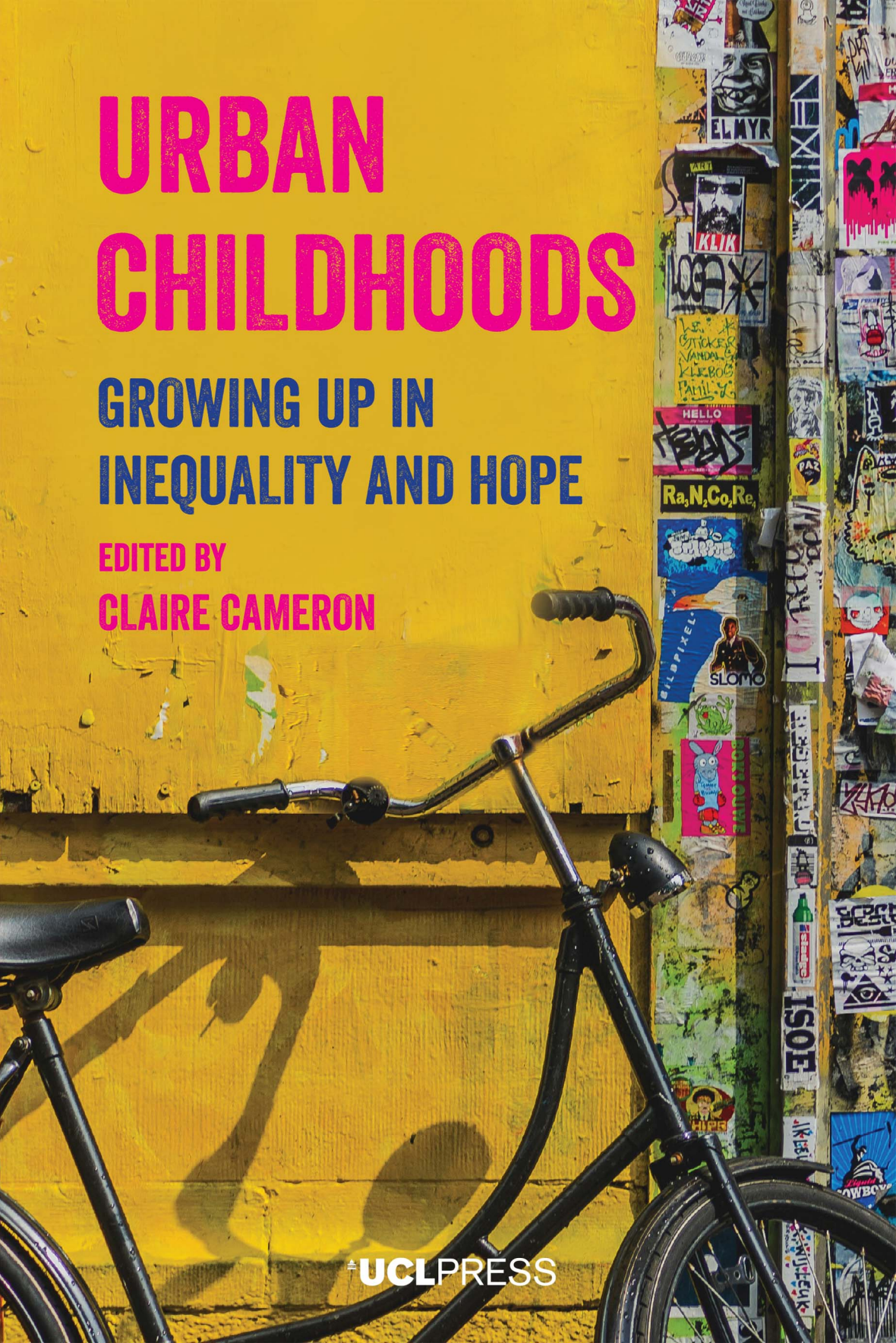
URBAN CHILDHOODS

GROWING UP IN INEQUALITY AND HOPE

EDITED BY

CLAIRE CAMERON



UCL PRESS

Urban Childhoods

Urban Childhoods

Growing up in inequality and hope

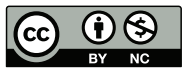
Edited by Claire Cameron

UCLPRESS

First published in 2025 by
UCL Press
University College London
Gower Street
London WC1E 6BT

Available to download free: www.uclpress.co.uk

A CIP catalogue record for this book is available from the British Library.



ISBN: 978-1-80008-931-0 (Hbk)
ISBN: 978-1-80008-933-4 (Pbk)
ISBN: 978-1-80008-934-1 (PDF)
ISBN: 978-1-80008-935-8 (epub)
DOI: https://doi.org/10.14324/111.9781800089341

Contents

List of figures

List of tables

List of acronyms and abbreviations

BBBH	Bromley by Bow Health
BiB	Born in Bradford project
BiBBS	Born in Bradford's Better Start
CBMDC	City of Bradford Municipal District Council
C-HAPIE	Children-Health and Place Intervention Evaluation tool
CPAG	Child Poverty Action Group
DfT	Department for Transport
DLUHC	Department for Levelling Up, Housing and Communities
DWP	Department for Work and Pensions
ECEC	Early Childhood Education and Care
GDCI	Global Designing Cities Initiative
HWC	Healthier Wealthier Children
HWF	Healthier Wealthier Families project, East London
IFS	Institute for Fiscal Studies
IHE	Institute of Health Equity
IPPR	Institute for Public Policy Research
JRF	Joseph Rowntree Foundation
JU:MP	Join Us: Move Play
LBBD	London Borough of Barking and Dagenham
LBI	London Borough of Islington
LBTH	London Borough of Tower Hamlets
LTN	Low-traffic neighbourhood
NICE	National Institute for Health and Care Excellence
NIESR	National Institute of Economic and Social Research
ONS	Office for National Statistics
PHE	Public Health England
SEISS	Self-Employment Income Support Scheme
SSP	Statutory Sick Pay
TfL	Transport for London
UC	Universal Credit
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
WHO	World Health Organization

List of contributors

Claire Cameron is professor of social pedagogy at the Thomas Coram Research Unit, UCL Institute of Education, University College London. She has a long-standing record of research and research leadership on children's services and studies of families and children living with social disadvantage. A co-investigator and theme co-lead for ActEarly, she has edited several volumes, including *Social Pedagogy and Working with Children and Young People: Where care and education meet* (with Peter Moss, Jessica Kingsley Publishers, 2011), *Transforming Early Childhood in England: Towards a democratic education* (with Peter Moss, UCL Press, 2020), *The SAGE Handbook of Early Childhood Policy* (with Linda Miller, Carmen Dalli and Nancy Barbour, SAGE, 2017), and *Social Research for our Times* (with Alison Koslowski, Alison Lamont and Peter Moss, UCL Press, 2023).

Sophia Arthurs-Hartnett is a PhD student at the Sheffield Centre for Health and Related Research (SCHARR) at the University of Sheffield and a research assistant for Born in Bradford at the Bradford Institute for Health Research. Her research focuses on evaluating urban spaces to improve children's health.

Deniz Arzuk is a researcher and lecturer based at UCL Social Research Institute. Before moving to UCL, she was awarded her MA and PhD degrees from Bogazici University Ataturk Institute, then worked as a Swedish Institute and Raoul Wallenberg Institute researcher at the Child Studies Unit at Linköping University, Sweden. Her multidisciplinary research has three distinct but interlinked foci: neoliberalisation of childhood in comparative contexts, with a specific focus on Turkey and Britain; childhood and children's rights in policy and public discourse; and children's culture in the twentieth century.

Sally Barber is the director of physical activity research at Born in Bradford, Bradford Institute for Health Research. She has over a decade of experience designing and evaluating interventions to tackle children's inactivity, increase active play and reduce health inequalities. Currently, she leads the development and evaluation of a whole system physical

activity intervention, JU:MP, funded by Sport England, to improve physical activity and health outcomes for children aged 5–14 years. She is also the principal investigator for an NIHR Programme Development Grant exploring how play can be designed into urban spaces, and how these spaces can then be used to build a durable habit of play.

Amy Barnes is senior researcher in the public health and society group at the University of York, with over 15 years of research experience focusing on collective action to address determinants of health and inequality. This includes work focusing on the role of the state in addressing issues of inclusion and marginalisation in policy decision-making, and how communities themselves, including community health workers and co-ops, can mobilise to effect change to create healthier places, living conditions and a healthier economy. Amy is an academic lead of the University of York/Bradford Health Determinants Research Collaboration Policy Hub, working with the York Policy Engine.

Sultana Begum Rouf was the community researcher – partnerships lead for the ActEarly project at the Bromley by Bow Centre and is now co-production and engagement facilitator with Real, who advocate and support disabled people; she is also a freelance researcher. Sultana has engaged in a variety of PPIE (patient and public involvement and engagement) work since 2015, informed by her lived experience as a parent/unpaid carer of a special needs child and her passion for mental health and wellbeing. She holds numerous engagement and governance roles with charities and research projects, including Katie's Team at Queen Mary University of London and the Elly Charity, a breast cancer advisory group with Queen Mary University of London, as a Covid Champion with Tower Hamlets Public Health and a Research Champion with NIHR. She was previously a Tower Hamlets council officer, commissioning services for adults with learning and physical disabilities.

Maria Bryant is professor of public health nutrition at the University of York, where she is the strategic lead for a portfolio of government funded research. She is a nutritionist with experience in the design and delivery of trials and related methodological research in the field of food, diet and obesity. Her methodological interests include development and evaluation of public health interventions, food systems, food insecurity, early years and school food settings and applied health research. She is passionate about partnership working and is dedicated to ensuring meaningful engagement and tangible impact in all aspects of her work.

Nicola Christie is a professor of behavioural science with a background in psychology researching transport safety and injury prevention. Her research has focused on inequalities in children's road safety and the wider determinants which influence their exposure to risks in the road environment. She was co-lead for the Healthy Places theme for the ActEarly Collaboratory and supported work on evaluating healthy school streets and the health impact assessment for new developments, developing tools to explore the intersect between home and outdoor spaces and how this impacts the wellbeing for children and families.

Natalia Concha is a research fellow in the Wolfson Institute of Population Health at Queen Mary University of London and a visiting fellow in the department of psychological and behavioural science at the London School of Economics. Her current work focuses on child health inequalities in school food and early years provision as part of the ActEarly consortium. Natalia applies sociocultural, community and critical health psychological approaches to qualitative and participatory research, drawing on her work in family, community health and development in Latin America and in UK policy research.

Carol Dezateux is a professor of clinical epidemiology and health data science in the Clinical Effectiveness Group at Queen Mary University of London, and an honorary consultant at Barts Health NHS Trust. She has a clinical background in paediatrics and an academic training in epidemiology. She currently co-leads the ActEarly 'Food and Healthy Weight' research programme and the data science workstream of the Tower Hamlets Health Determinants Research Collaboration. Carol leads large-scale collaborative studies that identify and evaluate actionable opportunities to improve the health of children and their families. Her research group is currently evaluating the health and education benefits of free school meals, strategies to improve childhood immunisation coverage, the causes and effects of household overcrowding and of childhood obesity, and the effectiveness of clinical and public health strategies to reduce health inequalities and improve the health of children and the adults they will become.

Josie Dickerson is a NIHR population health research career scientist fellow and director of prevention and early years research within Born in Bradford, Bradford Institute for Health Research. Josie has a PhD in psychology and has worked for over 20 years in applied health research with vulnerable populations. Her current research focuses on improving

the access to, and effectiveness of, preventative early interventions to reduce inequalities in child health and development. Josie leads the innovative interventional birth cohort Born in Bradford's Better Start (BiBBS) which harnesses cutting edge causal inference methodology, complemented by qualitative and citizen science research, to develop solutions that are evidence-based, feasible for service delivery and acceptable to the community.

Lisa Dowling is a senior research fellow with ActEarly (Born in Bradford) and embedded in the City of Bradford Metropolitan District Council (CBMDC) Public Health Team. Her work aims to support evaluation in local government decision making. She particularly focuses on supporting 'real-time' research or evaluation of CBMDC projects, linking to ActEarly work, which aim to improve the health and wellbeing of children and young people. Recently, she led on the evaluation of the School Streets project in Bradford.

Jamie Eastman has a background in the arts as a curator and a director of arts centres and arts programmes for public engagement. He is currently an early career researcher, looking at public involvement in community health and how creativity can support wellbeing. Jamie worked with the Bromley by Bow Centre during his master's degree in creative health at UCL to evaluate its participatory budgeting project. Jamie is also a social prescribing link worker.

Kristoffer Halvorsrud is a senior research fellow for the NIHR Applied Research Collaboration (ARC) for the North Thames at UCL Research Department of Primary Care and Population Health. This includes key engagement with ARC's research partners and responding to healthcare needs of local and national communities to address inequalities and ensuring translation of findings into practice. In particular, Kristoffer has a background in and brings methodological expertise in evidence synthesis and mixed methods research to a wide range of relevant topics and projects within public health.

Hanan Hauari is academic lecturer in social science at the Thomas Coram Research Unit, UCL Institute of Education, University College London. Her research over the past 16 years has focused on key policy issues in the field of children, young people and families, specifically care-experienced young people and foster families. She is a multi-method qualitative researcher, combining qualitative methods to explore

the complexities of everyday lives through multiple lenses. More recently her research has adopted a participatory approach to understanding marginalised childhoods and families, working collaboratively with research participants to co-produce research.

Meredith K. D. Hawking is a lecturer in social science in the Wolfson Institute of Population Health at Queen Mary University of London. She is a member of the Apollo Social Science team, the Clinical Effectiveness Group and the ActEarly consortium, and is associate director of the Health Data in Practice Doctoral Training Programme. She specialises in using qualitative and narrative methods to explore complexities in public health policy, illness experience and health-related practices. Her current work focuses on child health, obesity and school food provision through an interdisciplinary critical social science lens.

Katie Hollingworth is an academic lecturer in sociology at the Thomas Coram Research Unit, UCL Social Research Institute. Her research interests for the past 17 years have been around the lives and wellbeing of children, young people and families. Her work focuses on policy-relevant research with children in and on the edge of care and care-experienced young people; evaluations of programmes and interventions for children and families; early childhood education and care; and widening participation in education. She uses mixed methods and qualitative approaches in her research and has expertise in a range of qualitative methods, including more innovative and participatory forms such as social network analysis, visual methods, PPI and walking interviews.

Kelda Holmes was the community researcher/creative lead for the ActEarly project at the Bromley by Bow Centre. She currently works as an early years community playworker with the Hackney Playbus. Kelda has a particular interest in how schemas identify the ways children explore and interact with the world and their imagination. Her son Barney accompanied her throughout the community research and pandemic journey.

Halima Iqbal is assistant professor in public health at the University of Bradford in the Faculty of Health Studies. Halima's research is centred around ethnic health inequalities and research co-production with seldom heard communities. Her publications include: 'A systematic review to identify research priority setting in black and minority ethnic

health and evaluate their processes' (*PLoS ONE*, 2021); 'Developing an obesity research agenda with British Pakistani women living in deprived areas with involvement from multisectoral stakeholders; Research priority setting with a seldom heard group' (*Health Expectations*, 2022); and 'Reflections from an insider researcher "doing" feminist participatory action research to co-produce a research agenda with British Pakistani women; a seldom heard group (*Action Research*, 2023).

Kimon Krenz is senior research associate at the Space Syntax Laboratory, the Bartlett School of Architecture, University College London, and an honorary research fellow at the Bradford Institute for Health Research. His current work utilises geographic information systems and spatial data science methods to measure and analyse the built environment to uncover inequalities, with a particular focus on health. His research aims to provide insights that can guide improvements in urban design and public health strategies. Dr Krenz is a co-investigator in the PHI-UK Healthy Urban Places project, which seeks to understand what constitutes a healthy environment for communities in Bradford and Liverpool. He is also a co-investigator in the MRC-funded project focused on the environment and eating disorders in adolescents.

Siew Fung Lee is research fellow at the UCL Social Research Institute working on the Healthier Wealthier Families (HWF) in East London project. The project supports families in Newham and Tower Hamlets by co-locating money advice services within health and community settings. Her work involves evaluating the feasibility and acceptability of this programme for service users, providers and host services. Her research interests and publications centre on the social and economic impact of policies affecting 'disadvantaged' children and families. She employs ethnographic methods and policy genealogy, informed by over 20 years experience as an early years practitioner in England.

Eva Lloyd is attached as visiting professor to the Thomas Coram Research Unit in the UCL Social Research Institute. She is emeritus professor of early childhood in the School of Education and Communities at the University of East London, where she directed UEL's International Centre for the Study of the Mixed Economy of Childcare (ICMEC), which she co-founded in 2007 with Professor Helen Penn. Her research and publications focus on early childhood education and care policies and systems, particularly the impact of marketised ECEC systems on children growing up with disadvantage. Eva has worked extensively with (inter)national

policymakers and co-authored a range of policy studies and evaluations. In 2013 she received an OBE for services to education.

Liina Mansukoski is lecturer in public health nutrition at the Hull York Medical School, University of York with active research collaboration with the Bradford Institute for Health Research through the ActEarly consortium. She specialises in studying child growth and development both in the UK and globally, with a particular focus on growth modelling, socioeconomic inequalities in growth and, more recently, applying a systems perspective to child health intervention evaluations. Liina is an advocate for equitable partnerships with both researchers and study participants in her collaborations across institutions in the UK, Guatemala and Canada.

Rosemary McEachan is director of the Born in Bradford research programme and the Healthy Urban Places consortium. She is an experienced applied health researcher with particular interests in cohort studies, development and evaluation of complex interventions, environmental determinants of health, green space, air quality and co-production. Rosemary holds a visiting professor position at University College London and an honorary chair position at the University of Bradford.

Naomi Mead is impact manager at the Bromley by Bow Centre, with oversight of monitoring, research and evaluation activity. From 2020–2 she facilitated the Community Research team at Bromley by Bow. Naomi has a background in third sector evaluation and facilitating co-production and is interested in how mixed methods can explore community-centred approaches.

Dea Nielsen is a research fellow at the University of York, with roles in both the ActEarly consortium and the Better Start Bradford Innovation Hub based at the Bradford Institute for Health Research. Dea has a background in developmental cognitive psychology, and has spent the past eight years applying mixed methods research approaches to studies of children's early life experiences. This includes evaluations of early childhood interventions, research on the accessibility of early childhood education and care and the impact of COVID-19 national lockdowns on children starting school.

Laura Nixon is a research assistant and ESRC-funded doctoral student at Queen Mary University of London. Her research focuses on psychology

and health inequalities, having been involved in work on household overcrowding, prison healthcare, maternal and infant nutrition and programme evaluation. Laura's PhD studentship is centred on inclusive interdisciplinary approaches to child and adolescent mental health, where she is co-developing peer-led mental health interventions with adolescents in East London.

Margaret O'Brien is professor of child and family policy at the Thomas Coram Research Unit (TCRU), UCL Institute of Education, University College London, and a former director of TCRU (2013–21). Her widely published research focuses on fatherhood, gender equality and parental leave, where she has published widely. She is a Fellow of the Academy of Social Sciences, a leading member of the International Network on Leave Policies and Research and is currently working on an EU-funded programme on parental leave policies and social sustainability.

