A dedicated NHS professional is essential. This role: <ul style="list-style-type: none"> • Connects the School Health Hub into NHS systems, including SystemOne. • Brings clinical credibility and the ability to treat, not just signpost. • Builds trusted relationships with students, families, and school staff. • Provides continuity and a recognisable, uniformed presence.
A working partnership with Senior Leadership Team and senior NHS buy-in	Making the Health Hub work requires significant time, capacity, and shared decision-making. Senior leadership commitment on both sides is essential.
A data-sharing agreement with school, parents/carers and health partners	Without appropriate data-sharing, the Health Hub cannot understand the full picture of a child's life. This is key to identify the right students for the right intervention and track outcomes effectively.
Involving students and families right from the start	Children, young people, and families will tell you what they need. Their involvement from the start builds trust, and makes sure that delivery is relevant and accessible.
In a local context	Good quality local data on health inequalities, deprivation, attendance, safeguarding, and community assets helps the School Health Hub target resources where they will have the greatest impact.

What a School Health Hub is not

The School Health Hub model is often misunderstood. It is important to be clear about what it is not.

It is not just a...	Because...
GP practice attached to a school	Interventions need to be developed in a school setting. Removes barriers to access as no need to go through primary care system to book appointments.
Surestart/Early Years centre	Focus on all ages of children and young people, and their whole families, including older people and younger siblings.
Community room run by a school	Involvement of NHS partners is crucial to provide healthcare services and connect into NHS systems for targeted intervention and clinical follow-through.
Set of courses and workshops	Information sessions are part of the offer, but this is also about delivering treatment, such as vaccinations, dental care, mental health support, continence support.
Mobile school nursing service	A permanent presence within the school builds relationships with staff and families, as well as capacity for tailored and targeted long-term solutions and interventions.

Developing More School Health Hubs

Our learning has shown that the School Health Hub model can be successfully scaled to more schools and adapted to a variety of education settings. The partners involved in this pilot believe that School Health Hubs provide:

- A better front door to Early Help.
- Earlier identification of SEND and health needs.
- Stronger safeguarding through multi-agency working around schools.
- Less fragmentation between education, CAMHS, paediatrics, primary care and family support.

For the Bradford District, there is a clear opportunity to run a wider pilot with further School Health Hubs to remove barriers to healthcare for the community, reduce health inequalities and improve the life chances of all children.

Models for Future School Health Hubs

One of the strengths of the School Health Hub approach is its flexibility. The model can be adapted to different school structures, community needs and partnership arrangements. There is potential to develop a range of Hub types, each offering the same core functions but delivered in different ways.

Single-School Model

A Health Hub based in one setting, serving its students and families directly. This could be:

- Large schools.
- Schools with high levels of need.
- Special schools.
- Schools with strong existing partnerships.
- All-through schools.

Locality Model (Geographical Area Hub)

A cluster of placed-based schools sharing a Health Hub Coordinator, NHS input and community partners. This could help with economies of scale, and lead to consistent NHS delivery pathways across a neighbourhood, with stronger collaboration between local schools.

If this was aligned with neighbourhood health and Early Help structures, this model could support:

- Integrated place-based delivery.
- Strong alignment with the NHS neighbourhood health framework.
- Shared data and joint commissioning across a community.

School Trust Model

A Health Hub embedded within a School Trust, supporting several schools or other educational settings. This works well where:

- The Trust has strong central leadership.
- There is a shared ethos and consistent safeguarding approach.
- The trust can coordinate staffing, data and governance.

Each model has the essential features of a School Health Hub with a dedicated physical space, coordinated team, shared understanding between partners and developing joint ways of working, while allowing flexibility to meet local needs.

A Paediatric-Informed Health Offer

Paediatric health should help define the offer inside the Health Hubs, including asthma, obesity, developmental concerns, sleep, continence, neurodiversity navigation, school readiness, attendance-linked health issues, and linking into specialist care where needed.

Alignment with Bradford's Strategic Priorities

Bradford's Best Start in Life (BSIL) programme and the SEND One Plan share a clear commitment to early intervention, inclusive provision, joint commissioning and the intelligent use of data. The School Health Hub model strengthens this agenda by providing a trusted, education-based setting where families can access coordinated health, wellbeing and SEND support at the earliest point of need.

