

Striving for better lives with musculoskeletal conditions: third call for research applications to the Oliver Bird Fund

Introduction to the Oliver Bird Fund

The Nuffield Foundation is an independent charitable trust with a mission to advance educational opportunity and social well-being in the UK. We aim to improve understanding of the issues affecting people's life chances and to identify ways to address disadvantage and inequality in our society.

The Foundation administers the [Oliver Bird Fund](#) bequeathed by Captain Bird in 1948. The broad goal of the Fund is, through interrelated policy, practice and research activities, to improve the lives of those living with the range of musculoskeletal conditions (MSK), including rheumatoid diseases.

In 2018 we called for applications to the Fund and supported [six initial projects](#) covering a wide range of related issues. This included two large scale programmes undertaking innovative data integration across a locality with potential for replication across the UK. They were funded in partnership with [Versus Arthritis](#), the UK's largest charity dedicated to supporting people with arthritis. All six projects are generating findings with implications for policy and practice.

In 2021 a second call for applications focused to a greater extent on the links between MSK conditions and economic and social well-being. Reflecting overlapping interests, the programme was in partnership with Versus Arthritis, and resulted in [six further co-funded awards](#) relating to education and training for young people; improving and extending working lives; understanding impacts on social and emotional wellbeing; the impact of community interventions; and benefits from peer mentoring. All projects have a focus on informing policy and practice responses, through high quality research and analysis. They are placing lived experience central in order that findings are relevant to real-world needs and issues. More information about each of these projects can be found [here](#).

Our priorities for a third call continue to be the links between MSK conditions¹ and economic and social well-being. **Up to £6 million** in grant funding is available to support high quality, high impact projects. Again, reflecting our shared priorities, the programme will be funded in partnership with Versus Arthritis. This call will contribute towards Versus Arthritis' [Living Well](#) strategic priority of ensuring that people live well with arthritis and that there is a strong community of support.

Background to the call

Together, MSK conditions affect [over 20 million people](#) in the UK and are the single biggest cause of pain and disability. We know, from prior research and crucially listening to people with lived experience, that they pose challenges to living well right across the life course, and

¹ When referring to musculoskeletal conditions, we mean the broad range of 150 or more musculoskeletal conditions affecting the bones, joints, muscles and spine, as well as rarer autoimmune conditions. Chronic pain conditions such as fibromyalgia are included and within scope.

that the challenge is compounded when experiencing other forms of disadvantage. This call is about the intersection of living with an MSK condition with inequalities across the life course.

MSK conditions across the life course

Although they become more common as we age, around [two per cent of children under 16 in England and Scotland](#) are reported to have a long-term MSK condition, however there is a gap in research to understand what children and young people need to live well with their condition. Children and young people living with MSK conditions may find it harder to navigate school, participate in sports and activities, and negotiate friendships alongside managing their condition. Adolescence may bring particular challenges to managing an MSK condition during a period of rapid physical, cognitive and psychosocial growth. Young adults living with MSK conditions may face additional demands in negotiating social lives, their increasing need for independence, leaving education and entering the workforce, leaving home and starting relationships, alongside the need to manage often fluctuating and painful conditions.

During adulthood, the challenges of building relationships, looking to start a family, maintaining employment, caring for a family and/ or caring for older relatives can be exacerbated when living with an MSK condition. Employers are not always well equipped to offer support or support is simply insufficient for people to remain in employment. Interaction with the benefit system can be challenging, as it can be difficult to know what entitlements are available, and to be able to claim them. Some benefits can carry disincentives to return to the workplace, granting insufficient flexibility to take account of fluctuating MSK conditions. Mental health may also be impacted by accumulating challenges and pressures.

In later years, when there is greater prevalence of some MSK conditions, frequently in combination with other long-term conditions, the impact of MSK conditions on an individual's ability to live well can be substantial. People with MSK conditions may become dependent on formal or informal care to undertake daily activities. Support from the social care system, if provided at all, may not be sufficient to meet needs, placing responsibility on family carers. Homes may be inappropriate to support independent living, requiring adaptation or a move to alternative accommodation. Reduced mobility, and experience of pain, may impact on socializing and quality of life, and reduce independence, having implications for loneliness and emotional health. Some individuals may be disadvantaged by the shift to online service provision e.g. in general practice, with the highest rates of digital exclusion being among older people.

Addressing MSK health inequalities

Experiences of living with MSK conditions are not universal at any point in the life course, even with the same condition. We know that there is significant variation relating to ethnicity, gender, income, occupation and geography. People who live in the most deprived areas are more likely to report [arthritis, a long-term MSK condition, and chronic pain](#), compared to those living in the least deprived areas. It is well established that living in poverty impacts on broad aspects of life such as housing, the nature and security of employment, diet and exercise, access to green (e.g. parks, woodlands, forest) and blue (e.g. rivers, wetlands, beaches) spaces, which put an individual at greater risk of developing a long-term condition. This in turn impacts their ability to manage chronic health conditions. Being in low-paid, insecure work and poor-quality housing cause emotional and physical stress, which also contribute to the impact of chronic conditions.