Adriana Ortegon-Sanchez is a research fellow at the Centre for Transport Studies at University College London. As part of the ActEarly consortium, her current research involves collaborating with public health practitioners in London and Bradford to evaluate place-based policies and interventions. She focuses on identifying built environment features that support health and wellbeing, especially for children. In this context, she has contributed to the design and development of the evaluation of school streets interventions and the health impact assessment policy. Adriana uses spatial analysis, as well as quantitative and qualitative methods, to investigate the role of urban places and sustainable mobility in enhancing liveability in cities, fostering health and wellbeing and addressing inequalities.

Sarah O'Toole is a senior research fellow at the Centre for Transport Studies, University College London. Sarah's research combines psychology and public health perspectives to understand child road safety and road injury. Sarah has a particular interest in health disparities in relation to children and the roads and focuses her research on children living in disadvantaged areas and those with special educational needs and disabilities. Her work involves the development and evaluation of policy and practice to address these disparities. Sarah is also interested in the role of place and access to outdoor space on children's health and mobility.

Kate Pickett is professor of epidemiology in the department of health sciences at the University of York. Kate's research focuses on the impact

of socioeconomic inequality on the health and wellbeing of people, communities and the environment. She is co-author, with Richard Wilkinson, of the bestselling books *The Spirit Level* (2009) and *The Inner Level* (2018), a co-founder and trustee of the Equality Trust and a Global Ambassador for the Wellbeing Economy Alliance (WeALL). Kate is an academic lead of the University of York/Bradford Health Determinants Research Collaboration Policy Hub, working with the York Policy Engine.

Sian Reece is public health registrar at Devon County Council and an honorary clinical research fellow at the University of Exeter. Her research focuses on the generation and application of the evidence base on reducing inequalities in health and promoting upstream effective and cost-effective strategies to improve maternal and child health. She was a research fellow for the Act Early Collaboratory and led work on the co-location of welfare advice in health settings for mothers and their families.

Amanda Seims is a senior research fellow at the Bradford Institute for Health Research, where she has been researching issues of children's physical activity, with a particular focus on understanding children and young people's outdoor play needs and involving them in the design of play spaces in green and urban environments, and evaluating community-led physical activity provision for children. She co-authored 'Make space for girls: designing green space and other public spaces to reflect the needs of teenage girls' (in *Designing Interventions to Address Complex Societal Issues*, Routledge 2022).

Jessica Sheringham is a principal research fellow at University College London, and an honorary consultant in public health with the Office for Health Improvement and Disparities. She leads on population health research with Integrated Care Boards and Local Authorities for NIHR ARC North Thames and is co-chair of the Local Authority Public Health Academic Research Network for London and North Thames. Jessica works on research and evaluations related to public health and healthcare delivery. She is a co-investigator of ActEarly in the evaluation theme. In 2024 she started a programme of research through an NIHR Population Health Career Scientist Fellowship on data sharing between housing and health services to reduce health inequalities. Jessica also has a commitment to public health education and training. She is a co-author of *Mastering Public Health* (Routledge), a textbook on public

health and Examiner for the UK Faculty of Public Health international membership exams.

Pratima Singh is a community engagement assistant at Queen Mary University of London where she supports community research and co-production principles in a range of studies. Previously she was the community researcher/systems lead for the ActEarly project at the Bromley by Bow Centre. She is a community development professional with over 16 years of work experience spanning India and the UK. Pratima has a passion for championing the issues of marginalised communities and supporting them to become part of the mainstream.

Marcella Ucci is professor of healthy and sustainable buildings at University College London. She researches how buildings should be designed, upgraded and managed in order to support health and wellbeing, tackle inequalities and reduce environmental impacts. Her expertise includes building performance monitoring and modelling, evaluation of indoor air quality, active design and community engagement. She was a co-investigator in the ActEarly Collaboratory, where she co-led the Housing topic within the Healthy Places theme. She is vice-chair of the UK Indoor Environments Group (UKIEG) and co-chairs the Health and Wellbeing Working Group in the Chartered Institution of Building Services Engineers (CIBSE).

Foreword

The dynamics of urban childhood are complex, challenging and filled with possibility. Today's urban places – like the London Borough of Tower Hamlets and the City of Bradford in West Yorkshire – are characterised by their vibrant diversity and stark inequalities. These cities, shaped by economic changes, historical migration and rapid demographic shifts, represent both the opportunities and the challenges inherent in urban life. As places where children speak many languages and experience myriad cultures, they offer a childhood rich in potential. Yet, they also present significant risks, particularly in terms of health and wellbeing, as they face intense socioeconomic and environmental challenges and in many cases, deepening inequalities. This book delves into the multifaceted nature of these urban childhoods, exploring the current realities and future prospects for children growing up in such environments.

In our health equity research at the Bradford Institute of Health Research and elsewhere we have focused on addressing early life health and wellbeing through 'upstream' interventions and policies – those that target the social determinants of health – to reduce inequalities for children growing up in cities. To do this upstream work, we have been championing the role of evidence at a population level such as that produced by the Born in Bradford cohort studies and, critically, the role of collaboration with practice, in the form of local level policies and service provision. Making evidence and practice work in consort was a key aim of the UK Prevention Research Partnership (UKPRP)-funded ActEarly consortium (2019–25) on which much of the research presented in this volume is based (see https://ukprp.org/what-we-fund/actearly/).

ActEarly conceptualised cities as examples of complex systems. Promoting childhood health and wellbeing in a complex system requires bringing together all those with a stake in the problem from across the system, such as council officers, political leaders, voluntary and private service providers and residents themselves, to have a full understanding of how, when and where to intervene – a City Collaboratory. Key concepts in complex systems approaches are emergence, feedback loops and adaptation and these can be applied to the design and evaluation of research studies of various methodologies. Such place-based approaches aim to address collaboratively identified problems and, through

well-designed studies, reflect back to local communities what has been found as well as to showcase change to the wider world with suggested mechanisms for replicability.

The achievements of ActEarly were many and various. Initial thematic areas around healthy livelihoods, healthy learning and healthy places were added to over the programme period with a food and healthy weight theme, and one about play and physical activity. Each theme developed a programme of work with representatives of local councils, often ending up with projects across thematic areas, reflecting the interconnectedness of health determinants and the systems through which they affect child health and throughout the lifecourse. All ActEarly work was underpinned by a cross-cutting evaluation theme that explored methodological strands of work including co-production, modelling and researching the impact of ActEarly in activating the systems. Mapping the connections between researchers in the northern and southern participating universities and council officers at the beginning and end of the ActEarly period showed a substantial rise in the frequency and range of contacts. There were sub-projects such as one that developed policy briefs in conjunction with the priorities of local government and another that explored whether and how a specific data gathering tool might or might not work.

There were of course limitations with ActEarly in its long-term objective of seeking a new research–practice collaborative environment that takes time to embed. Working at the level of the local authority means collaborations are being developed in the context of endemic change in policy and personnel and shrinking budgets. Ambitious plans have to be scaled back or reorientated. The timelines/timescales of policy/decision-making processes rarely align well with those needed for rigorous applied research, and the cultures of the various community, political and academic organisations involved are often very different with respect to appetite for generating new knowledge, the meaning and interpretation of evidence and the value given to research. Research projects are time-limited and researchers are inevitably drawn elsewhere, affecting the building and sustaining of trusting relationships, which are necessary for productive conversations about evidence need and collaboration. But the ActEarly model represents an unusual if not unique partnership example of transdisciplinary expertise working together with one overarching objective – finding ways to improve urban children's experience of childhood and so make them healthier and happier.

Why did we select these two local authority areas for ActEarly? As the chapters in this volume illustrate, both these have substantial

proportions of children living in poverty, and high proportions of children from South Asian backgrounds. There is still relatively little research evidence detailing the experiences and life chances of children from these ethnic backgrounds, so the similarities and differences in population characteristics offered the opportunity to contribute to the wider literature. Beyond this, the system infrastructure in both areas offered useful comparative possibilities. Bradford has a 'research-ready' population laboratory for prevention research. This reflects several years of careful work to establish deep engagement with the community and local policymakers, a strong research record, building on the Born in Bradford cohort studies, good data linkage and a pipeline of preventive interventions, all of which created a local commitment to supporting interdisciplinary upstream applied public health research.

Tower Hamlets, on the other hand, while sharing some population characteristics, such as deep social and ethnic diversity, had less experience of coordinated, population-engaged, public health research, and a much more limited evidence infrastructure at the whole council level. Data access and linkage, for example, was partial, but the local authority demonstrated enthusiasm for and commitment to the aims of the ActEarly programme. Tower Hamlets, in other words, offered an opportunity to explore the generation of an evidence–practice collaboration from a different and perhaps more typical starting point, serving to illustrate how such programmes might be built on in the future as a demonstration of ways to tackle upstream determinants of health and inequality. Importantly, ActEarly helped drive dynamic collaborative research relationships and the growing appetite of both councils to choose, use and generate new evidence. This was recognised by both councils being awarded funding in 2022 to establish Health Determinants Research Collaborations to improve population health and reduce health inequalities (see https://www.nihr.ac.uk/news/ps50-million-awarded-local-government-tackle-interventions-health-inequalities-through-research).

The chapters in this book draw on the wide range of research conducted by the ActEarly consortium, offering a deep dive into the lived experiences of children in these urban environments. The focus is not only on the immediate health outcomes but also on the broader social determinants that shape these outcomes. The book emphasises the importance of connecting insights from urban studies, critical childhood sociology, and public health to create a more holistic understanding of what it means to grow up in a city today.

At the core of this exploration is the concept of child wellbeing, encompassing physical, mental, and social dimensions, and the stark

inequalities in wellbeing. For children, wellbeing requires growing up in environments that support their development and provide them with the resources they need to thrive. However, the concept of wellbeing is complex and contested, particularly when applied to children. It involves not only the absence of illness but also the presence of positive conditions that allow children to develop fully and contribute to their communities. The book explores how societal factors – such as housing, family income, and social infrastructure – affect the health and life chances of children. It also considers how local policies and practices can either mitigate or exacerbate inequalities.

As the world becomes increasingly urbanised, the experiences of children growing up in cities will continue to shape the future of societies. This book provides valuable insights into how we can create healthier, fairer and more supportive environments for children in urban areas. It not only deepens our understanding of the challenges facing urban children but also offers practical solutions for addressing these challenges. The authors' interdisciplinary approach, combined with their commitment to social justice, makes this book an important resource for anyone interested in improving the lives of children in cities. It is a call to action for policymakers, practitioners, researchers and research funders to work together to ensure that all children, regardless of where they live, have the opportunity to thrive.

The book offers a hopeful vision for the future of urban childhood. Despite the challenges, there are countless examples of resilience, innovation and collaboration that give us reason to believe in the possibility of a better future for children in cities. By learning from the experiences of Bradford and Tower Hamlets, and by building on the insights gained from this and related research, we can take effective steps toward creating urban environments where all children can flourish.

John Wright, Bradford, UK
Trevor Sheldon, London, UK

Acknowledgements

The UK Prevention Research Partnership was an innovative multi-funder initiative designed to support novel research to improve population health and reduce health inequality. ActEarly was one of the funded consortia, aiming to improve the life chances of children by focusing on improving the environments that influence their health. Much of the research reported in this book was supported by ActEarly, which broke new ground in research/local authority/practice partnerships. We acknowledge the contributions of all those involved in ActEarly including residents and children, voluntary organisations and the councils.

1
Introduction

Claire Cameron

An urban childhood today is often unlike that in other places; extraordinarily diverse, grossly unequal and yet vibrant; cities are fast-changing spaces and have fast-changing demographics. Densely populated urban areas such as Tower Hamlets, a London borough, and the city of Bradford, in West Yorkshire, have long been sites of migration flow; schools are filled with children speaking many languages, with the potential for a childhood that is 'rich' in possibilities (Malaguzzi 1993). Indeed, children often do well in school in these areas, but they are also likely to have health risks, especially from preventable conditions such as obesity.

This book is a multi-disciplinary examination of current life and future prospects for children growing up in inner-city areas in England. It draws on studies conducted during a five-year (2019–25) programme of research and development in a unique collaboration aimed at, in Michael Marmot's words, the first priority of health: 'giving every child the best start in life' (Marmot et al. 2010).

This collaborative programme, called ActEarly, was known as a 'collaboratory' or 'test bed' and spanned researchers from four universities (Leeds, Queen Mary, University College London and York), the Bradford Institute of Health Research, policy leads and staff in two local authorities (City of Bradford Metropolitan District Council and Tower Hamlets Council) and voluntary sector organisations (principally Bromley by Bow Centre). The collaboratory worked by bringing together key players and stakeholders with a common mission to accelerate the role of research evidence in local policymaking. It aimed to provide 'real world opportunities to scope, deliver and evaluate sustainable and replicable population prevention interventions' that might address

the project's long-term vision to 'promote a healthier, fairer future for children living in deprived areas through a focus on improving environments that influence health and life chances' (Wright et al. 2019, 4). In recognition of the importance of the wider determinants of health, the ActEarly collaboratory explicitly drew on expertise from the social sciences, architecture and transport studies, as well as health expertise in areas such as epidemiology, physiology and nutrition. A central plank of the programme was co-production and citizen science as well as methods such as mapping, ethnography, visual methods, modelling and evaluation. Explicitly place-based and informed by understandings of connectedness and systems science, ActEarly researchers and linked (externally funded research) programmes developed a complex network of collaborations over time (Nixon et al. 2024).

The ambition of this collection of chapters drawn from ActEarly studies is to add depth to the idea of 'a healthier, fairer, future' for urban childhood. While there was a wide range of disciplinary approaches in ActEarly studies, in our framing chapter (Chapter 2) we bring three main strands of thinking into conversation: (children in) urban studies, critical childhood sociology and (child) public health. By doing so, we aim to make connections between these areas, with the aim of facilitating the application of multi-disciplinary understandings of growing up in cities in England today to policy and practice.

Child wellbeing as an indicator of a healthier future

Underpinning these three strands of thinking is a concern with children's wellbeing. Implicit within the ActEarly vision is the idea that children will feel and be well, in themselves and in their life chances, if the cities in which they grow up supply the living conditions – or 'wider determinants' – known to support a healthy life. Health, as defined in the World Health Organization's (WHO) Constitution, first adopted in the 1940s, is a 'complete state of physical, mental and social wellbeing' and of 'basic importance' for children's development (WHO 2021).

Despite the articulation of wellbeing as a positive state for humanity in the 1940s, and the achievement of wellbeing as fundamental for children's rights, the concept remains contested (Camfield et al. 2008; Lewis 2019). For the WHO, wellbeing is a 'resource for daily life' and encompasses both quality of life and the ability to make a contribution to the world (WHO 2021). The concept of wellbeing as both individually felt and socially connected has its roots in philosopher Aristotle's

concepts of eudemonic and hedonic wellbeing. While the latter has been defined as 'people's evaluations of their lives', consisting of 'cognitive and affective components, such as life satisfaction, positive feelings and low negative feelings' (Diener and Tay 2015, 136), the former relates to Aristotle's concept of the 'virtuous life' and is 'linked to the satisfaction of basic human needs for competence, autonomy, relatedness, and self-acceptance', focusing on 'growth, purpose in life, meaning, pursuing self-concordant goals, self-actualization, and virtue' (Fisher 2014, 11). For Aristotle, both are necessary for wellbeing. Development theorist Amartya Sen's 'capabilities' approach similarly invites analysts to take into account the 'freedoms' that people have to realise their full potential (Sen 1999). Rather than view individuals as accessing resources, Sen (1999) argues that conditions of life differ, and so in order to evaluate wellbeing one has to conceptualise not just resources but also what individuals are able to do and be with those resources. These starting points offer a positive and dynamic concept of child wellbeing with implicit self-expression and agency accorded to the child.

However, Lewis's (2019) overview of child wellbeing finds that it is a complex concept with roots in understandings from philosophy, psychology and economics, with the latter heading a growing drive to measure wellbeing, for example as an indicator of gross domestic product. Frameworks for positive conceptions of child wellbeing and their measurement are relatively recent and initially described wellbeing in terms of children's physical, cognitive, emotional and social development (Lippman et al. 2009). The domains, drawn from existing surveys and administrative data sources, were notably future orientated. Young children were often less well represented in the evidence, and children's own perceptions of their wellbeing were often lacking. Subsequent development of child wellbeing measures by the research institute UNICEF Innocenti broadened the scope of wellbeing to take in wider determinants and the contexts of children's lives. For example, UNICEF reports starting in 2007 compared rich countries' progress in terms of mental and physical health, skills for life, activities, relationships, networks, resources and policies and contexts, drawing on a Bronfenbrenner framework of concentric circles of influence on children, where the child is in the middle, and outcomes are influenced by the world around the child (UNICEF 2020, 6; Bronfenbrenner and Morris 2007). Countries are measured on the basis of data they collect for administrative purposes or in international surveys, which varies in quantity and scope from country to country, with particular gaps noted in mental health and children's participation in decision-making.

Although rarely represented until recently in national-level data, children's own views about their wellbeing have stayed remarkably consistent across time, age groups and country contexts. For example, according to 10–15-year-olds from urban places across the world, what makes up personal wellbeing and happiness, and helps them make a contribution, aside from having basic material needs met, are six factors: safety and freedom of movement; social interaction that makes them feel appreciated; having things to do; places to meet; a cohesive community identity; and access to green areas for play and discovery (Chawla 2002). Pre-school-aged children in Australia endorsed these findings, prioritising opportunities for play and exercising agency alongside adult-defined indicators of wellbeing (Fane et al. 2020). Major factors predicting wellbeing among 11-year-old children in the United Kingdom (UK) and born in 2000 were social relationships (bullying, friendships), neighbourhood safety and school connectedness (liking school) (Patalay and Fitzsimons 2016).

In the UK, children have been reporting on their wellbeing to the regular Good Childhood Index survey about their happiness with life and life satisfaction in relation to family, friends, appearance, school and schoolwork since 2009 (Children's Society 2023). In 2023, mean scores for happiness overall were lower than ten years earlier. While happiness with families had stayed the same, it had plummeted for happiness with friends, appearance, school and schoolwork. Girls were especially likely to report they were unhappy with their life as a whole. About a fifth of 10–17-year-olds were unhappy with two or more aspects of their lives (Children's Society 2023).

The debate about what constitutes child wellbeing has moved from negative to positive indicators and from adult-centric measures, collated on the basis of secondary data, to children's own assessments. It is now clear that children of all ages and in many country contexts agree that some fundamentals in life are important. The first is summarised as 'relationships'. Having dependable and trusting relationships with those that care for and care about you is a crucial foundation for feeling well and happy, and having a positive sense of self (Fattore et al. 2008). Second, play, having 'plenty to do', especially outdoors, is important to children feeling good about themselves (Fane et al. 2020). Third, 'having a say', or agency, that enables children to shape their daily lives, at least to some extent (Fattore et al. 2008).

Chapters in this volume foreground children's own views of their health and wellbeing wherever possible, while also acknowledging the very important role of parental provisioning and societal

infrastructure – the micro-system around a child (Bronfenbrenner and Morris 2007).