The School Health Hubs can offer targeted interventions both pre- and post-diagnosis, so directly support the SEND One Plan's ambition to identify needs earlier, reduce waiting times and improve the experience of families navigating complex systems. At the same time, they put into practice BSIL's focus on Early Help, visibility and outreach by creating a single, accessible front door for families who may otherwise struggle to engage with services.

Building the Conditions for Expansion

We know that funding will be essential to develop more School Health Hubs across the district.

The pilot has shown what is possible with targeted investment, but scaling the model will require sustained financial commitment from NHS commissioners, education partners and wider system leaders.

To grow this work, however, Bradford also needs to bring together a 'community of the willing', from schools, NHS teams, community organisations, research partners and families who are ready to work differently, share learning and commit to a relational, evidence-informed approach. The success of the first two Health Hubs has shown that when partners choose to collaborate with purpose and trust, the system becomes more flexible, more responsive and more capable of delivering early, preventative support.

Expanding the model will depend on:

- Schools that want to act as anchor institutions.
- NHS partners willing to innovate and work in new settings.
- Community organisations ready to shape local solutions.
- Families who feel ownership and agency.



What We Are Doing in Year 2 (2026/27)?

Expanding One Stop Health Shop Events

We are broadening the 'One Stop Health Shop' model (the test events to the School Health Hubs) to bring a wider range of services directly to families and learners. Planned events could include on-site access to:

- Dentistry.
- The Immunisation team.
- Early Help.
- Vaping cessation support.
- A local Food Bank.

These events remove barriers to access by bringing multiple services together in a trusted, familiar environment.

Delivering the Community Budget Programme

Each school has a 'Community Budget' allocation. This is a small amount of funding (c. £20k) for families and students to buy in additional support/activities, such as:

- Diet and nutrition support.
- Hygiene and personal care resources.
- Walking for wellbeing.
- Parent learning and support groups, ESOL.

This flexibility enables schools to respond directly to the needs of their community.

Developing the Wellbeing Assessment Method

We are extending the Wellbeing Assessment approach to additional cohorts to:

- Encourage improved attendance.
- Build a clearer picture of the complex factors contributing to absence.
- Strengthen early identification and targeted support.

Challenges and areas for further learning

Treating the whole family

Exploring how the Health Hub can support older adults within the family group and younger or older siblings who are not students at the school. This is essential for addressing health inequalities at a household level.

Expanding and embedding the Multiple Vulnerability Register (MVR)

The MVR has strong potential but needs development to become a reliable tool for identifying and supporting children with multiple, overlapping needs. This will need alignment with a wider range of partners, clearer expectations of use for more cases and guidelines for consistent practice.

Navigating complex referral pathways

Some services face challenges adapting to new ways of working. Barriers include:

- Rigid referral criteria.
- Capacity constraints.
- Wider system changes that affect availability or responsiveness.

Year 2 will focus on understanding these barriers and working with partners to simplify pathways wherever possible.



Our Thanks

We would like to express our sincere thanks to NHS Charities Together, whose Innovation Challenge Grant (2025–2027) is making this pilot possible. Their investment has enabled Bradford to test a bold, evidence informed model that brings healthcare directly into education settings.

This funding has done far more than just support delivery, it has created the conditions for genuine innovation:

- New ways of working between schools, NHS partners, community organisations and research teams.
- A relational model built with families, not for them.
- Earlier identification of need and more coordinated support.
- A shared system function that is already influencing wider practice across Bradford.

We are also grateful to the many partners who have contributed their time, expertise and commitment, including; Better Lives NHS Charity and Bradford District Care NHS Foundation Trust, Dixons Allerton Academy, Oastlers School, the Centre for Applied Education Research, West Yorkshire Citizens and the Education Alliance for Life Chances. Their collaboration has shaped every aspect of this work.

Most importantly, we thank the children, young people and families who have trusted us, shared their experiences and helped shape the School Health Hubs from the very beginning.

This pilot is a collective achievement. The support from NHS Charities Together has enabled us to demonstrate what is possible when health, education and communities work side by side and has laid the foundations for a model that has the potential to transform outcomes for children and families across the Bradford District and beyond.



School Health Hubs

Healthcare in a Place You Trust



Visit the EALC website for further information.



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