We know that [women spend a significantly greater proportion of their lives in ill health and disability](#), and have [higher prevalence of MSK conditions than men](#). MSK conditions may be exacerbated, or even caused, by, the experience of pregnancy, childbirth, and menopause, and may make these life events more difficult. Caring responsibilities for children and other family members, which most frequently fall on women, can add further challenge.

The prevalence of MSK conditions varies by racial and ethnic group. In England, people from [Pakistani communities are most likely to report a long-term MSK condition, with women from Pakistani backgrounds having especially high prevalence](#). The [Race Equality Foundation's report](#) has drawn attention to ethnic inequalities in relation to MSK conditions, highlighting a lack of robust research, but a need to intervene. The report calls for investment to build the evidence base, including 'addressing inequalities, prevention and methods of promoting MSK health'.

Support for people with MSK conditions does not always consider people's social, economic and environmental circumstances. Negotiating the complexity of systems needed to live well with an MSK condition can be challenging. Frequently siloed, incompatible public services, including the health service, social care, social housing, and benefit systems, add to the 'treatment burden' – the effort required of patients to look after their health and the impact this has on their functioning and wellbeing – particularly for people living with deprivation. We know that living on a low income is associated with increased risk of having multiple long-term conditions. Navigating support systems for multiple conditions, and understanding the interactions between them, makes it even more difficult to live well.

Families, friends and the wider community can play a vital role in supporting those living with MSK conditions. We need greater understanding of who can provide more effective support for people from marginalized communities, and how that support can be delivered. We need to better understand how support needs can evolve and vary, for example with time from diagnosis, health literacy, severity of symptoms, individual and family circumstances, and support networks.

Many of the most impactful changes that can help with MSK conditions are those that people can make themselves. We need an evidence base for which interventions can improve people's knowledge, skills and confidence to manage their own health and wellbeing including for example health coaching, social prescribing, peer support, input from national and local charities, and digital tools. When exploring the resources, skills, and support that influence people's ability to live well with their MSK conditions, we need to ensure that outcome measures reflect what matters to people with MSK conditions.

Priority areas for the call

We are seeking applications for research that will make a real difference to people's ability to live well with MSK conditions at any point **across the life course**. Our focus is not on medical research or research concerned mainly with healthcare systems. Instead, we are focused on wider determinants that can contribute to enabling individuals to live with their condition and optimise their quality of life. These may be considering how support from family, school and work, social networks and communities, and public services can enable an individual to manage their condition and participate in activities that are important to them. As noted below we are particularly interested in support for those who are disadvantaged by being part of marginalised groups.

We will consider applications that look to identify opportunities for positive impact among children, adolescents and their families; young people making transitions into adult life; those of working age; and those in later life. Relevant areas of focus include participation in

education and training; participation in work and achieving economic security; housing, transport and planning; experience with the welfare benefit system; family life; participation in leisure and community involvement; and support from formal and informal care.

Example areas of interest include, but are not restricted to:

- Can young adults with MSK conditions be better supported to make choices about moving to independence including careers, housing and relationships?
- What aspects of private and social housing can be improved to optimise living well with MSK conditions?
- In what ways can the benefit system be improved to support people with MSK conditions with the flexibility they need to remain in, or re-enter employment?
- Are there ways in which the built environment and transport system can be designed to take better account of the needs of people with MSK conditions?
- What on- and off-line tools can better enable people to live well with MSK conditions?
- How can social care better respond to the needs of older people with MSK conditions in both residential and community settings?
- How can people living with MSK conditions, and accompanying chronic pain, be enabled to remain socially and physically active through non-medical initiatives?
- Are there potential improvements to quality of life for those living with MSK conditions through a focus on wider health behaviours e.g. diet, healthy weight, sleep, emotional wellbeing, and how can these improvements be achieved?

We know that being able to progress and remain in employment is central to the social and economic wellbeing for those of working age. OBF is currently supporting several projects in this area (see [here](#) for details). Versus Arthritis also supports the [MRC/Versus Arthritis Centre for Musculoskeletal Health and Work](#). We are aware of other recent research initiatives relating to work and health more broadly, such as [NIHR's Work and Health Research Collaboration Awards](#). Applications to this new call relating to work will need to demonstrate expected additional value beyond projects already in place. We particularly welcome applications that look at the wider contributors to enabling individuals to remain in employment and tackle the barriers to that.

In conjunction with the above, we welcome applications that will inform efforts to **tackle inequalities** in the ability to live well with MSK conditions across the life course. Applications can focus on shaping effective practice and policy responses to understand and tackle the impact of income, ethnicity, gender, geography and/or other inequalities on quality of life. Applications that recognise the cumulative impact of intersecting causes of disadvantage, and that their impacts are not simply additive, are welcome. The additional challenge many people experience in managing multiple conditions needs to be acknowledged, and that these can be both physical and emotional health related.