Towards a fairer future

Yet we are also approaching childhood from the standpoint of 'fairer' lives: a fundamental interest in equity and inequality. For this, we draw on material relevant to the wider contexts of children's lives, and the affordances, or in Sen's terms 'freedoms', for 'fairer' lives, such as family provisioning and societal infrastructure like housing, streets, and places and spaces that enable communities to forge meaningful social connections between each other (British Academy 2023). Children's health is inextricably linked to social inequalities. Life chances map onto societal deprivation in stark ways. To take one example from within London: healthy life expectancy ranges from 58 years for women in Tower Hamlets, a borough with high levels of poverty, to 70 years for women in Wandsworth, a borough that is much less deprived (Trust for London 2022). Around 20 per cent of the UK population is in relative poverty after deduction of housing costs but almost 30 per cent of children are in poverty households and this is set to rise, particularly among children in larger households (Brewer et al. 2023). This is likely to disproportionately affect children in urban areas, and from Bangladeshi and Pakistani backgrounds (Brewer et al. 2023). Children in larger households, and single parent households are likely to have higher rates of food insecurity than those in smaller families. Children in rented households are also particularly at risk of cold homes, again, more likely to be found in urban areas (Brewer et al. 2023). This is not only a problem of unemployment. Most households in poverty have one or more wage earners. Other children at higher risk of poverty are those with disabilities and children under the age of one (CPAG 2024). Large numbers of children in the UK are going without basic necessities or are excluded from leisure and learning opportunities that other children take for granted. Poverty affects health via infant mortality, childhood diseases and mental health (Wickham et al. 2016). There are other inequalities affecting children. For example, funding for schools is greater for children in London than in northern local authorities, affecting educational life chances (Mon-Williams et al. 2023). It is a basic issue of fairness to ensure equitable child health (Marmot et al. 2010) and, moreover, more equal societies prosper socially and economically (Wilkinson and Pickett 2009).

Health and fairness imply consideration of the Bronfenbrenner 'outer circles', the broad sweep of societal infrastructure from household income to streetscapes, and from parental mental health to the ways parents actively make life better for children through parenting strategies, socialising and community solutions such as participatory budgeting. Attending to these wider determinants of young children's health is now urgent both to reduce inequalities and to safeguard the nation's health (Academy of Medical Sciences 2024).

Deprivation and our urban places

ActEarly was a deliberately place-based, systems-led examination of two deprived urban areas with high levels of child poverty, although this is a very incomplete description. It being place-based was important since, leading from both systems thinking and a wider determinants approach, 'everything is connected' and focusing on place allowed a depth of understanding of the way connections 'work' (or not) (Wright et al. 2019). The urban context was also important as it captured where most children live and where economies of scale mean addressing living conditions is likely to have most impact (Chawla 2002). For ActEarly to examine the impact of a wide range of population-level prevention interventions and in a range of thematic areas, being able to describe the place and the target population, including through locally-produced data, was an important constant. The underlying philosophy of ActEarly was research/practice/policy collaboration, which meant understanding the key 'place' players, their (changing) policy agendas, data sources, populations and provision cultures, histories and landscapes, in order to know what would be feasible and acceptable or, in policy parlance, 'land well'. The two areas – Bradford and Tower Hamlets – have some similarities, but also profound differences. These places were selected by ActEarly as urban areas with established (Bradford) and promising (Tower Hamlets) research infrastructure, and with a commitment to improving child health and outcomes employing research-led data and community engagement, including transformative community health models (Wright et al. 2019).

Bradford is a city and rural environs of over half a million people in the north of England. The population grew a modest 4.6 per cent over the period 2011–21. Twenty-three per cent of residents are aged 0–15 years (City of Bradford 2022). A third are of Asian origin, most commonly of Pakistani heritage, although many other ethnicities are

also represented and Bradford is a recognised city of sanctuary. Just over half of the adult population is economically active and, of the 43 per cent who are not, 8 per cent are looking after home and family. Wages, employment rates and income per head are all lower than average for England.

Tower Hamlets is an inner-city area of London that has experienced rapid population growth (22 per cent in the period 2011–21) and is now the most densely populated area in the UK (ONS Census 2021). Nearly one in five (18.6 per cent) are aged 15 or under. Approaching half, 44 per cent, of residents are of Asian origin, mostly Bangladeshi. Other than Asian and White residents (White being 39 per cent in Tower Hamlets, 61 per cent in Bradford in the 2021 Census), a wide range of other ethnicities are represented. In Tower Hamlets, weekly pay is higher than average for England but the adult employment rate and disposable income per head is lower (ONS 2024). Nearly two-thirds (63.4 per cent) are economically active, and of those who are not, the same proportion are caring for family as in Bradford (8 per cent).

The proportion of jobs in professional and managerial occupations differs markedly between the two places (63 per cent in Tower Hamlets versus 39 per cent in Bradford) as does the proportion holding a Level 4 qualification (higher education; 50 per cent versus 27 per cent). In both areas, the vast majority of residents were born in England, although in Tower Hamlets nearly 16 per cent lived in households where no one spoke English as a main language. Relevant to a study concerned with child health and wellbeing, census respondents (adults) in both areas reported a below average sense of life satisfaction, feeling life is worthwhile and happiness, although levels of anxiety were close to median (ONS 2023). Table 1.1 summarises population indicators from the 2021 Census data for Bradford and Tower Hamlets illustrating both diversity and social needs.

Turning to child health outcomes, nearly all indicators available show that children in these two areas experienced worse health compared to children of the same age in England as a whole (Vafai et al. 2023). This holds whether one is looking at life expectancy at birth, vaccination, dental extractions, school readiness, childhood obesity or teenage pregnancy (Vafai et al. 2023). Table 1.2 summarises data on child health from Bradford, Tower Hamlets and England as a whole. Of particular concern is elevated risk of admission to hospital for asthma, and children being overweight and obese at age 10–11 years, both of which are related to the wider contexts of children's lives (for example, air pollution, housing quality, diet, space for physical exercise).

Table 1.1 Population indicators for Tower Hamlets and Bradford.

ONS Census 2021	Tower Hamlets (%)	Bradford (%)
Residents	310,306	546,400
Ethnic profile:		
Asian, Asian British or Asian Welsh	44	32.1
White	39	61.1
Black, Black British, Black Welsh, Caribbean or African	7.3	2.7
Mixed or multiple ethnic groups	5	2
Other ethnic groups	3.9	
Lived in UK < 10 years	24.2	6.4
Nobody in household speaks English as a main language	15.7	12.42
Economically active (aged 16 years and over)	63.4	52.5
Economically inactive	32.6, of which 8.4 were 'looking after home or family'	43.2, of which 8.1 were 'looking after home or family'
In professional, managerial or associate professional occupations	62.7	38.6
Held a Level 4 qualification or above: degree (BA, BSc), higher degree (MA, PhD, PGCE), NVQ level 4 to 5, HNC, HND, RSA Higher Diploma, BTEC Higher level, professional qualifications (for example, teaching, nursing, accountancy)	50.3	27.4
Health fair, bad or very bad	14.9	21.9
A restrictive disability	13	17.1
Population:	***N***	***N***
Households (number, & in most common type)	120,542, of which 80.7% were in purpose-built blocks of flats	209,900, of which 84.3% were in whole house or bungalow
Population density per sq km	15,703	1,491

Source: Office for National Statistics, Census 2021.

Urban childhood in some places poses health risks and there is some concern about declining numbers of children living in UK cities, and London in particular, driven by a falling birth rate and families moving to other areas (Hill 2023). At the same time, there is a global shift to living in cities, making attending to the quality of life for children in urban areas very important for the realisation of children's rights (UNICEF 2012).

Table 1.2 Child health indicators for Tower Hamlets, Bradford and England (selected).

Child health indicators	Tower Hamlets	Bradford	England
Infant mortality (age under 12 months, 2019, per 1,000 births)	3.3	6.3	3.7
A and E admission (age 0–4 years, 2018–19, per 1,000 children)	698.6	517.3	665.3
Dental extraction – admission to hospital (age 0–5 years, 2019–20, per cent of population)	0.5	1.0	0.3
Dental extraction – admission to hospital (age 6–10 years, 2019–20, per cent of population)	0.6	1.2	0.6
Asthma – admissions to hospital (age 0–9 years, 2019–20, per 100,000)	290	283	193
Asthma – admission to hospital (age 10–18 years, 2019–20, per 100,000)	212.4	135.2	119
Child overweight and obese – BMI over 91st centile (age 4–5 years, 2019–20, per cent)	22.4	22.3	23
Child overweight and obese – BMI over 91st centile (age 10–11 years, 2019–20, per cent)	41.8	40.8	35.2

Source: Vafai et al. 2023.

One of the purposes of this book is to highlight initiatives, interventions and ways of being that contribute to a hopeful, vibrant and nurturing urban life for children, despite the evidence of inequality and poverty.

Hope in our urban places

Understanding a place's capabilities for offering a 'good' urban childhood is enriched by acknowledging historical layers of settlement, migration, economic fortunes and political contexts that collectively constrain or enable social action and prosperity. Tower Hamlets is a case in point. Butler and Hamnett (2011) argue that east London, where Tower Hamlets is situated, has witnessed striking changes in economic success, with cycles of inward and outward migration, over the past century. Long an area with insecure employment, the closure of the docks in the 1960s prompted re-invention as a financial centre in the south-west of the borough in the 1980s. This brought in many wealthy residents, living in luxury apartment buildings alongside the Thames, in parallel with the long-standing White working-class residents, many of whom had been in organised labour, and, for a long period, there had been

an 'overwhelming popular acceptance that citizens had social as well as economic and political rights' (Butler and Hamnett 2011, 11). The borough was often, and still is, a 'zone in transition', with shifting populations of Jewish (many arrived in the nineteenth century and moved to the suburbs in the 1920s), Asian, Black Caribbean and Black African peoples, and more recently from many European countries (for example, Italy, Lithuania, Romania and Poland), as well as accommodating many refugees. As Butler and Hamett (2011, 12) note, Tower Hamlets, along with other east London boroughs, became an 'increasingly multi-ethnic and multi-class sub-region, segregated in new and complex ways'. Many of these ethnic groups held (and hold) a strong sense of aspiration for their children, mainly through the vehicle of education.

Schools have very largely local attendance, and can be mono-ethnic, with some Christian schools and others predominantly Muslim (Butler and Hamnett 2011). In 2023, 92 per cent of parents in Tower Hamlets got their first choice of primary school. Children generally succeed in school in Tower Hamlets; it has an above average success rate for GCSE attainment, particularly among those from Asian and Asian British backgrounds, and those whose first language is not English. Some 71 per cent of young people leaving school at age 18 have qualifications necessary to enable higher education (Tower Hamlets 2023).

Children surveyed in primary school (aged 9, 10 and 11, and just over half (53.6 per cent) of whom identified as Asian/Asian British including Bangladeshi) generally feel their school gives them useful skills and knowledge (87 per cent) and their teachers make lessons 'fun and interesting' (72 per cent). Fewer (65 per cent) think their parks and play areas are good but most (86 per cent) feel safe in the area where they live, and a majority (56 per cent) think people from all backgrounds get on well together (Tower Hamlets 2022). Primary school-aged children were generally happy with their lives (69 per cent) and worried about schoolwork and exams (56 per cent), and to a lesser extent, their families (37 per cent) and friends (35 per cent).

The famed supportive community life for families bringing up children in Bethnal Green, a district in Tower Hamlets (Young and Wilmott 1957), is now less obvious: in 2021, a comparison of factors associated with depression and anxiety among mothers in Bradford and east London (Tower Hamlets and Newham) were loneliness, a lack of social support and financial insecurity (McIvor et al. 2022; see also Chapter 7, this volume). Mothers in London were at especial risk of poor mental health. At the same time there is a vibrant voluntary sector,

working in partnership with the council. In 2020, for example, Tower Hamlets council commissioned the Volunteer Centre to coordinate offers of help at the outset of the COVID-19 pandemic (Tower Hamlets 2020); in a few months over 2,300 volunteers had registered, supplying support to some of the 1,300 voluntary organisations working to help residents with food, essential equipment and toys, shopping, befriending and so on. The voluntary sector is seen as a collective resource not only to help meet basic needs but also to cultivate imaginations, develop as human beings and foster inclusivity.

In Bradford, the population lives in less dense and overcrowded conditions than in east London. It developed rapidly in the nineteenth century due to the growth of the textile industry; by 1850 there were 129 textile mills and 175,000 residents. The wealth generated led to spectacular – and large – Victorian buildings, and pioneering public health reforms such as school meals and public libraries. There were also grand investments by industrialists, such as Titus Salt, in the welfare of their workers, as exemplified in Saltaire, the mill and model village built by Salt around 1850, away from the overcrowding of inner-city Bradford. But the textile industry, and the parallel engineering industry, faltered in the twentieth century and was accompanied by a long period of economic decline during the 1970s and 1980s, when 63,000 jobs were lost in textiles and in engineering, leading eventually to Bradford's reinvention as an arts and cultural destination, as well as diversification into service industries. Migration has played a significant role in Bradford's economic and industrial history. Early twentieth century migration by Irish, Poles and Ukrainians, and by Jewish peoples, was eclipsed in the 1960s by Asian men, who were welcomed in the 1950s and 1960s to work in textile factories, often working long shifts and at weekends, and by people from the Caribbean working in health and transport.

In 2021, Bradford's productivity per head per hour was £28.38 vs £48.15 in London (Centre for Cities 2024; no data given for Tower Hamlets). While there is much to do to improve Bradford children's living conditions, there are also many examples of positive practices and an energised and child-centred public administration. The Council aims to enable children and young people to have 'equity of access' to supporting resources, in order that they can lead 'happy and healthy lives', and 'develop their full potential' (Bradford City Council 2024). Children and young people have opportunities to be involved in the development of services through, for example, the Children in Care Council, Care Leaver's Council and 'Brad Starz', a Special Educational Needs and Disabilities (SEND)

Youth Forum; in addition, Healthy Minds apprentices shape local mental health work and advocate for young people's mental health and wellbeing (Bradford Children and Families Trust n.d.; Bradford City Council 2024; Bradford Schools Online 2024; Healthy Minds n.d.). In 2022, consultations with children aged 8–18 revealed that just over half (54 per cent) considered themselves to have good mental health and 60 per cent had good physical health (City of Bradford 2023). A separate consultation with school students cited their top three issues as the cost-of-living crisis and its impact, mental health and wellbeing, and tackling discrimination (City of Bradford 2023). One outcome of the consultations was that the Bradford District Children and Young People's Strategy listed physical and mental health and wellbeing as one of its four 'priority areas' (alongside education, skills, safe homes and neighbourhoods) and declared that the voice of children and young people was central to the success of the mission. Furthermore, the district attributes its success in securing the status of City of Culture 2025 to the energy and commitment of young people who were involved in the bid (Bradford City Council 2024).

The ActEarly programme of work, then, and its scope around happier, healthier urban childhood lives now and in the future, in two inner-city areas of England, provided the stimulus for this examination of inequality and hope for children growing up in two urban locations.

Why this book?

The book is not only a vehicle for many ActEarly projects in Tower Hamlets and Bradford to find a wider audience. It also seeks to renew attention on urban children as rights holders who are often marginalised in the public discourse, and whose status as present and future contributors to the economy and the health of the nation is often invisibilised. Despite multiple efforts to bring children into the frame, frequently by urban local governments and NGOs, children are often seen as the property of their parents, a nuisance to be controlled, victims, or protagonists of disorder. According to the indicators discussed above, children living in low- or middle-income households, often overcrowded, with inadequate access to open space, and a diminished public realm, are largely those we might expect to have low wellbeing. They are also, due to their age status, likely to have lower levels of societal recognition. This book aims to offer them, and those who parent and work with them, hope. The book aims to be a conceptual synthesis of different 'ways of seeing' urban childhood, with a common value base around articulating

children's own perspectives, wherever possible. In some cases, the lens of parents is an important proxy for growing up in our urban areas. We aim to make a particular contribution to understanding the experiences of younger children in cities. While there is a growing literature around children's perspectives and participation in research, much of it has engaged with older children and young people.

Urban life and childhood

In this final section of the chapter we introduce some more general themes of urban childhood.

There are some distinctive characteristics of cities:

- Density of living spaces
- Privacy of space as less available
- Pace of life faster
- Scale of buildings bigger
- Anonymity possible
- Cultural options available
- Diversity of peoples
- Heterogeneity
- Space compression
- Pollution levels higher
- Traffic danger

According to US urban studies scholar Jane Jacobs (1961), the conditions for a vibrant urban environment are met when walking within a city is accessible and feasible, where there are older buildings that are built to a high density and where parks and transport options are integrated into the city layout. The above list of characteristics challenges Jacobs' view of the urban landscape but does not undermine it. The presence of children in cities is arguably an indicator of a healthy city (Gill 2021), since if children can thrive in an area, it will be a good one for everyone. Moreover, 'children appreciate the same things in the city as adults: the diversity, the excitement, the unexpected' (Camstra 1997, 40). Children often claim apparently dull or unwanted spaces in cities for creative purposes. In Ward's (1978, 42) classic study, cities are an 'irresistible magnet', where bricked-up spaces offer exciting play opportunities for 'eerie encounters, forbidden games and the acting out of destructive passions'. Children's independent mobility in cities, in situations where

they can move around safely, leads to places to congregate and socialise; spaces for discovery are critical to both their wellbeing and an indicator of being visible, rights holders in the public realm.

But, historically, children's place in the public domain of the city has been associated with poverty and problems. Poor children in the streets were a risk to social order, hence the development of institutions – schools, orphanages, workhouses, reformatories – where children could be monitored, put to work and (in theory) develop positively regarded attributes, such as self-discipline (Rose 1990). The children of rich parents were incarcerated in different ways, through schools, private homes and idealisations of childhood as nostalgic, pastoral (Cunningham 1991). Today, these images of children linger. Urban children who are visible are often considered risky, and are given labels that emphasise their risk, such as 'anti-social', or 'gang members', rather than their rights as children (Hörschelmann and Van Blerk 2011). Moreover, city spaces often 'design out' children's independent mobility through signs and fences that prohibit children or control their activities (Gill 2021). Children's spatial range has declined rapidly in recent generations, due to both urban neighbourhood proximity and parental perceptions of risk and safety. Dangers from traffic flows and pollution have multiplied, such that the imagery of cities is as not the best place to bring up children, stimulating urban flight to areas perceived as safe (Butler and Hamnett 2011).

Urban parents, like parents everywhere, have culturally and socially shaped expectations of childhood and their children in particular (Lareau 2011). In east London, for example, some groups, such as Asian and Black parents, value educational aspirations highly but the structures of life cannot necessarily sustain their aspiration, due to low income, the schooling available or discrimination faced (Butler and Hamnett 2011). Urban parents must contend with the rapid pace of demographic change, a sense of unease about urban life, compounded by a fear of crime and the complexities of neighbourhood cohesion. Fears for the safety of children affect outdoor play. Parents are concerned about what might happen to their younger children in playgrounds, and what criticism might be levelled at them as parents if they left children unattended or uncontrolled in public spaces (Valentine and McKendrick 1997). In one of our ActEarly studies, some parents in Tower Hamlets were clear that playgrounds were for a day out in the holidays, when they could be escorted, not for everyday use. The discourse of safety and risk, although inevitably mediated by race, gender and social class, effectively disciplines children, via their parents, to be indoors and inactive, and

thwarts children's routes to wellbeing (Katz 2006). Gill (2021) helpfully reminds us that urban outdoor play does not have to be this way. Cities have long been the habitual place for children's independent mobility, actively using and playing in streets and among the urban fabric, a diminishing habit with the dominance of the car. With attention to child-centred planning, some neighbourhoods and districts, in Germany, the Netherlands and Belgium for example, incorporate safe outdoor play and physical activity into the city landscape (Gill 2021). Given the central role of urban parents, in provisioning and in navigating the place and its infrastructure, their lens on children's growing up 'happier and healthier' is crucial to this volume.

What the book chapters cover

This book aims to contribute to highlighting the vibrancy, hope and dynamism of urban life for children growing up in unequal places, especially when a multi-disciplinary and solution-focused lens is adopted. The chapters, in each case authored by a team comprised of senior and more junior colleagues, offer a range of perspectives on urban childhoods today. They are united in seeking to bring together evidence and ideas in relation to 'what makes a healthier and fairer childhood', often summarised as 'child wellbeing'. Each chapter is structured to include subheadings addressing 'Inequality', 'Voice' and 'Hope', to reflect the overarching concerns of this volume: to document inequality, give voice to research participants, including children, and offer hope via solutions that seem to work or provide prospects for the future.

Discussion of 'hope' is clearly in the context of enduring and stark inequalities. For example, an inevitable context for the book is the impact of COVID-19, and public health measures to control its impact, on urban lives in the period since 2020. Some chapters report data gathered during this time (Chapters 6, 7 and 11). It is worth noting that as a readily transmittable virus, COVID-19 affected deprived, urban and multi-ethnic populations disproportionately. Among impacts on adults living in deprived areas and from non-White backgrounds were higher levels of mortality and mental health difficulties, and higher financial precarity compared to other populations (ONS 2020). However, many of the issues raised in our COVID-19 data chapters were and are relevant post-COVID. Documenting families' experiences during COVID-19-related restrictions served to accentuate conditions and aspirations that were already present and illuminate means of addressing health

inequalities – the alleviation of child poverty through the £20 uplift for families receiving the main welfare support, Universal Credit, is but one example.

Following the present introductory chapter, we provide a conceptualising chapter (Chapter 2), where Arzuk and Cameron set out a synthesis framework for considering urban childhoods for younger age groups of children. The chapter argues that while coming from different starting points, and with different trajectories of collaboration to date, there are both distinctive and convergent visions among urban studies, childhood sociology and public health scholars when it comes to conceptualising childhood, which offers the potential for mutual influence should a combined framework be adopted.

We group the ensuing thematic chapters of the book into three Parts, with each chapter offering a description of the current state of evidence and data arising from ongoing or recently completed studies or initiatives. Not every chapter compares Bradford and Tower Hamlets; some are more nationally focused, and others include data from different urban areas.

Part I is about place. Place and neighbourhoods are one of the dimensions of wellbeing that children value as offering opportunities to have 'plenty to do'. In Chapter 3, Seims and Barber review evidence on the importance of outdoor play for young children's wellbeing and development and, using a public health systems-based approach coupled with co-design, how the built environment can design in – or out – this vital aspect of neighbourhoods. In Chapter 4, Ortegon-Sanchez and colleagues present evidence on the relationship between streets and the health and happiness of children from an urban studies and public health perspective, drawing on the views of children about what reclaiming streets means to them.

Part II is about provisioning. The unequal landscape of income, financial security and distribution of responsibility for children's childhood is clearly visible in our urban places. Barnes, Reece and Pickett (Chapter 5) discuss the extent of urban poverty and its current associate, financial insecurity. The chapter reviews the wide-ranging impacts of insufficient and insecure income on children's lives and the fabric of local societies, and questions the impact of remedial interventions in the absence of wider-scale attention to income inequality. This policy framework offers a context for the following two chapters, both rooted in data collected during the COVID-19 pandemic. First in Chapter 6, O'Brien and colleagues consider how children, particularly those in low-income homes, gain wellbeing and hope through parents'

jobs and better in-work benefits. They argue that the ways parents share worries and how they cope when mothers return to or start work are critical factors in supporting children's childhoods. Then, in Chapter 7, Dickerson and Iqbal compare maternal mental health during the COVID-19 era in London and Bradford. With data drawn from large-scale surveys and qualitative interviews they explore the role of culturally specific family and social practices as potential protective factors for maternal ill health and draw out some implications for urban children's health and wellbeing.

In Part III we consider aspects of infrastructure for urban childhoods. This is the local environment and services that support families, and which also allow children and their parents to influence their local environment. In Chapter 8, Ucci and colleagues take housing quality and overcrowding as a starting point and examine how solutions might be found on the basis of lived experience. Next, children have a right to food and in Chapter 9 Concha and her team discuss the current high levels of food insecurity and how policies and communities can organise to resolve or mitigate the impacts of food poverty. Then, in Chapter 10, Cameron and colleagues examine what is known about the lives and experiences of children under three years old, with a focus on urban places. They document the near invisibility of this age group in policy terms and the complex policy and practical barriers to taking up early childhood education and care places. Finally, in Chapter 11, Mead and colleagues take up the theme of community participation in shaping the local environment around children. They document initiatives at the Bromley by Bow Centre, a unique health and community centre in east London that has used a variety of means to 'co-create health', to build community integration and a sense of belonging, which in turn has supported enhanced wellbeing.

Last, in Chapter 12, the conclusion reinforces the commonalities and differences across the chapters and speaks to future directions in studies of urban childhoods that put as much emphasis on the 'here and now' and children having a say in their lives as on their future health and wellbeing. We conclude with a consideration of research gaps, particularly around incorporating the voices of younger children living with families into studies, and a debate about ways forward for children in the city and what societies can do to support the next generation including making child focused understandings of wellbeing a part of urban planning policy.

Further reading

The ActEarly website hosts a wide range of resources from the five-year (2019–24) programme. Accessed 13 March 2025. https://actearly.org.uk/.

Child of the North Reports are hosted on the N8 Research Partnership website which promotes a collaborative and scholarly approach to policy engagement that will improve the lives of children. Accessed 13 March 2025. https://www.n8research.org.uk/research-focus/child-of-the-north/.

References

Academy of Medical Sciences. 2024. *Prioritising Early Childhood to Promote the Nation's Health, Wellbeing and Prosperity*. London: Academy of Medical Sciences. Accessed 14 March 2025. https://acmedsci.ac.uk/file-download/96280233.

Bradford Children and Families Trust. n.d. *Children's Consultation and Participation*. Accessed 13 August 2024. https://bradfordchildcare.proceduresonline.com/p_child_consult_part.html.

Bradford City Council. 2024. 'Care leaver local offer'. Accessed 13 August 2024. https://www.careleaveroffer.co.uk/organisations/31639-bradford-city-council.

Bradford Schools Online. 2024. 'Brad Starz: Special Educational Needs and Disabilities (SEND) Youth Forum'. Accessed 13 August 2024. https://bso.bradford.gov.uk/news/22622-brad-starz--special-educational-needs-amp-disabilities-send-youth-forum.

Brewer, M., Fry, E. and Try, L. 2023. 'The Living Standards Outlook 2023'. Resolution Foundation, 2023. Accessed 13 August 2024. https://www.resolutionfoundation.org/app/uploads/2023/01/Living-Standards-Outlook-2023.pdf.

British Academy. 2023. 'Space for community: Strengthening our social infrastructure'. Accessed 13 August 2024. https://www.thebritishacademy.ac.uk/documents/4536/Space_for_community_strengthening_our_social_infrastructure_vSUYmgW.pdf.

Bronfenbrenner, U. and Morris, P. 2007. 'The bioecological model of human development'. In *Handbook of Child Psychology*, Volume 1: *Theoretical models of human development*, edited by W. Damon and R. Lerner, 793–828. London: Wiley. https://doi.org/10.1002/9780470147658.chpsy0114.

Butler, T. and Hamnett, C. 2011. *Ethnicity, Class and Aspiration: Understanding London's new East End*. Bristol. Policy Press.

Camfield, L., Streuli, N. and Woodhead, M. 2008. 'Children's well-being in contexts of poverty: approaches to research, monitoring and participation'. Young Lives Technical Note no 12. Oxford: Department of International Development, University of Oxford. Accessed 13 August 2024. https://www.younglives.org.uk/publications/childrens-well-being-contexts-poverty-approaches-research-monitoring-and-participation.

Camstra, R. (ed.). 1997. *Growing up in a Changing Landscape*. Assen: Van Gorcum, 1997.

Centre for Cities. 2024. 'Data tool'. Accessed 13 August 2024. https://www.centreforcities.org/data/data-tool/.

Chawla, L. (ed.). 2002. *Growing up in an Urbanizing World*. Paris: UNESCO Publishing/Earthscan.

Children's Society. 2023. 'The Good Childhood Report 2023'. Accessed 13 August 2024. https://www.childrenssociety.org.uk/sites/default/files/2023-09/The%20Good%20Childhood%20Report%202023.pdf.

City of Bradford Metropolitan District Council. 2022. 'Intelligence Bulletin: Bradford District population update'. Accessed 22 April 2025. https://jsna.bradford.gov.uk/media/yt0acamf/2021-detailed-census-report.pdf.

City of Bradford Metropolitan District Council. 2023. 'Bradford District Director of Public Health Annual Report 2023'. Accessed 13 August 2024. https://www.bradford.gov.uk/children-young-people-and-families/reports-policies-projects-and-strategies/bradford-district-director-of-public-health-annual-report-2023/#TagNo1.

CPAG (Child Poverty Action Group). 2024. 'Causes of poverty'. Accessed 14 March 2025. https://cpag.org.uk/child-poverty/causes-poverty.

Cunningham, H. 1991. *The Children of the Poor in England: Representations of childhood since the seventeenth century*. Oxford: Blackwell.
Diener, E. and Tay, L. (2015). 'Subjective well-being and human welfare around the world as reflected in the Gallup World Poll'. *International Journal of Psychology* 50(2): 135–49. https://doi.org.1002/ijop.12136.
Fane, J., MacDougall, C., Jovanovic, J., Redmond, G. and Gibbs, L. 2020. 'Preschool age children's accounts of their own wellbeing: Are current wellbeing indicators applicable to young children?'. *Child Indicators Research* 13: 1893–920. https://doi.org/10.1007/s12187-020-09735-7.
Fattore, T., Mason, J. and Watson, E. 2008. 'When children are asked about their well-being: Towards a framework for guiding policy'. *Child indicators Research* 2: 57–77. https://doi.org/10.1007/s12187-008-9025-3.
Fisher, C. D. 2014. 'Conceptualizing and measuring wellbeing at work'. In *Wellbeing: A complete reference guide*, Volume 3: *Work and wellbeing*, edited by P. Y. Chen and C. L. Cooper, 9–33. Hoboken: Wiley-Blackwell. https://doi.org/10.1002/9781118539415.wbwell018.
Gill, T. 2021. *Urban Playground: How child-friendly planning and design can save cities*. London: RIBA Publishing.
Healthy Minds. n.d. 'Healthy Minds apprentices'. Accessed 13 August 2024. https://www.healthyminds.services/about/healthy-minds-apprentices.
Hill, D. 2023. 'Demand for London primary school places drops again amid continuing falling birthrate'. *On London* (blog). Accessed 13 August 2024. https://bit.ly/41vGoIR.
Hörschelmann, K. and Van Blerk, L. 2011. *Children Youth and the City*. Abingdon: Routledge.
Jacobs, J. 1961. *The Death and Life of Great American Cities*. New York: Random House.
Katz, C. 2006. 'Power, space and terror: Social reproduction and the public environment'. In *The Politics of Public Space*, edited by S. Low and N. Smith, 105–22. New York: Routledge.
Lareau, A. 2011. *Unequal Childhoods: Class, race, and family life* (2nd ed.). Oakland: University of California Press. Accessed 13 August 2024. https://www.jstor.org/stable/10.1525/j.ctt1ppgj4.
Lewis, A. 2019. 'Examining the concept of well-being and early childhood: Adopting multi-disciplinary perspectives'. *Journal of Early Childhood Research* 17 (4): 294–308.
Lippman, L., Anderson Moore, K. and McIntosh, H. 2009. 'Positive indicators of child well-being: A conceptual framework, measures and methodological issues'. Innocenti Working Paper No. 2009–21. Florence: UNICEF Innocenti Research Centre.
Malaguzzi, L. 1993. 'For an education based on relationships'. *Young Children* 49: 9–12.
Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. and Geddes, I. 2010. *Fair Society, Healthy Lives: The Marmot Review*. London: UCL Institute of Health Equity. Accessed 13 August 2024. https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf.
McIvor, C., Vafai, Y., Kelly, B., O'Toole, S. E., Heys, M., Badrick, E., Iqbal, H., Pickett, K. E., Cameron, C. and Dickerson, J. 2022. 'The impact of the pandemic on mental health in ethnically diverse mothers: Findings from the Born in Bradford, Tower Hamlets and Newham COVID-19 Research Programmes'. *International Journal of Environmental Research and Public Health* 19 (21): 14316. https://doi.org/10.3390/ijerph192114316.
Mon-Williams, M. and 104 others. 2023. *Addressing Education and Health Inequity: Perspectives from the North of England. A report prepared for the Child of the North APPG*. Accessed 13 August 2024. https://www.healthequitynorth.co.uk/app/uploads/APPG-REPORT-SEPT-23.pdf.
Nixon, L., Sheard, L., Sheringham, J., Creaser, A., Iqbal, H., Gansallo, P., Mansukoski, L., Bryant, M. and Lockyer, B. 2024. 'Navigating the complexity of a collaborative, system-wide public health programme: Learning from a longitudinal qualitative evaluation of the ActEarly City Collaboratory'. *Health Research Policy and Systems* 22 (1): Article 138. https://doi.org/10.1186/s12961-024-01227-2.
Office of the Chief Executive. 2022. 'Population Report 2021 Census'. City of Bradford Metropolitan District Council, Intelligence Bulletin. Accessed 1 April 2025. https://tinyurl.com/28dcyrmd.
ONS (Office for National Statistics). 2020. 'Coronavirus and the social impacts on different ethnic groups in the UK: 2020'. Accessed 13 August 2024. https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/coronavirusandthesocialimpactsondifferentethnicgroupsintheuk/2020.

ONS (Office for National Statistics). 2021. *National Census Data*. Accessed 13 April 2025. https://www.ons.gov.uk/census.
ONS (Office for National Statistics). 2023. 'Subnational indicators explorer'. Accessed 13 August 2024. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/subnationalindicatorsexplorer/latest.
ONS (Office for National Statistics). 2024. 'Local indicators for Tower Hamlets'. Accessed 1 April 2025. https://www.ons.gov.uk/explore-local-statistics/areas/E09000030-tower-hamlets/indicators.
Patalay, P. and Fitzsimons, E. 2016. 'Correlates of mental illness and wellbeing in children: Are they the same? Results from the UK Millennium Cohort Study'. *Journal of the American Academy of Child and Adolescent Psychiatry* 55 (9): 771–83. https://doi.org/10.1016/j.jaac.2016.05.019.
Rose, N. 1990. *Governing the Soul: The shaping of the private self*. Abingdon: Routledge.
Sen, A. 1999. *Development as Freedom*. New York: Anchor Books.
Tower Hamlets. 2020. 'Voluntary and Community Sector Strategy 2020–2024'. Accessed 13 August 2024. https://www.towerhamlets.gov.uk/Documents/Strategy-and-performance/VoluntaryCommunitySectorStrategy2020-24.pdf.
Tower Hamlets. 2022. 'Pupil Attitudes Survey Report 2022'. Accessed 13 August 2024. https://www.towerhamlets.gov.uk/Documents/Borough_statistics/Education/Main-Report-PAS-2022-F.pdf.
Tower Hamlets. 2023. 'Tower Hamlets State of the Borough 2023'. Accessed 13 August 2024. https://www.towerhamlets.gov.uk/Documents/Borough_statistics/State-of-the-Borough.pdf.
Trust for London. 2022. 'London's poverty profile: Life expectancy by London borough'. Accessed 13 August 2024. https://trustforlondon.org.uk/data/life-expectancy-borough/.
UNICEF. 2012. 'The state of the world's children 2012: Children in an urban world'. Accessed 13 August 2024. https://www.unicef.org.uk/wp-content/uploads/2012/02/state-of-the-worlds-children-2012-urban-world.pdf.
UNICEF Innocenti. 2020. 'Worlds of influence: Understanding what shapes child well-being in rich countries'. Innocenti Report Card 16. Accessed 13 August 2024. https://www.unicef.org/media/77571/file/Worlds-of-Influence-understanding-what-shapes-child-well-being-in-rich-countries-2020.pdf.
Vafai, Y., Benson, R., Albert A., Cameron, C. and Pickett, K. 2023. 'Child and family health and wellbeing in Bradford and Tower Hamlets: An ActEarly report'. Accessed 13 August 2024. https://actearly.org.uk/wp-content/uploads/2023/05/55843_HL_Act-Early-Report_v10-1-3.pdf.
Valentine, G. and McKendrick, J. 1997. 'Children's outdoor play: Exploring parental concerns about children's safety and the changing nature of childhood'. *Geoforum* 28 (2): 219–35.
Ward, C. 1978. *The Child in the City*. London. Pantheon.
WHO (World Health Organization). 2021. 'Health promotion glossary of terms 2021'. Accessed 13 August 2024. https://iris.who.int/bitstream/handle/10665/350161/9789240038349-eng.pdf?sequence=1.
Wickham, S., Anwar, E., Barr, B., Law, C. and Taylor-Robinson, D. 2016. 'Poverty and child health in the UK: Using evidence for action'. *Archives of Disease in Childhood 2016* 101: 759–66.
Wilkinson, R. and Pickett, K. 2009. *The Spirit Level: Why equality is better for everyone*. London: Penguin.
Wright J. and 36 others. 2019. 'ActEarly: A City Collaboratory approach to early promotion of good health and wellbeing'. *Wellcome Open Research* 4: 156. https://doi.org/10.12688/wellcomeopenres.15443.1.
Young, M. and Wilmott, P. 1957. *Family and Kinship in East London*. Abingdon: Routledge.

2

Conceptualising urban childhood as part of broad and deep local eco-systems: towards a multi-disciplinary framework

Deniz Arzuk and Claire Cameron

Introduction

Discourses about urban childhood often focus on the many challenges of growing up in an urban environment, including experiencing deeply entrenched inequalities, a lack of adequate housing exacerbated by safety concerns, loneliness and isolation and limited access to green space. Indeed, the Introduction to this volume (Chapter 1), sketched out some of the problems of urban childhoods in our site-specific places.

While the city by nature is characterised by a distinct pace and scale, and the real or perceived challenges these bring, it is also a place that offers opportunities of vitality, diversity, solidarity, anonymity and a rich and heterogenous cultural life. One of the points of this volume is to articulate the city as a hopeful place, where these more positive indicators of thriving available to children growing up in two inner cities in England – London (specifically, the borough of Tower Hamlets) and Bradford – are not neglected. There is a strong theoretical tradition of urban design intersecting with street vibrancy to improve the quality of life for residents (Jacobs 1961). While Jacobs pointed out the human and social benefits of compact, diverse and accessible cities and children's active movement were seen as contributors to city dynamism, there was relatively little attention to childhood itself. From a health perspective, systematic reviews of urban childhood focus on area differences in specific topics such as obesity (Johnson and Johnson 2015; Islam et al. 2020) or mental health (Franzoi et al. 2024; Alderton et al. 2019).