Example areas of interest addressing inequalities include, but are not restricted, to:

- What are the economic and social barriers to accessing support to manage MSK conditions and how can these be overcome?
- What are the particular challenges that women with MSK conditions experience during pregnancy and childbirth and as they go through menopause in midlife and how can they be addressed?
- Are there interventions that can reach marginalised communities to improve MSK health?
- Are there specific challenges to the MSK health of workers in the gig economy, and what interventions might make a difference?
- How can social prescribing and health coaching initiatives be optimised for individuals most in need of support?

19 March 2024

- How do other mental and physical health conditions interact with MSK conditions, and what supports can improve quality of life?

Methodologies

Applicants should propose the methods, or combination of methods, that are best suited to address their research questions. Methodologies may include, but not be limited to, research reviews and synthesis, secondary analysis (proposals suggesting innovative linkage of datasets are welcome), primary data collection and analysis. We do not fund data collection exercises (including sweeps of regular surveys, either on a one-off or ongoing basis) as a standalone activity and analysis of any data collected will need to be central to a proposal.

We are open to funding development of, and evaluation of, interventions where there is a demonstrable gap and potential for eventual implementation if shown to be effective. Interventions should be/ have been built on an existing evidence base and understanding of how behavioural change can be achieved and have a clear theory of change. Assessments will include consideration of feasibility and acceptability of interventions to stakeholders. Interventions should be potentially transferable, across localities, and scalable. All proposals should include the pathway to implementation and plans past the end of the proposed project.

Demonstrating effectiveness should include broad assessment of individual, social and economic benefit (including, but not limited to the costs and benefits to the NHS and the wider public sector). Interventions can include, but are not limited to, educational resources, frameworks, toolkits, communication/ awareness raising programmes and policies. They can consider provision of support through digital formats and applications. Eligible projects include those evaluating an existing effective intervention being tailored to meet the need of a particular subgroup. Applications for digitally based interventions should take proper account of the intersection between digital and other forms of inequality.

We encourage applications in implementation science to accelerate the adoption and integration of evidence-based practices, interventions, and policies into routine delivery and practice. We will not fund projects that simply involve 'rolling out' a well-known way of working to new geographical areas.

Applicants need to clearly articulate what success will look like, how that will be measured, and how this will enable people with MSK conditions to live well.

Regardless of the question, the focus of any proposed research should be on implications for policy and practice **outside** of what is, or would be expected to be, delivered by health care professionals and considered part of clinical care, i.e., excluding consideration of medicines, medical devices, diagnostic techniques and medical or surgical procedures. Applications can include consideration of community-based health and social care provision.

Size and duration of grants

We would like potential applicants to think ambitiously and therefore are open to applications for awards up to £750,000. We anticipate that applications will be for projects for up to 4 years. **We are willing to consider applications above this funding limit and/or over longer duration with prior discussion and agreement in advance of submission.**

In addition, applications for seed corn funds to develop a research idea and/ or interdisciplinary partnerships are welcome. Full scale applications generated from the seed corn funding may be considered in a later call or to a bespoke timescale.

Composition of research teams

We encourage applications from teams across all four UK nations. We are open to projects focussing on one of the devolved nations, making comparison between nations, or taking a cross UK perspective.

We strongly encourage submissions from applicants from minoritised communities, those with disabilities and other groups underrepresented within social research. Applicants should consider applicant team make-up and diversity, and how this reflects that of the communities with which they would work. Please contact us to discuss any further information, support and/or accommodations that would facilitate you making an application to us and/or carrying out the project.

We are open to applications led by researchers at any career stage, including early career. For those at early career stages we would expect appropriate mentoring and support to be in place, the costs of which can be included in the budget.

We are keen to spur interdisciplinary approaches where this offers the potential for new knowledge. We welcome applicants, researchers and advisory group members from wider fields as well as those with MSK expertise, practitioners and policy makers. Appropriate costs for such involvement can be included in project budgets.

Involvement of people with lived experience

We have benefited from the involvement of people living with MSK conditions in the development of this call. We will invite them to be involved in assessment of applications ensuring that projects that receive funding awards are those which will bring benefits for the community. We require applicants to propose how they will meaningfully involve people living with, affected by, or at risk of, MSK conditions, and those supporting them, across their proposed project. Funds to support this can be included in the project budget. An application for seed corn funds could support the involvement of people with lived experience in the development of the research proposal. We strongly advocate for involvement of people from a wide range of socioeconomic and ethnic backgrounds, with an age and gender profile that reflects the unequal distribution and impact of these conditions.

Application process

Applicants must submit an outline proposal by 16 September 2024. Short-listed applicants will then receive invitations to submit full applications during November 2024 for submission in January 2025.

Please refer to our standard [Guide for Applicants](#) linked to our [Research, Development and Analysis Fund](#) for further guidance, including in relation to eligibility, application process and assessment criteria. Please note that applications responding to this call will also be considered by reviewers with lived experience of MSK conditions.

The application form can be found on the Nuffield Foundation [website](#). Any questions relating to applying should be sent to applications@nuffieldfoundation.org.