Beyond this, urban childhood has been of scholarly interest for more than half a century, with key contributions coming from various disciplines (Ward 1978; Hart 1979; Lennard and Lennard 1992; Chawla 2002; Driskell 2017; Gleeson and Sipe 2006; O'Brien et al. 2000b; Bartlett 2002). Various frameworks with which to view childhood have been proposed; these tend to build on assumptions about what constitutes a good urban childhood, such as play, walkability and green space (Gill 2021), or the potential problems of city life, such as urban poverty (Jack 2000), or focus more on how urban space impacts childhood, rather than on children in relation to cities and urban life. Two frameworks stand out as comprehensive and path-breaking. First, *Children in the City* (O'Brien and Christensen 2003) suggests three main principles to guide our understanding of urban childhoods. First, children's perspectives should be included both as a social group and as individuals. Second, they suggest considering the relationship between cities, communities, neighbourhoods and home – in other words, to take into account the entanglement of relationships between humans and space. Finally, they underline the need to advocate for children's participation in urban change. The second framework, which we find particularly helpful (Christensen et al. 2017), brings together literature on sustainable urbanism and childhood. Building on empirical data, the researchers reveal how new materialist and critical post humanist theories can result in a more nuanced understanding of the complexities of urban childhood and, in return, how paying attention to children's lives can ground these 'new wave' theorisations.

In this chapter, we build on this intellectual legacy. Our review of existing literature reveals a plethora of childhood-focused research dedicated to documenting the unique ways children experience cities, and suggesting new ways of theorising urban childhoods. Scholars within urban studies, urban sociology and human geography have looked at the relationship between children and cityscapes, building on theoretical advances that offer more sophisticated understandings of the city. Studies of childhood within public health typically focus on specific issues, rather than urban contexts, but the influence of area, especially in relation to deprivation, is growing – for example, with the Born in Bradford cohort studies. As Skelton and Gough (2013) point out, despite the apparent overlaps between these literatures and the common inspiration they derive from critical schools of thought and analytical frameworks, there is little sustained collaboration and knowledge exchange between these different disciplines.

We start by giving an overview of viewpoints on urban childhood from these fields that have influenced our approach to building continued cross-disciplinary dialogue between critical childhood studies, urban studies and urban childhood within public health, as a foundation for a child-centred, hopeful, framework for conceptualising urban childhood. The aim is to find productive connections across fields, and to inform discussions about design, intervention and policy so that these intellectual endeavours have political and practical implications.

An important gap we note in literature as well as practice is the lack of attention to younger children, with some exceptions that focus on parents (Wilson and Herbert 1978; Power 2007; Goodsell 2013; Wessel and Lunke 2021). Many chapters in this book aim to bring younger children forward, with most evidence coming from studies with parents and families. While we see value to turning to parents as a lens into children's lives, we believe we also should seek ways to get direct evidence coming from research with younger children (Alderson 2012) and make use of new methodologies and suggestions to integrate younger children's perspectives.

Urban childhood today, changing cities and changing childhood

Our starting point in developing this chapter was to understand what urban childhood means in the contemporary moment. There are numerous analyses of contemporary cities and urban life that suggest focusing on different economic, social, institutional, infrastructural and ecological factors (Koch and Latham 2021; Sassen 2000; 2005; Sennett 2021). We identify six key themes that specifically relate to children and childhood at the macro and global level:

1. Changing patterns of demographic movement in and out of cities, between regions and from global human movement: this includes the increasing urbanisation of most of the world population and, at the same time, declining child population in some cities. It also includes changing patterns of global mobility, migration and displacement at an unprecedented scale, which is particularly crucial in understanding contexts like Tower Hamlets and Bradford, with high proportions of established and newly arrived migrant populations.

2. New manifestations and patterns of inequality and distribution of resources including various forms of social, cultural and economic resources and capital accumulation.
3. City dwelling and public life: different ways of living together; isolation, including displacement; and solidarity within communities and beyond, such as the formation of global care chains.
4. Spatial change and new urban landscapes: urban decay, regeneration, suburbanisation and emerging themes of design and planning of cities such as sustainable urbanism and smart cities, with different impacts on diverse groups of city dwellers.
5. Politics and governance: political representation, planning, provision, austerity, polarising political landscape, welfare regime, authoritarian populism.
6. Finally, wider and global factors: for example, environmental crisis, war and recession in their diverse manifestations in the current climate.

Taking these unique conditions into account, our main focus is to rethink how we conceptualise urban childhood in such a context. In the following sections, we will first provide an overview of complementary literatures coming from the fields of childhood studies, urban studies and public health, with particular emphasis on urban childhood as a conceptual tie. We will then summarise our main takeaways from these three literatures and outline a series of principles. We will acknowledge some practical, if mostly small scale, examples of putting these into action. Finally, we will discuss how these can be translated and extended to impact policy and practice and outline our proposed framework (see Table 2.1), which we believe can guide intervention and design as we set out to bridge what children growing up in cities want and what the city offers.

Critical childhood studies

Critical childhood studies encompass a broad scholarship with a specific focus on children and childhood, embedded in sociology, children's geographies, history, anthropology, ethnography and other similar disciplines. Here, we draw on a selection of this work for its contribution to specifically urban childhoods.

Classical sociology viewed childhood as a period of socialisation in which children gradually assume societal norms and values (for example, the work of Talcott Parsons), while the other foundational

perspective on childhood was that of developmental psychology, in particular Piaget's theory of cognitive growth, which viewed the child as lacking in comparison to the adult. These predominant views of children and childhood understood young people as moving through pre-conceived, predictable and universal stages of development and socialisation, establishing so-called universal 'norms' of a linear progression, with some children – labelled 'deviant' or 'non-normative' – that did not adhere to the standard stages of development.

As a response to this, James and Prout (1990), outlined the 'new paradigm' for the sociology of childhood. Rather than universality and pre-determined stages of growth, the new paradigm suggested viewing childhood as a social construct that changed through time and across contexts. A key idea was to shift the focus from a future-oriented progression towards adulthood, to acknowledging children in the here and now – or in Qvortrup's now classical assertion, viewing children not as human becomings but as human beings (Qvortrup 1994). A third component was to insist on the practical implications of giving children conceptual autonomy as social agents, which resulted in a wealth of works that centred children's voice, agency and participation.

Since the wider recognition of critical childhood studies as an independent field, childhood scholars continued to challenge and complicate these ideas and offered new perspectives inspired by post-humanist, new materialist, intersectional, inter-relational approaches that pushed beyond binaries like nature versus culture and agency versus structure (Spyrou et al. 2018). Among notable contributions was to give serious consideration to children's agency in practice, to consider limitations in exercising agency (Prout 2004), to see agency as a continuum (Abebe 2019) and to consider children's interaction with human and non-human subjects (Horton and Kraftl 2006). Importantly, critical childhood studies acknowledge the diversity of children's experiences without taking away from the power of universal ideals about children and childhood (Freeman 2002). Space precludes a fuller discussion of contributions from this field; instead, in this chapter we want to underscore three important points for urban childhood:

Firstly, while most literature on urban childhood focuses on how cities impact childhood and aims to create better cities for children, such as the child-friendly cities literature (Brown et al. 2019; Jansson et al. 2022) we note that children are *not only passive recipients* of what the city offers, but they also actively use the city and, through their use, make sense of and shape the urban space. They must be recognised as

urban social subjects in their own right, and in relation to human and non-human subjects around them.

Secondly, we agree that urban policy for children should account for the long-term implications of their lives (Tizard et al. 2017), yet we also maintain that this should not be done at the expense of ignoring their views, interests and needs in the present. Children are not only future urban citizens. As suggested by Uprichard (2008), both children and adults are *beings and becomings* at the same time – while we maintain that design and planning should account for futures, and how life chances are impacted by social and spatial conditions in cities, this should not lose sight of the fact that children are city dwellers in the here and now.

Finally, being socially positioned as a child, as well as the biological imperatives of being a child have implications on children's lived realities. This is not to suggest that being a child is the same for all children, or that children's interests are necessarily contradictory to other social groups. Children's lived experiences are diverse and non-normative, and should be understood via localised and culturally relevant analyses (Twum-Danso Imoh 2016).

Urban studies

Urban scholarship, particularly from the fields of urban sociology and human geography, offers perspectives on urban life and how it is impacted by social, cultural, economic and political factors. This field is wide, with different traditions and schools of thought, from Marxist and Weberian theories of urbanisation to the Chicago school of sociology, to the expansion of the field with influences from feminist and civil rights movements, postcolonial and intersectional perspectives, as well as the environmental justice movement. It is beyond the scope of this chapter to historicise urban scholarship and provide a detailed overview, but we specifically draw upon the following three key contributions:

First of these is 'spatiality' as a general concept, which is central to research on children living in cities. Holloway and Valentine's (2004) now classic discussion of spatial construction of childhood, argues that social constructions of childhood shape space in both local and global scale. Similarly, Holt (2010) adopts an international perspective and suggested 'socio-spatial' context as a research focus, while Kallio et al. (2016) introduced spatiality as a dimension of children's rights and political agency. Other important contributions from this perspective attempt to understand how children use the city (Hörschelmann and

Van Blerk 2013; Ursin 2011), their space-based experiences (Reay and Lucey 2000), everyday spaces (Horton et al. 2015), mobilities (O'Brien et al. 2000a), and the impact of globalisation on children's lives (Katz 2004). A spatial approach suggests the city is not a neutral space, but one that is laden with power dynamics, with impacts on children's experiences and identities. At the same time, it offers us tools to consider children's own spatial practices, and how they use and remake the city as spatial actors (Skelton and Gough 2013; Ploner and Jones 2020).

Despite the breadth of discussion within urban studies, children, and particularly younger children, remain largely absent from literature on design and planning. There are a few notable exceptions that mostly focus on children and families. Some have suggested helpful methodologies to assess if cities work for children (Broberg et al. 2013), for design and planning (Bishop and Corkery 2017), and ways to include younger children in the shaping of urban contexts (Barnes et al. 2006). There are also some initiatives that aim to implement ideals of participation and co-design in locally and culturally relevant ways. For example, Urban 95 is a practical example of implementing young children-focused projects in different country contexts (Vincelot 2019). Despite these widening efforts, however, this perspective is far from being a dominant focus in urban planning and design.

A second theoretical influence we take away from urban studies is 'the right to the city' (Lefebvre 1968). This concept was coined to argue for the right of urban dwellers to access the benefits of urban life and to shape the city they live in, in response to inherent challenges posed by cities shaped by capital, such as segregation and marginalisation (Marcuse 2009). The right to the city as a concept was further expanded by Harvey (1973; 2008; 2017) who approached the idea in the context of expanding global capitalism and neoliberalism. Harvey emphasised the role of capital and dispossession in shaping urban landscapes at the expense of disadvantaged groups. In this view, the city is a site of class confrontation, and the right to the city alludes to residents' right to challenge the dominance of capital and assert their collective right to shape urban development in ways that prioritise social justice and equity. In other words, Harvey emphasises the need to address spatial inequalities and the power dynamics that underlie injustice, and reformulates the premise of the concept as 'not merely a right of access to what already exists, but a right to change it' (Harvey 2003, 939).

For our focus on childhood, we also draw on works that establish the child as one with a right to the city (Carroll et al. 2019;

Whitzman et al. 2010; Russell and Stenning 2023). These authors call for children's meaningful participation in urban spaces, and underline the importance of inclusive urban spaces that cater to the diverse needs of children, with particular emphasis on children's independent movement and access to space and play. The central idea in this proposal for children's right to the good city is to 'consider children's everyday material and embodied relationships with space and time as a form of political participation in everyday life' (Russell 2020, 16).

Finally, the ethics of living in cities (Till 2012; Davis 2022; Lawson 2007; Anzani and Scullica 2022; Gabauer et al. 2022, 254; Imrie and Kullman 2016), and particularly the proposal for 'care-full cities' (Williams 2017; 2020) forms a third important urban studies contribution. Building on the work of feminist scholars (Gilligan 1982; Tronto and Fisher 1990), this view is grounded in the principles of ethics of care defined as 'a species activity that includes everything that we do to maintain, continue, and repair our world so that we can live in it as well as possible' (Tronto 1993, 113). Following this line of argument, urban scholars and geographers integrated these principles into urban planning and design (Lawson 2007; Till 2012; and Williams 2017; 2020), emphasising the importance of care relationships in urban environments, underlining relationality, responsibility, and interdependence as key themes (Williams 2017). Williams's proposal for care-full cities is taken up by Ergler and colleagues (2022, 145) in their research with pre-school-aged children to create an urban environment, and is notable for its discussion of how 'young children indicate an alternative way for doing/being/thinking the city and the central role care should play in cities'.

Public health

A public health approach takes population health and wellbeing as its focus and often utilises epidemiological data as its starting point. Adapting the Acheson (1988) definition, child public health is multi-pronged: it is the 'art and science' of promoting the health of children and preventing illness and disease, through the skills and organised efforts of professionals and societal policies (Blair et al. 2010). Public health 'works' largely through the mechanisms of education, regulation, multi-sector collaboration and specific interventions to address health risks and promote healthy lives. For some, a public health approach treats a social phenomenon as an infectious disease: there is a search for a 'cure'

by deploying scientific evidence on causes to, via collaborative focus, arrive at implementable early – or upstream – interventions aimed at preventing 'spread' of risk factors (House of Commons 2019). For others, a public health approach is much broader; it is making a contribution to promoting 'long and healthy lives' and living lives more in good health than bad health (Van-Tam 2024). According to the WHO (2011, 4), 'commitment to human rights, social equity and social justice are key principles of governance' in public health, for which fostering intersectoral coordination is a central pillar. Many of the problems public health seeks to address are not 'health' but are intractable societal issues that have a bearing on healthy lives.

In line with this, child public health is inclusive of all ages and stages of childhood, and is concerned with the context of children's upbringing, such as parental, community and societal resources deployed to help children thrive. Child public health contrasts with other health disciplines in its 'upstream' focus, its concern with the social or wider determinants of health, rather than an individual or clinical perspective, albeit clinicians usually share the mission to improve health and wellbeing at scale. Child public health has a moral dimension: children 'deserve' the best possible start in life, and societies have a 'responsibility' to ensure children enjoy good health, particularly those from 'less advantaged' communities (Blair et al. 2010). Key achievements of child public health over time are universal immunisation, clean water and control of child labour. Here we briefly review and include some examples of three main public health approaches important for childhood: behavioural, contextual and social-practices led.

Behavioural approaches

Blair et al. (2010) make the point that the measurement of absence of health – illness and disease – is far more common than the measurement of health and wellbeing, so the positive aspects tend to be less reported than the negative. Identifying health absence is driven by data collection on individuals. For this, behaviour change models have dominated interventions in public health, on the basis that, once educated about risks, people will be motivated to change their behaviour to prevent ill-health and/or promote wellbeing (Blue et al. 2016). For example, the Wanless Report (2004) proposed a reliance on behaviour change towards more healthy lives in order to ease delivery problems for the NHS. Behaviour change was considered more feasible than altering either genetic predispositions to disease or social conditions of life.

However, behaviour change relies on a knowledge-attitude-behaviour paradigm that assumes rationality and linearity in human behaviour on the basis of knowledge. This sequence of choice-making is, according to Thaler and Sunstein (2008), rarely the case. A more sophisticated understanding of how people make decisions leads to 'nudge' – leading people to make healthy choices without restricting freedom of choice by making minor or moderate changes to the range of choices available (Thaler and Sunstein 2008). In 2010, the UK Government's insight team or 'nudge unit' was established to promote this approach in part as a 'quick fix' to shaping health and other policy messages to the public. But there are ethical issues with behaviour change models and nudge in particular such as concerns about violating autonomy, whether people act in relation to their own welfare or not, long-term adverse effects of nudge and issues of democracy and deliberation, as nudge often lacks political legitimacy (Kuyer and Gordjn 2023). Moreover, there are serious doubts about the effectiveness of nudge once publication bias is taken into account (Maier et al. 2022). At essence, nudge theory still relies on assumptions about appealing to human behaviour albeit with changes to the environment in which decision making takes place. Fontaine et al. (2024) remind us of the contested terrain of behaviour change interventions where understandings of local contexts is key to success.

Contextual approaches

The second main approach to public health is concerned with the conditions of people's lives. Although not new, as legislation for clean air and clean water, for example, date back to the mid nineteenth century, attending to the wider conditions of life is fundamental to both mitigating risk, promoting health and wellbeing, and societal and economic success. This is a societal approach to health. Since Marmot and colleagues' (2010; 2020) *Fair Society Healthy Lives* reports, the wider determinants of health, well beyond the scope of health systems, have come to be far more widely recognised.

Marmot and team underlined the critical importance of addressing inequity in society as a whole in order to address the health of the population. They put forward a number of strategic priorities of which the first was giving 'every child the best start in life', followed by maximising opportunities and control over life, fair employment and good work, ensuring a healthy standard of living, healthy and sustainable places and communities, and, finally, to strengthen the

role and impact of ill health prevention. By far the majority of this programme of work is only indirectly concerned with health service systems; it calls on education, employment, income inequalities, environmental expertise and more to be valued and programmes addressing them to be implemented as contributing towards health and wellbeing for children and adults.

Wilkinson and Pickett (2010) found that economic equity is related to health and wellbeing across the globe regardless of health and welfare systems or health indicators selected. In recognition of the pervasive effects of inequality, Marmot argued that universality by itself would not bring about equity for many, as inequalities were too entrenched. He proposed, running in tandem with attention to the wider determinants of health, the concept of 'proportionate universalism', which argues that where the need is greatest the provision should also be concentrated. This has come to define much health equity work including that for children. Some local authorities have adopted the approach, called 'Marmot cities'. In Coventry, for example, which became a Marmot city in 2013, local leaders committed to reducing health inequalities through concerted, coordinated actions and multi-sector partnerships (Coventry 2024). Actions included making health equity a strategic outcome across health and local authorities, and focusing attention down on ways to, for example, improve children's 'school readiness', increase employment opportunities and reduce crime. Marmot city status gave a coherent impetus to policy development and execution.

Of particular relevance to this volume, Born in Bradford is a birth cohort study of influences on child health from parents, genes, lifestyles and local environment and services. As a framework for thinking about inner-city child health, it relies on epidemiological data, evaluation of interventions and considerable emphasis on local consultation and co-production of issues and means of addressing them. As such it is a very good example of a place-based, contextual, public health approach. Evidence produced through the cohort study has helped achieve policy impacts in relation to the wider determinants of health such as clean air zones to address childhood asthma and low birth weight, and improving the availability and quality of green spaces to improve the health of babies and mental health of mothers. For these interventions, children (and parents) are positioned as actively contributing to shaping understanding of how 'new' environments are used or not by different groups in the local population (Born in Bradford 2024).

Social practices

A third approach rejects both the individualised behaviourism approach as long tried but ultimately ineffective, and the contextual approach as lacking mechanisms for translation into daily lives (Blue et al. 2016). Instead, Blue et al. (2016) argue that public health should focus on 'social practices' as sites of invention, and consider their social, cultural and political contexts, changes over time and meanings to adoptees of practices. Rather than relying on a logic of rational understanding of risk through education and/or regulation, public health might more fruitfully achieve results by paying attention to both the complex underpinning of a practice – its materials and competence required; the embodied meanings associated with it – and the social patterning of individual lived experience to understand the endurance of unhealthy lives. According to Blue et al. (2016, 46), 'Practice oriented public health would seek to understand and influence the emergence, persistence or disappearance of shared social practices' and 'would be actively involved in continuously monitoring and adapting to changes in the arrangements of social practices that make up everyday life'.

By elucidating the three approaches to public health we can draw out some central features. The first is universalism: public health is necessarily concerned with the public, and health for all. By bringing healthy lives at a population level to the fore, it is no longer solely an individual responsibility to be healthy but is shared with societal resources, enacted through regulatory provisions of legislation or promotional education. The second feature is a recognition of the social patterning of resources, or inequality, that requires additional provision measures for those considered 'vulnerable' or marginalised. Children would come into this category by virtue of their age status, as would those with language barriers to accessing services or subject to racism and other forms of discrimination. Third, and perhaps more tangentially, we can see a turn away from simple behaviourism as a mechanism for change and towards a more sophisticated understanding of context and 'voice'. There is a recognition, as Susan Michie puts it, that 'one size does not fit all' and that interventions to address health inequalities must address difference (Fontaine et al. 2024). One of the best ways of doing this is to dismantle hierarchies of knowledge and consult people who are users of health services. This is referred to as 'involvement', 'participation' or 'co-design' and reflects a concern with justice (see Chapter 11 for a discussion about co-creation of health).

Table 2.1 Key points: theoretical contributions from critical childhood studies, urban studies, public health.

Critical childhood studies	Urban studies	Public health
Interdependency	***Spatiality***	***Prevention***
Children are not passive recipients of policy, but urban actors who are in interdependent relationships with other human and non-human actors.	Urban space impacts social constructions of childhood and children's experiences.	Helping everyone's health.
Being/becoming	***Right to the city***	***Equality and inequality***
Children are both beings and 'becomings'. Design and policy should not be short-sighted to impair children's life chances, but should not ignore children in the present.	Children as city dwellers have right to access benefits of urban life and participate in making cities. Children's spatial practices can be seen as political participation.	Proportional universalism. Providing more resources where the need is greatest.
Universalism/relativism	***Care-full cities***	***Justice/participation***
Being a child has biological and social dimensions that result in diverse and often unequal childhood experiences.	Practices of giving and receiving care should be acknowledged as aspects of urban life. Valuing interdependent care relationships as an important aspect of sharing space and living together can help create just cities.	Co-design, dismantling hierarchies of knowledge.

Source: Authors.

Conclusion

This chapter has sought to take the first steps in building a multi-disciplinary conceptualisation of urban childhood that incorporates cities as vibrant and children as active contributors to them, even to acknowledge a 'good city' for children. While this is not a 'new' framework, it is an invitation to conversation across disciplines and perspectives on urban childhoods to integrate children's perspectives and their understandings of wellbeing into ongoing work on urban childhoods from the fields of urban planning and population-based health studies. To date, area-based, practical applications of public health and urban studies have adopted some limited ideas and methodologies from childhood

studies, such as drawing on child consultations or building on child rights terminology. We argue that multidisciplinary research on urban childhoods would benefit from adopting an approach that takes on board theorisations on power, social status, relationality and interdependency, in ways seen in the sociology of childhood. We realise that our research so far may not present us with enough data to do this now, but we think that might be worth pursuing as part of our conclusion as a potential future direction for research. To conclude the chapter, we put forward some general principles to meet this aim:

First and foremost, we believe that urban childhood should be positioned as a valid analytical focus for a multi-disciplinary and coherent understanding of growing up in cities. This entails viewing children beyond a risk/benefit approach, and beyond being seen as appendages to their families (while parents are clearly important), as future generations to be moulded, as obstacles to city life, as social concerns or as social burdens. It also necessitates avoiding taken for granted assumptions of what is good for children – instead, we need to engage with children's own perspectives coming from their lived realities.

Second, while we argue for a greater focus on children, this should not mean thinking of children as a unified social group with common interests and needs that clash with other social groups. Rather, we should take into account the diverse and often unequal experiences of being a child, and the multiple overlapping and intersecting factors (including class, gender, race, (dis)ability, generation) which impact how the urban is experienced differently by different children, in relation to human and non-human others. This would allow us to come to fuller, culturally valid, and locally situated understandings of urban childhoods.

Finally, we believe that our endeavour has not only academic but also practical and political implications, and that the question of what matters to children should lie at the heart of what we do. We should avoid taken-for-granted assumptions about what is good for children – instead, children should actively participate in the shaping of their own environments, and the social, economic and environmental planning of neighbourhoods, towns and cities. This participation should not be merely tokenistic, and younger children should not be excluded from it. We value this not only to make cities better places *for children*, but because we believe children's contribution as individuals and as an oft-neglected social group has value *for cities* (Russell 2020; Russell and Stenning 2023; Ergler et al. 2022).

References

Abebe, T. 2019. 'Reconceptualising children's agency as continuum and interdependence'. *Social Sciences* 8 (3): 81. https://doi.org/10.3390/socsci8030081.

Acheson, D. 1988. *Public health in England: The report of the Committee of Inquiry into the Future Development of the Public Health Function*. London: HMSO.

Alderson, P. 2012. 'Young children's human rights: A sociological analysis'. *The International Journal of Children's Rights* 20 (2): 177–98. https://doi.org/10.1163/157181812X622187.

Alderton, A., Villanueva, K., O'Connor, M., Boulangé, C. and Badland, H. 2019. 'Reducing inequities in early childhood mental health: How might the neighborhood built environment help close the gap? A systematic search and critical review'. *International Journal of Environmental Research and Public Health* 16 (9): 1516. https://doi.org/10.3390/ijerph16091516.

Anzani, A. and Scullica, F. (eds). 2022. *The City of Care: Strategies to design healthier places*. London: Springer Nature.

Barnes, J., Katz, I. B., Korbin, J. E. and O'Brien, M. 2006. *Children and Families in Communities: Theory, research, policy and practice*. Chichester: John Wiley and Sons.

Bartlett, S. 2002. 'Building better cities with children and youth'. *Environment and Urbanization* 14 (2): 3–10. https://doi.org/10.1177/0956247802014002.

Bishop, K. and Corkery, L. (eds). 2017. *Designing Cities with Children and Young People: Beyond playgrounds and skate parks*. Milton Park: Taylor and Francis.

Blair, M., Stewart-Brown, S., Waterston, T. and Crowther, R. 2010. *Child Public Health*. Oxford: Oxford University Press.

Blue, S., Shove, E., Carmona, C. and Kelly, M. P. 2016. 'Theories of practice and public health: Understanding (un)healthy practices'. *Critical Public Health* 26 (1): 36–50.

Born in Bradford. 2024. 'We are Born in Bradford'. Accessed 16 March 2025. https://borninbradford.nhs.uk/.

Broberg, A., Kyttä, M. and Fagerholm, N. 2013. 'Child-friendly urban structures: Bullerby revisited'. *Journal of Environmental Psychology* 35: 110–20. https://doi.org/10.1016/j.jenvp.2013.06.001.

Brown, C., De Lannoy, A., McCracken, D., Gill, T., Grant, M., Wright, H. and Williams, S. 2019. 'Special issue: Child-friendly cities'. *Cities and Health* 3 (1–2): 1–7. https://doi.org/10.1080/23748834.2019.1682836.

Carroll, P., Calder-Dawe, O., Witten, K. and Asiasiga, L. 2019. 'A prefigurative politics of play in public places: Children claim their democratic right to the city through play'. *Space and Culture* 22 (3): 294–307.

Chawla, L. 2002. *Growing Up in an Urbanizing World*. Abingdon: Routledge.

Christensen, P., Hadfield-Hill, S., Horton, J. and Kraftl, P. 2017. *Children Living in Sustainable Built Environments: New urbanisms, new citizens*. Abingdon: Routledge.

Coventry City Council. 2024. 'Coventry: A Marmot City'. Accessed 16 March 2025. https://www.coventry.gov.uk/marmot-monitoring-tool/coventry-marmot-city-story-far.

Davis, J. 2022. *The Caring City: Ethics of urban design*. Bristol: Policy Press.

Driskell, D. 2017. *Creating Better Cities with Children and Youth: A manual for participation*. Abingdon: Routledge.

Earls, F. and Carlson, M. 2001. 'The social ecology of child health and well-being'. *Annual Review of Public Health* 22 (1): 143–66. https://doi.org/10.1146/annurev.publhealth.22.1.143.

Ergler, C. R., Freeman, C. and Guiney, T. 2021. 'Walking with preschool-aged children to explore their local wellbeing affordances'. *Geographical Research* 59 (1): 118–35. https://doi.org/10.1111/1745-5871.12402.

Ergler, C. R., Freeman, C. and Guiney, T. 2022. 'Pre-schoolers' vision for liveable cities: Creating "care-full" urban environments'. *Tijdschrift voor economische en sociale geografie* 113 (2): 131–50. https://doi.org/10.1111/tesg.12461.

Fontaine, G. and 19 others. 2024. 'One size doesn't fit all: Methodological reflections in conducting community-based behavioural science research to tailor COVID-19 vaccination initiatives for public health priority populations'. *BMC Public Health* 24 (1): 784. https://doi.org/10.1186/s12889-024-18270-x.

Franzoi, D. and 10 others. 2024. 'Which individual, social, and urban factors in early childhood predict psychopathology in later childhood, adolescence and young adulthood? A systematic review'. *SSM-Population Health* 25: 101575. https://doi.org/10.1016/j.ssmph.2023.101575.

Freeman, M. D. A. 2002. 'Human rights, children's rights and judgement – some thoughts on reconciling universality and pluralism'. *International Journal of Children's Rights* 10: 345–54.
Gabauer, A., Knierbein, S., Cohen, N., Lebuhn, H., Trogal, K., Viderman, T. and Haas, T. 2022. *Care and the City: Encounters with urban studies*. Milton Park: Taylor and Francis.
Gill, T. 2021. *Urban Playground: How child-friendly planning and design can save cities*. London: RIBA Publishing.
Gilligan, C. 1982. *In a Different Voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
Gleeson, B. and Sipe, N. 2006. *Creating Child Friendly Cities*. London: Routledge.
Goodsell, T. L. 2013. 'Familification: Family, neighborhood change, and housing policy'. *Housing Studies* 28 (6): 845–68.
Hart, R. 1979. *Children's Experience of Place: A developmental study*. New York: Irvington Publishers.
Harvey, D. 1973. *Social Justice and the City*. Oxford: Basil Blackwell.
Harvey, D. 2003. 'The right to the city'. *International Journal of Urban and Regional Research* 27(4): 939–41. https://doi.org/10.1111/j.0309-1317.2003.00492.x.
Harvey, D. 2008. 'The right to the city'. *New Left Review* 53 (September–October): 23–40.
Harvey, D. 2017. 'The right to the city'. In *Citizenship Rights*, edited by Jo Shaw and Igor Stiks, 465–82. Abingdon: Routledge.
Holloway, S. L. and Valentine, G. 2004. *Children's Geographies: Playing, living, learning*. Abingdon: Routledge.
Holt, L. (2010). 'Introduction. Geographies of children, youth and families: disentangling the socio-spatial contexts of young people across the globalizing world'. In *Geographies of Children, Youth and Families: An international perspective*, edited by L. Holt, 21–8). Abingdon: Routledge.
Hörschelmann, K. and Van Blerk, L. 2013. *Children, Youth and the City*. Abingdon: Routledge.
Horton, J., Hadfield-Hill, S. and Kraftl, P. 2015. 'Children living with "sustainable" urban architectures'. *Environment and Planning A: Economy and Space* 47 (4): 903–21.
Horton, J. and Kraftl, P. 2006. 'What else? Some more ways of thinking and doing "Children's Geographies"'. *Children's Geographies* 4 (1): 69–95. https://doi.org/10.1080/14733280600577459.
House of Commons. 2019. 'How is the Government implementing a "public health approach" to serious violence?'. Accessed 16 March 2025. https://commonslibrary.parliament.uk/how-is-the-government-implementing-a-public-health-approach-to-serious-violence/.
Imrie, R. and Kullman, K. 2016. 'Designing with care and caring with design'. *Care and Design: Bodies, buildings, cities*, edited by Charlotte Bates, Rob Imrie and Kim Kullman, 1–17. Chichester: Wiley.
Islam F., Kathak, R. R., Sumon, A. H. and Molla, N. H. 2020. 'Prevalence and associated risk factors of general and abdominal obesity in rural and urban women in Bangladesh'. *PLoS ONE* 15 (5): e0233754. https://doi.org/10.1371/journal.pone.0233754.
Jack, G. 2000. 'Ecological influences on parenting and child development'. *British Journal of Social Work* 30 (6): 703–20. https://doi.org/10.1093/bjsw/30.6.703.
Jacobs, J. 1961. *Death and Life of Great American Cities*. New York: Random House.
James, A. and Prout, A. 1990. *Constructing and Reconstructing Childhood: Contemporary issues in the sociological study of childhood*. Abingdon: Routledge.
Jansson, M., Herbert, E., Zalar, A. and Johansson, M. 2022. 'Child-friendly environments: What, how and by whom?'. *Sustainability* 14 (8): 4852.
Johnson III, J. A. and Johnson, A. M. 2015. 'Urban–rural differences in childhood and adolescent obesity in the United States: A systematic review and meta-analysis'. *Childhood Obesity* 11 (3): 233–41. https://doi.org/10.1089/chi.2014.0085.
Kallio, K. P., Mills, S. and Skelton, T. (eds). 2016. *Politics, Citizenship and Rights*. New York: Springer Reference.
Katz, C. 2004. *Growing Up Global: Economic restructuring and children's everyday lives*. Minneapolis: University of Minnesota Press.
Koch, R. and Latham, A. 2021. 'Inhabiting cities, domesticating public space: Observing change in the public life of contemporary London'. In *Public Space Reader*, edited by Miodrag Mitrašinović and Vikas Mehta, 374–83. Abingdon: Routledge.
Kuyer, P. and Gordijn, B. 2023. 'Nudge in perspective: A systematic literature review on the ethical issues with nudging'. *Rationality and Society* 35 (2): 191–230. https://doi.org/10.1177/10434631231155005.

Lawson, V. 2007. 'Geographies of care and responsibility'. *Annals of the Association of American Geographers* 97 (1): 1–11. https://doi.org/10.1111/j.1467-8306.2007.00520.x.
Lefebvre, H. 1968. *Le Droit à la Ville*. Paris: Anthropos.
Lennard, H. L. and Lennard, S. H. C. 1992. 'Children in public places: Some lessons from European cities'. *Children's Environments* 9 (2): 37–47.
Maier, M., Bartos, F., Stanley, T., Shanks., D., Harris, A. and Wagenmakers, E. 2022. 'No evidence for nudging after adjusting for publication bias'. *Proceedings of the National Academy of Sciences* 119 (31): e2200300119. https://doi.org/10.1073/pnas.2200300119.
Marcuse, P. 2009. 'From critical urban theory to the right to the city'. *City* 13: 185–97. https://doi.org/10.1080/13604810902982177.
Marmot, M. 2020. 'Health equity in England: The Marmot Review 10 years on'. *BMJ* 368. https://doi.org/10.1136/bmj.m693.
Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. and Geddes, I. 2010. *Fair Society, Healthy Lives: The Marmot Review*. London: UCL Institute of Health Equity. Accessed 13 August 2024. https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf.
O'Brien, M. and Christensen, P. M. (eds). 2003. *Children in the City: Home neighbourhood and community*. London: Routledge.
O'Brien, M., Jones, D., Sloan, D. and Rustin, M. 2000a. 'Children's independent spatial mobility in the urban public realm'. *Childhood* 7 (3): 257–77. https://doi.org/10.1177/0907568200007003002.
O'Brien, M., Rustin, M. and Greenfield, J. 2000b. 'Childhood, urban space and citizenship: Child-sensitive urban regeneration'. London: Economic and Social Research Council.
Ploner, J. and Jones, L. 2020. 'Learning to belong? "Culture" and "place making" among children and young people in Hull, UK City of Culture 2017'. *Children's Geographies* 18 (3): 269–82.
Power, A. 2007. *City Survivors: Bringing up children in disadvantaged neighbourhoods*. Bristol: Policy Press.
Prout, A. 2004. *The Culture of Childhood*. Abindgon: Routledge.
Qvortrup, J. 1994. *Childhood Matters*. Aldershot: Avebury.
Reay, D. and Lucey, H. 2000. '"I don't really like it here but I don't want to be anywhere else": Children and inner city council estates'. *Antipode* 32 (4): 410–28. http://dx.doi.org/10.1111/1467-8330.00144.
Russell, W. 2020. 'Children's right to the good city'. *Urban Design* 156: 16–18.
Russell, W. and Stenning, A. 2023. 'Kerbs and curbs, desire and damage: An affirmative account of children's play and being well during the COVID-19 pandemic'. *Social and Cultural Geography* 24 (3–4): 680–98.
Sassen, S. 2000. 'New frontiers facing urban sociology at the Millennium'. *British Journal of Sociology* 51 (1): 143–59.
Sassen, S. 2005. 'The global city: Strategic site, new frontier'. In *Managing Urban Futures: Sustainability and urban growth in developing countries*, edited by M. Keiner, M. Koll-Schretzenmayr and W. A. Schmid, 89–104. London: Routledge.
Sennett, R. 2021. *The Uses of Disorder: Personal identity and city life*. London: Verso.
Skelton, T. and Gough, K. V. 2013. 'Introduction: Young people's im/mobile urban geographies'. *Urban Studies* 50 (3), 455–66.
Spyrou, S., Rosen, R. and Cook, D. T. (eds). 2018. *Reimagining Childhood Studies*. London: Bloomsbury Academic.
Thaler, R. H. and Sunstein, C. R. 2008. *Nudge: Improving decisions about health, wealth, and happiness*. New York: Penguin Group.
Till, K. E. 2012. 'Wounded cities: Memory-work and a place-based ethics of care'. *Political Geography* 31 (1): 3–14.
Tizard, B., Blatchford, P., Burke, J., Farquhar, C. and Plewis, I. 2017. *Young Children at School in the Inner City*. Abingdon: Routledge.
Tronto, J. 1993. *Moral Boundaries: A political argument for an ethic of care*. Abingdon: Routledge.
Tronto, J. C. and Fisher, B. 1990. 'Toward a feminist theory of caring'. In *Circles of Care*, edited by E. Abel and M. Nelson, 36–54. Albany: SUNY Press.
Twum-Danso Imoh, A. 2016. 'From the singular to the plural: Exploring diversities in contemporary childhoods in sub-Saharan Africa'. *Childhood* 23 (3): 455–68. https://doi.org/10.1177/0907568216648746.

Uprichard, E. 2008. 'Children as "being and becomings": Children, childhood and temporality'. *Children and Society* 22 (4): 303–13.
Ursin, M. 2011. '"Wherever I lay my head is home" – young people's experience of home in the Brazilian street environment'. *Children's Geographies* 9 (2): 221–34.
Van-Tam, J. 2024. 'What is Public Health?' YouTube. Accessed 23 April 2025. https://www.youtube.com/watch?v=pF-qqNBBTvQ.
Vincelot, J. 2019. 'Urban95: A global initiative linking early childhood development and the urban field'. *Cities and Health* 3 (1–2): 40–5. https://doi.org/10.1080/23748834.2018.1538178.
Wanless, D. 2004. *Securing Good Health for the Whole Population*. London: HM Stationery Office.
Ward, C. 1978. *The Child in the City*. London: Architectural Press.
Wessel, T. and Lunke, E. B. 2021. 'Raising children in the inner city: Still a mismatch between housing and households?'. *Housing Studies* 36 (1): 131–51.
Whitzman, C., Worthington, M. and Mizrachi, D. 2010. 'The journey and the destination matter: Child-friendly cities and children's right to the city'. *Built Environment* 36 (4): 474–86.
WHO (World Health Organization). 2011. 'Strengthening public health capacities and services in Europe: A framework for action'. Geneva: WHO. Accessed 24 April 2024. https://iris.who.int/bitstream/handle/10665/335795/61wd10e-StrengtheningPubHealth-111348.pdf?sequence=1.
Wilkinson, R. and Pickett, K. 2010. *The Spirit Level: Why equality is better for everyone*. London: Penguin.
Williams, M. J. 2017. 'Care-full justice in the city'. *Antipode* 49 (3): 821–39.
Williams, M. J. 2020. 'The possibility of care-full cities'. *Cities* 98: 102591.
Wilson, H. and Herbert, G. W. 1978. *Parents and Children in the Inner City*. Abingdon: Routledge.

Part I
Place

3

Places to play in Bradford

Amanda Seims and Sally Barber

Introduction

Adequate, well-designed space to play and be active outdoors promotes physical play. Physical play is crucial for children's health, wellbeing and development (Bento and Dias 2017; Gray et al. 2023; Kemple et al. 2016; Moore et al. 2019; Sugar 2021), and helps to prevent many chronic diseases in adulthood including obesity, heart disease, cancer and diabetes (Bailey et al. 2013). Physical outdoor play takes place outside (any open-air, wild, natural or human-made space), involves physical activity of any intensity (Outdoor Play Canada 2022) and is characterised by activities such as jumping, climbing, dancing, swinging, ball play, wheeling (for example, on a bike or scooter) or rough and tumble play (general playful physical contact with other children or adults which could include pretend fighting). It often involves social interactions, rule-based games and pretend play: types of play associated with improved cognitive, social, physical and emotional development (Milteer et al. 2012).

To improve children's health, more urban outdoor spaces must meet their needs. This chapter considers both public 'formal play spaces' where children are typically expected to play and be present (for example, parks or public playgrounds) and 'informal play spaces' (for example, streets, shopping precincts/plazas and other urban public realm spaces) that are not typically child-dedicated environments. The chapter highlights current access inequalities to outdoor play spaces. We draw on published literature, insight from strategic leaders and urban space policy and strategy from Bradford, a UK city, to demonstrate good practice and challenges to urban play space provision. We then explore preferences

for play spaces, drawing on insight from families, children and teenagers in Bradford. We examine how actively involving children, young people and communities in designing and shaping their local environments can facilitate outdoor play. We focus on the importance of evaluating implementation, engagement and impact of designing playable elements into built-up urban spaces to strengthen the existing evidence base. Taking a positive and hopeful stance, we provide examples of where – despite the current economic climate – change has been achieved. Our case studies of co-designed outdoor play initiatives in inner-city Bradford include examples of parks and green spaces co-designed with, and for, teenage girls and the wider local community. The chapter concludes with a summary of the current knowledge gaps and practice and policy recommendations. We hope the work presented will inspire thought and action around designing and developing outstanding places to play in our urban environments that support the needs of all children and young people.

Inequality in outdoor play

Despite the importance of play, access to quality outdoor play spaces is unequal. Although children have rights to play (UN 1989, Art. 32), and play is viewed as a matter of public health importance (Adams et al. 2018), austerity-driven budget cuts since 2010 have negatively impacted the maintenance and management of UK parks (Smith et al. 2023). This, along with safety concerns, has resulted in the closure of many public play facilities across the UK (Aggregate Industries 2023; Grant and Duncan 2023), and play space is further under threat from urban development. High-density housing in urban areas typically lack designated play spaces, thereby failing to support community engagement, crucial for improving perceptions of safety and creating a sense of ownership of public spaces (Morato and Sudhakar 2020).

Children with easy access to outdoor play spaces are more likely to play outside (Children's Commissioner 2024; Dodd 2023; Lee et al. 2021). It is therefore concerning that 31 per cent of primary school children in Bradford reported not having a park near to home where they could play (Pickett et al. 2022). Children from ethnic minority and socio-economically disadvantaged backgrounds often live in inner-city areas, with fewer spaces to play, and where parks are of poorer quality and less safe than in the suburbs (Rigolon 2016), and they may feel excluded from spaces due to fears of racist or faith-based bullying (Childline 2016).

These children often have no access to a shared or private garden; one in eight British households have no garden, with Black people four times less likely than White people to have access to private outdoor space (ONS 2020). In the city of Bradford, where 43 per cent of the population are from ethnic minority backgrounds (excluding White minorities) (CBMDC 2022), 52 per cent of city centre households have no access to a private or shared garden (ONS 2020), highlighting the importance of public spaces for play in urban areas. Children with disabilities are often dissatisfied with the quality of their play spaces (Dallimore 2023), face significant barriers to using them (Prellwitz and Skär 2016; Reinhardt et al. 2023; Van Engelen et al. 2021), including dependence on support from caregivers (Prellwitz and Skär 2016; Morgenthaler et al. 2023). Adopting the principles of universal design can enhance play value and support inclusion, whereby all children can use play spaces without the need for adaptation (Children's Play Policy Forum and UK Play Safety Forum 2022; Moore et al. 2023; Reinhardt et al. 2023; Wenger et al. 2023).

Age and gender also influence use of public spaces, with older children and teenagers most likely to be dissatisfied with the quality of their play spaces (Dallimore 2023), and older and teenage girls less likely to use and be active in parks than their male peers (Bloemsma et al. 2018; Cohen et al. 2021; Seims et al. 2022). There is an urgent need to improve outdoor urban spaces for all children to access and use for play and physical activity.

Voice: the views of local leaders, children and families on play in urban spaces

Enrique Peñalosa (Former Mayor of Bogota) said 'children are a kind of indicator species; if we can build a successful city for children, we will have a successful city for everyone' (Bernet et al. 2020, 19). Built environment regeneration and new development projects offer opportunities to influence policy, enhance children's access to high-quality spaces for play and physical activity and, ultimately, improve the health of local residents. This section explores barriers and enablers to facilitating outdoor play in urban spaces through the voices of both local leaders and the children and families consulted about policy and strategy, effective practices and preferences, and suggests areas for improvement.

Local leaders' voices: local policy and strategy, and external barriers and facilitators

In 2023–4 we conducted research to develop a new outdoor play intervention called Play in Urban Spaces for Health (PUSH) in London (Tower Hamlets) and Bradford. In Bradford, we assessed how outdoor play is currently integrated into local policies through a review of policy and strategy documents and nine interviews with strategic leaders (those who lead policy and practice which influence the built environment, children's play and physical activity) involved in urban design, planning, public health and equality and diversity. We aimed to understand how play can be 'designed-in' to urban spaces to increase access for younger children. Interviews were coded in NVivo, guided by the Consolidated Framework for Implementation Research (Damschroder et al. 2020), and themes produced following several discussions between the project team in Bradford and Tower Hamlets. We found that strategic leaders recognised the importance of providing high quality, safe and inclusive outdoor play spaces:

> … it impacts health, it impacts future prospects of children … by creating better environments and spending that money early on, you get rid of some of the issues that might come later … every child should have somewhere to play within a certain distance. (Interviewee 4)

The participants demonstrated their knowledge of design principles and how built environment features can ignite children's imagination:

> … here's a boulder: you can sit on it, you can stand on it, you can hide behind it. But it's up to you to do those things. It's not a piece of play equipment that you're kind of prescribing how to play on it. (Interviewee 9)

Many interviewees were highly motivated to influence children's opportunities for play in the urban built environment:

> Sometimes there isn't a policy written down, but it's very much in people's DNA in terms of what they do. (Interviewee 5)

Leaders revealed how their established community relationships, drawing on expertise and capacity in partner organisations, contributed to a coherent sense of mission around outdoor play:

> … it's through our partners agitating … which is why we need the partners … to agitate, to path find and to do what we kind of can't do … It's got things built and done, at you know, from street level, to large parks and green spaces … It's that joined up thinking, there's the physical change, there's the activities to support this. (Interviewee 3)

Interview data showed the role public health officials routinely play in influencing the early stages of planning applications, advising on the suitability and location of play spaces in housing developments. A collaborative organisational culture supported internal cross-department working between the active travel, public health, place and planning departments, facilitating the development of design codes and shared financial and staffing resources. Interviews with strategic leads indicated that external collaboration with Born in Bradford (an internationally recognised research programme aiming to understand what keeps families healthy and happy) at Bradford Institute for Health Research has ensured an evidence-based approach to urban design, providing 'academic rigour' and 'statistics' to demonstrate to planners, funders and developers the 'difference it will make to [children's] lives' (unpublished interview with strategic lead for PUSH). This partnership led to significant funding and investment into improving urban spaces across the city (see the 'Hopeful improvements' section in this chapter). PUSH study participants highlighted the widespread adoption of local and national strategies and plans to further local ambition for children's play. For example, there was a concerted effort to align with the UN's concept of Child Friendly Cities (UNICEF n.d.-b), and embedded healthy places principles, through the *Playable Spaces Strategy* (CBMDC n.d.-c) which mapped out and reviewed provision for children, and highlighted areas of greatest priority, the *Homes and Neighbourhoods* design guide (CBMDC 2019), the *Connecting People and Place* joint health and wellbeing strategy (Bradford and Airedale Health and Wellbeing Board 2018), the *Every Move Counts! Physical Activity Strategy* (Active Bradford 2024), Bradford's *Open Space Audit* (CBMDC 2021b), and the *Bradford District Children and Young People's Strategy 2023–2025* (CBMDC 2023), informing the *Draft District Local Plan 2020–2038* (CBMDC 2021a).

Understanding children and young people's experiences and involving them in decision-making was mandated in several policy documents such as Bradford's *Our Council Plan: Priorities and principles 2021–2025* (CBMDC n.d.-d), *Every Move Counts!* (Active Bradford 2024) and the *Bradford District Children and Young People's Strategy*

(CBMDC 2023). However, one interviewee highlighted that many children 'don't understand the process, they don't know how to get involved', and a need to 'build the capability of some of those young people to actively participate in the system … not just where we consult with them' (Interviewee 14). Policy consideration was given to designing streets and neighbourhoods to support play, with the local design code (in development) showing promise for mandating high-quality and inclusive play spaces within housing developments. *The Draft District Local Plan* (CBMDC 2021a) includes strategic policies focused on the design of new residential development and streets, which should create safe routes for children to access local play spaces to support doorstep play and active travel.

However, while local commitment to outdoor play policy was evident, two participants highlighted that there was no national body driving the play agenda and no national policy dedicated to play, which potentially means that prioritisation of resources are given to those services which local authorities have a statutory duty to provide. There were barriers to designing and developing urban play spaces, stemming primarily from external financial pressures. There was insufficient funding for maintenance of spaces, which meant that '[maintenance is] the most important thing to fix, the issue around resources … particularly in urban areas where we need these spaces the most' (Interviewee 2). Economic viability was prioritised over quality of housing developments, which 'potentially affects the amount of homes you can get on the site … in the urban neighbourhoods, those are also the areas where economic viability of development is most marginal and vulnerable' (Interviewee 2). Moreover, insufficient staff capacity (associated with turnover, and prioritisation of core roles) left staff feeling the council lacked 'capacity of anyone to plan and develop [play spaces]'. Study participants had ideas for further improvement; principally, to embed children's outdoor play and children's voices as a priority for all cross-department collaboration, and to ensure designers have knowledge of inclusive play principles, such as wheelchair access and ensuring sensory stimulation using a variety of colours and textures.

Community voices: how children and their families want play spaces to be

Children and families want play spaces to be of high quality and accessible, appealing, maintained, safe and welcoming. Here we draw on the wider literature in conjunction with qualitative research conducted in Bradford

with children and young people (aged 10–16) and parents using the following unpublished data sources (referred to in the subsequent text by their letter). Their voices highlight what makes an outdoor space fulfil these criteria.

a. Walking interviews, which included taking photographs (called walking photovoice), in 2019 with primary and secondary school children about their views of Bradford's city centre environment.
b. Bradford Localities Survey administered by the Youth Service in 2022 with ~4,400 children and young people aged 8–18 years asked about their views on where they live.
c. Observations from green space design workshops in 2022 with girls aged 11–15 years.
d. Focus groups in 2022 with girls aged 11–15 years and, separately, with a group of parents of local children, about barriers and facilitators to girls' use of local green spaces.
e. Focus groups in 2024 with parents and primary-aged children about their neighbourhood play experiences and needs.
f. Walking photovoice interviews in 2022 with primary-aged children about their experiences of their journey to school, and environmental factors which negatively contribute to air pollution and children's health.

High quality and accessible

Parks should have adequate seating, litter bins, shelters, picnic tables, drinking fountains and public toilets to satisfy parents of young children (Cronin-de-Chavez et al. 2019). Older/teenage girls desire designated areas for them, with swings and slides separated from play areas for younger children, and older children and teenagers typically like walking and cycle routes, zip lines and spaces to socialise, take photos and enjoy nature (Unpublished data sets c and d, as listed above). Lighting is considered essential for winter use of play spaces and perceived as an effective deterrent of anti-social behaviour (Unpublished data sets d and e; Litsmark et al. 2023).

Children want outdoor spaces with natural elements including loose materials, water features (Bozkurt et al. 2019), a variety of colours and sensory stimulation (Unpublished data sets c, d and e; Morgenthaler et al. 2023). Preferred aesthetics of built-up urban areas include the incorporation of greenery (particularly trees), low traffic roads, traditional historic buildings and attractive statues (Unpublished data set a). Play facilities should adapt to the changing climate, with

appropriate drainage and shelter; children and parents report that muddy ground prevents access to play equipment, and that shelter offers protection from wet weather and strong sunshine (Unpublished data sets c, d and e).

Appealing and maintained

Spaces that are perceived as unclean, unsafe and poorly maintained are unappealing for play (Children's Commissioner 2024). Children and parents cite hazardous materials such as broken glass, needles and dog waste (Unpublished data sets d and e; Roberts et al. 2019), as well as unappealing litter, graffiti, derelict buildings and unmaintained or vandalised infrastructure such as play equipment, pavements and street furniture (Unpublished data sets a, d, e and f; Cronin-de-Chavez et al. 2019; Morgenthaler et al. 2023; Roberts et al. 2019; Visser and Van Aalst 2022). Achieving well-maintained spaces requires long-term resourcing of place-keeping (Dempsey and Burton 2012). Significant cuts to local authority spending have negatively impacted provision of bins and disposal of waste, and resourcing to steward public space such as police, play and community workers. Parents and girls proposed community clean-ups and CCTV as measures to tackle litter and anti-social behaviour (Unpublished data sets d and e).

Safe from harm from other people

Safety is a major concern for parents, and one that disproportionally affects girls, and especially children in socially disadvantaged areas (Foster et al. 2014; Galaviz et al. 2016; Visser and Van Aalst 2022). Feeling unsafe is common among children (Children's Commissioner 2024), particularly where adult supervision is minimal (Youth Endowment Fund 2022). Fears include being kidnapped, 'strange people', being robbed and general anti-social behaviour including reckless driving, drug and alcohol use, racism and misuse of fireworks (Unpublished data set b). These fears may contribute to the underuse of parks and green spaces by older/teenage girls (Barker et al. 2022). Girls in Bradford reported experiences of being followed by strangers, threatened with violence and generally intimidated by peers (Unpublished data set d).

Proper stewardship, such as on-hand adult assistance, can alleviate these fears (Unpublished data sets b, d and e; Brussoni et al. 2020; Oliver et al. 2023). The role of stewardship was illustrated by girls (aged 11–15 years) in Bradford, for whom having the support of a nearby youth worker who could intervene in cases of anti-social behaviour at their local park was valued: 'he tells them to stop, he says it's bad

and he tells them it's disrespectful … He says "just stop doing it, this is your community"' (Unpublished data set d). Other nearby adult reference points might be park wardens or shopkeepers (Unpublished data set d). Such stewardship reduces anti-social behaviour (Barker et al. 2022; McParland 2024) and increases children's attendance (King and Sills-Jones 2018). Mosques and madrassas offer another version of stewardship, where many South Asian children attend daily after school. These trusted community settings can support children's access to green space through interventions that are perceived as culturally sensitive, and are staffed by trusted community members (Dogra et al. 2021). Strong social networks and trust within neighbourhoods positively influence parents' willingness to permit children's outdoor play (Ataol et al. 2019; Lyu et al. 2023). Stewardship of spaces facilitates supervised outdoor play and supports community cohesion. Girls in Bradford expressed an interest in organised community and cultural events (for example, food stalls, festivals, fairs) and physical activities including dance, yoga and team sports (Unpublished data sets c and d). Supervised child-led play can alleviate parents' fears associated with the play environment (for example, playing near water or busy roads), activities involving risk and the potential for children to hurt themselves through slips and falls (Jidovtseff et al. 2022; Oliver et al 2023).

Concerns about dogs are prevalent among children and parents (Cronin-de-Chavez et al. 2019; Unpublished data sets d and e), who call for better education and enforcement of existing laws around dog ownership and control, keeping dogs on leads in parks and/or providing dedicated enclosed areas for exercising (Edwards et al. 2023; Unpublished data sets d and e).

Safe from harm from traffic

Children's rights to independent neighbourhood play have diminished due to policies and planning decisions prioritising the movement and storage of motorised vehicles over people (Dodd 2023; Ferguson 2019; Frohlich and Collins 2023; Oliver et al. 2023; Shaw et al. 2015). High-traffic neighbourhoods reduce opportunities for street play and increase risk of injury or death from motor vehicles (Cowman 2017), particularly in the most deprived areas (Public Health England 2018).

This issue warrants immediate action through policies that focus on transforming urban environments to enable children to access their neighbourhood safely (Shaw et al. 2015). In Bradford, children reported that roads prioritise motorised vehicles: '… walking to school and back, it's all just major roads with traffic and cars' (Unpublished

data set f), and 'the road is too big and the pavements are too small' (Unpublished data set a). They want increased provision of parking enforcement to tackle illegal parking (Unpublished data set a). Spaces that restrict or reduce vehicle traffic feel safer for children to play (Lyu et al. 2023; Weir 2023), and increase time spent playing outside (Lambert et al. 2019).

Welcoming

Finally, parents and children desire spaces that welcome children's play. Children's right to gather in public spaces, providing they are not acting unlawfully (United Nations 1989, Art. 15), is increasingly undermined by being told off for engaging in street-based activities where they make too much noise, play ball games, sit on neighbour's walls or draw with chalk on pavements (Dodd 2023). Parents may inhibit or disallow children's outdoor play for fears of upsetting their neighbours (Dodd 2023), particularly older adults and those experiencing ill health (Unpublished data set e). Children report that having permission from parents or carers would support them to play out in their local area more often (Dodd 2023). Clear signage, the presence of other children, playable features and play equipment can signify to children and parents that a space is 'ok to play' in (Weir 2023). Inclusive design, where children with disabilities can fully participate in the same way as children without disabilities, without fear of discrimination and bullying, are also important for making a space feel welcoming (Children's Play Policy Forum and UK Play Safety Forum 2022; Haq et al. 2023).

Hopeful improvements: towards spaces for outdoor play

This chapter has reviewed policies and practices related to outdoor play in Bradford, explored experiences of children and parents and identified potential changes that could improve places to play. However, there remains a self-evident gap between aspiration and reality. In this final section we discuss reasons for hope, through the following considerations:

- proposing conditions for making spaces appealing and suitable for play
- presenting approaches to engage children in decision-making, and to evaluate the impact of these changes

- providing examples from Bradford where urban spaces have been improved for play, reflecting increasing value placed by local leaders.

How to create appealing playful urban spaces

In urban areas where space for play is limited, it is crucial to 'design-in' play at every opportunity. The first measure is to reduce traffic flow and speed to positively influence street play (Wheway and Millward 1997). This can be achieved through aesthetics (for example, landscape features such as trees or planters, and removing kerb edges) and physical changes to the road layout (for example, adding speed humps and chicanes) to alter driver behaviour and act to physically slow traffic speed (Foreman 2017).

Second, built environment professionals and urban planners are beginning to think beyond traditional park and playground settings (Candiracci et al. 2021; Studio Ludo 2017). 'Designing play into active travel routes', planners in Scotland and London are connecting residential areas to social spaces with safe walking and wheeling routes, and using informal and formal play equipment at regular intervals to create opportunities for 'play on the way' (Mayor of London 2019; Sustrans 2022). There are numerous design concepts and objects that can be incorporated into spaces to make them more playful (Candiracci et al. 2023; Danenberg et al. 2018; Make Space for Girls n.d.; RIOS 2019), including spaces within hospitals, train stations, cultural facilities and public squares (Candiracci et al. 2023). Third, involving children and young people in co-designing spaces fosters inclusivity, meeting the needs of different groups of young people and creating a sense of ownership of the space. Resources and design guides focusing on older/teenage girls' needs may help cities to facilitate play among this population (Make Space for Girls 2023; Larsen 2023a; 2023b; London Legacy Development Corporation 2024). These include specific guidance around designing parks and skateparks; a type of space that is typically dominated by boys (Make Space for Girls 2022).

Finally, long-term maintenance plans, flexible designs for all ages, opportunities to support learning and development and connections to nature are essential for successful play spaces (Sustrans 2022).

Approaches to involving children in urban design and planning

The Child Friendly Cities concept (UNICEF n.d.-b) emphasises children's rights to play and participation within local systems and services, taking a child-friendly approach to urban planning. In this chapter and beyond (Midouhas et al. 2024), we advocate the development of urban play spaces for health, with children and young people's involvement at its core, and highlight the growing expertise in participatory methods based on children's rights and the principles of co-production (Children and Young People's Commissioner Scotland 2020; Islam et al. 2022).

Inclusive involvement of children in decision-making requires moving away from formal discussions and presentations. Participatory, interactive and creative approaches with children and caregivers include workshop activities for mapping 'enjoyable' and 'unenjoyable' neighbourhood spaces for play (Candiracci et al. 2021), and facilitated neighbourhood photo go-along walks to capture children's perceptions, challenges and opportunities relating to local play (Candiracci et al. 2021; Monaghan 2019). Co-creation workshops (Candiracci et al. 2021) can be used to develop solutions to enhance playfulness in urban spaces, supported through the use of visual examples (Candiracci et al. 2023), and child-led modelling activities using arts and crafts resources (Monaghan 2019). Despite the growing resource-base for engaging children in urban planning (Our Place n.d.; Voice Opportunity Power n.d.; Wood and Gaffney 2024; Youth Scotland 2021), greater consideration is needed to support active participation of younger children and children with special educational needs or disabilities (Plan International 2016). Involving trusted adults may help those children participate effectively, and female-focused toolkits have been developed to involve girls in all stages of the urban planning process (Fabre et al. 2023; Larsen 2023a; 2023b; London Legacy Development Corporation 2024). Embedding appropriate time and resources into the time frame for developing public spaces is essential to enable meaningful community collaboration.

Evaluating implementation, engagement and impact

Enhancing political will and winning the hearts and minds of commercial developers requires evidence to understand implementation and demonstrate significant impact and the economic benefit of prioritising space for play. Immediate outcomes of redesigning streets and

public spaces can be measured quickly and at low cost through parent and child feedback (Gong et al. 2024; Van Leer Foundation and Gehl 2018), and using the Playful Cities play assessment tool to score factors that contribute towards creating a playful environment (Candiracci et al. 2021). More resource-intensive observation methods can help understand the impact on children's physical activity and play behaviours (Loebach and Cox 2020; McKenzie 2006), which are important objective indicators of how a play space contributes to health (Ahn et al. 2018; Carson et al. 2017; NICE 2009; O'Malley and Thivel 2015). Subjective measures of child wellbeing and health-related quality of life can, to an extent, be captured through parents (Goodman 1997; Laurent et al. 1999; Ravens-Sieberer and Bullinger 1998; Stevens 2012; Varni et al. 2001; Wille et al. 2010), although there are limited measures to directly capture younger children's experiences (Ravens-Sieberer and Bullinger 1998; Varni et al. 2001).

Creating playful spaces in Bradford

There are many good examples of creating playful spaces and routes, re-allocating road space for play, and providing adventure activities in Bradford in ways that include the views and design ideas of children and young people (Better Start Bradford n.d.; CBMDC n.d.-b; CBMDC n.d.-a; Play Bradford n.d.) but here we focus on one substantial programme, called JU:MP (Join Us: Move Play), a Sport England-funded initiative that aimed to enhance physical activity through a 'whole systems' approach (2018–24).

The JU:MP systems approach explicitly aimed to influence policy, local organisations and the built and social environment which enable and hinder children's physical activity. JU:MP worked in partnership with local community organisations, key stakeholders and professionals within Bradford Council's (CMBDC) Landscape Design and Conservation team, to develop three new green spaces and enhance the quality of nine existing spaces through an in-depth process of community engagement and co-design. Around 270 children were directly involved through workshops, and events at local schools, mosques and madrassas, with further engagement from children and the wider community through door knocking, community fun days and online engagement. Embedded, local, community champions activate these spaces, with local children and young people influencing this. One of the new sites, Kashmir Park (Figure 3.1), had been wasteland, despite much local ambition to transform it into a high-quality play space.

Figure 3.1 Kashmir Park before transformation. *Source*: Photograph by Sonia Fayyaz, reprinted with permission of JU:MP.

The collaboration between JU:MP, CBMDC and local stakeholders allowed for the 'right people around the table' and sufficient funding, people-capacity and expertise to work with the community and deliver the project. Alongside wider community consultation, local school children shared their ideas with the landscape designer and voted for their preferred choice of design. The site has been activated through supervised activities provided by a nearby community centre and a mobile playworker, and is used by local schools (Figure 3.2).

However, supplying new parks was not enough to boost their use, particularly among older/teenage girls (Bloemsma et al. 2018; Cohen et al. 2016; Evenson et al. 2018). The JU:MP programme prioritised this group within its green space development workstream. During 2022–3, thirty-five 11–15-year-old girls across three neighbourhoods (with South Asian girls making up at least half of the group in

Figure 3.2 Kashmir Park after transformation. *Source*: Photographs by Sonia Fayyaz, reprinted with permission of JU:MP.

two of these) co-designed a green space in their neighbourhood with a landscape architect from CBMDC. The charity Make Space for Girls supported the funding, development and delivery of the process which incorporated co-production principles (Islam et al. 2022). Local schools, community centres and Islamic religious settings used established,

trusted relationships to promote the opportunity, recruited girls and provided spaces to hold workshops. Within each neighbourhood, the group discussed their feelings about experiences of parks in general, reflecting on how they had changed as they became older. They visited the space to identify barriers and facilitators and to develop ideas for improvement. Finally, they created drawings and models of their dream ideas for their local space (Figure 3.3).

Influencing others was part of the JU:MP mission. For this, workshop outputs were reviewed by the project landscape architect, with key elements integrated into a draft visual design, considering the project budget and feasibility in light of minimising the risk of damage from anti-social behaviour. Project participants then reviewed and revised the design, in conjunction with the landscape architect who explained the decisions underpinning the design process. The developed spaces are shown in Figure 3.4.

In another example, the Manningham Drummond Road Field site was co-designed with a group of South Asian girls from a local madrassa. The group chose the colour scheme and placement of play equipment, participated in tree planting, and decorated the path with Henna designs. In partnership with the local library, funding from Natural England was secured to hold a launch event for the park and create a chalk walk from the library to the new space, to encourage active travel. Girls attending the local madrassa proposed forming an ambassador group and, on their behalf, local community leaders secured £4,000 through the JU:MP programme to support the girls to take ownership of the new space through planning and delivering a programme of activities and events.

Reflections from co-designing spaces with girls

The co-design approach was evaluated for acceptability, feasibility and initial outcomes. Focus groups (unpublished data) conducted with the girls after the parks were developed suggested they had enjoyed visiting the space, and expressing creativity through the arts-based activities. Holding co-design activities at local settings made it easy to access, and peers and facilitators enabled a 'safe space' for the girls to express ideas that they might not have been able to do in their school setting, or in the presence of boys. Girls valued the volunteers, who encouraged them by saying such things as 'you don't have to be shy about what you say, it's your own opinion and no one's gonna judge you for it' (co-design participant) and they valued the girls only space as 'we're

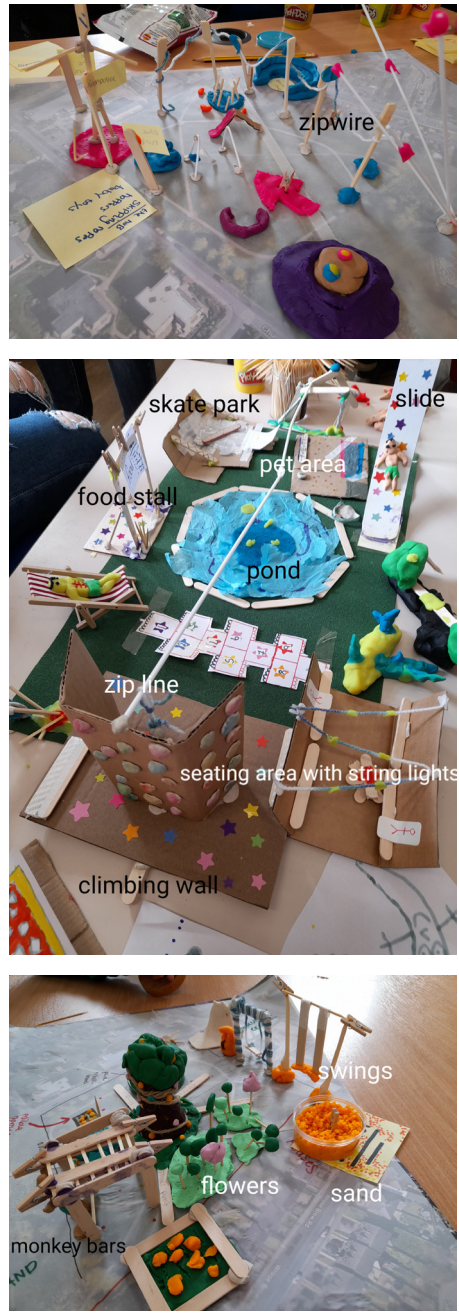


Figure 3.3 Examples of participatory methods used to engage girls in co-designing green spaces. *Source*: Photographs by Amanda Seims and Mariam Fargin, reprinted with permission.

Figure 3.4 Bradford green spaces co-designed by girls. *Source*: Photographs by Georgia Scott, Caroline Swain and Sonia Fayyaz, reprinted with permission of JU:MP.

more comfortable with each other … we can share ideas more and we won't hold back because if there's boys, they might judge us' (co-design participant). Being able to speak up without being judged was a key benefit of the approach adopted.

Working directly with the landscape architects was a learning opportunity. As one of the girls said: 'we've learned how to utilise space, how to design stuff and bring it to like real life' (co-design participant). They thought the process had developed their skills and creativity and helped them rethink play spaces as for them: 'it did improve our skills, like independence and teamwork. And like being creative as well' (co-design participant). Furthermore, working together and voicing ideas had 'made us more confident because we had to speak in front of people that we've never met' (co-design participant).

Consultations often do not result in visible change. A crucial part of this project was that participation made a difference for the participants' community by creating a new space that young people liked. As one participant said 'I just thought I'd be giving our ideas. I didn't think they'd actually listen to what we said' (co-design participant), while another commented:

> … a lot of kids like you don't usually see … now they come in the park, playing in the park and they're spending time there, and they're using like stuff we designed. So it shows that they actually like it. (Co-design participant)

Moreover, the process of participation led to the girls' recognition that other spaces in their neighbourhood could be improved, and they expressed an interest in tackling other local issues relating to litter, speeding and general anti-social behaviour. A focus group and interview with the professionals who were consulted about the Make Space for Girls/JU:MP project revealed they valued the greater attention to a collaborative, community facilitator approach, which meant they learned more about the experiences of teenage girls using parks than they otherwise would have done. The professionals expressed interest in the girls' 'views on what could be a potential danger on the site or what they would like to see there' (landscape architect, male), and while the council 'do like to design inclusive places for everyone … there's some lessons to be learned from making space for girls' (landscape architect, male).

For the future, inclusivity in similar projects could be enhanced by liaising with participants to determine a convenient time and venue, providing online options to engage in the co-design process, and ensuring

reading materials are more accessible for girls with learning difficulties (for example, coloured paper instead of white background). Finally, involving the landscape architect earlier on in the process and collaborating with the girls throughout all stages of the project could help to clarify initial expectations around budget and timescale, and further enhance skills development among all those involved.

Current gaps in research

Research exploring children's play in the built environment and their involvement in the design of spaces predominantly focuses on children aged 5–12 years, with few studies engaging younger or older age groups of children (Ataol et al. 2019; Martin et al. 2023). Our research shows that Bradford is a city which acknowledges children's rights, through involving a wide variety of age groups, from early years to older/teenage children, in designing places to play – when developing public spaces, this approach should be common practice, rather than an exception.

Furthermore, existing research exploring environmental characteristics that support play often overlooks children with disabilities (in particular hearing, intellectual and learning) (Barron et al. 2017; Morgenthaler et al. 2023). Focus groups in Bradford involved children with autism and their parents (Unpublished data set e), and the aforementioned interviews with strategic leads in Bradford showed they have the knowledge to design inclusive playgrounds. Emerging knowledge should be used to support the development of best practice guidelines for designing inclusive playgrounds (Brown et al. 2021; Moore et al. 2023).

Policy and action-oriented recommendations

With an estimated 70 per cent of children globally living in urban areas by 2050 (UNICEF n.d.-a), cities must ensure their public spaces meet the health, wellbeing and developmental needs of children and young people.

Through cross-department collaboration and external partnership working with researchers and practitioners with expertise in children's play and physical activity, and public health, Bradford's strategic leaders demonstrated a concerted effort to acknowledge play and children's

rights within a wide range of policies and strategies. However, despite this approach, the lack of a national strategy for children's play compromised the implementation of these policies. Our first policy recommendation is for a **national play strategy**. This aligns with recent proposals to establish a new cross-departmental national play strategy to prioritise children's rights to play in all policymaking, and legally require local authorities to ensure sufficient play opportunities for children (Children's Commissioner 2024; Play England 2024).

Involving children in decision-making is embedded within Bradford's policy and strategy, yet there are barriers to children's participation which need to be addressed including ensuring children and young people are active partners, and not just contacted for consultation (see Chapter 2 for further discussion on positioning children as active partners).

Our second recommendation is for **national and local actions to ensure children are involved in decision-making in relation to play**. The 'Child First Framework' provides practical guidance for decision-makers to involve children and young people (West Yorkshire Combined Authority 2024). Some examples are:

- include children's voices within select committees
- include a child rights impact assessment as part of the policy development process
- consult children for every legislation and policy reform that affects their right to play (Children's Commissioner 2024)
- produce plain English versions of policy and strategy
- inform children and young people about how they can influence local and national decisions.

Evidencing impact of the benefits of developing spaces on children's health and wellbeing was highlighted as a means of obtaining funding and prioritising play at the local strategic level. The evaluation associated with the JU:MP programme will provide evidence to demonstrate how co-designing green spaces has impacted children's use of green spaces and how they are active in these spaces. Our third recommendation is to take an **evidence-based approach to provision of play spaces**, and embed appropriate monitoring and evaluation into all space development projects. This could involve regular local audits of play spaces to determine children's access to safe places to play (Children's Commissioner 2024), annual reviews of children's satisfaction with play to address disparities (Children's Alliance 2024; Play Wales 2023), and

capturing impact on children's play and physical activity behaviour and their wellbeing.

The evidence from Bradford demonstrates that involving young and older/teenage children, and the wider community in the design process is acceptable, valued, and feasible to implement. However, it is time-intensive and must be designed into the project timeline, and trained facilitators with expertise in community engagement and participatory methods are essential. Bradford's strategic leaders recognised that the wider internal and external workforce lack the capacity and skills to design and build high-quality and inclusive play spaces, and to implement meaningful community involvement through co-design. Partnerships between CBMDC, community organisations and Born in Bradford have provided the funding, capacity and expertise needed to co-design these spaces with local children and families, however funding for maintenance of these spaces remains an on-going challenge.

Our final recommendation is for the **education and professional training pathways** of landscape architects and planners to include approaches to creating inclusive playful urban public spaces and participatory methods of involving children. Local authorities and communities must also be appropriately funded and resourced to co-design, develop and maintain play spaces (Children's Commissioner 2024; Play England 2024).

We urge national and local policymakers and practitioners to implement the proposed recommendations to ensure the consideration of children's involvement and rights to play are integral within all policies and development of public outdoor spaces.

Acknowledgements

JU:MP research and implementation team: with particular thanks to Sonia Fayyaz, Kammy Siddique, Caroline Swain and Mariam Fargin. Play in Urban Spaces for Health research team: Claire Cameron, Hanan Hauari, Emily Ranken, Nicola Christie, Emily Midouhas and Jo Van Herwegen, funded through NIHR programme development grant (NIHR 204232), with ethics approval through University College London IOE Research Ethics Committee (REC1787). Figure 3.2 Sport England, Bradford Council Public Health, Department for Transport Active Travel Fund and EU Interreg BEGIN; Figure 3.4: Sport England and delivered by CBMDC.

Further reading

Bishop, K. and Corkery, L. (eds). 2017. *Designing Cities with Children and Young People*: *Beyond playgrounds and skate parks*. Milton Park: Taylor and Francis. https://doi.org/10.4324/9781315710044.

Gill, T. 2021. *Urban Playground: How child-friendly planning and design can save cities*. London: RIBA.

Man, M., Abrams, T. and Mcleod, R. 2019. *Implementing and Evaluating Co-Design: A step-by-step toolkit*. New York: New Philanthropy Capital.

References

Active Bradford. 2024. *Every Move Counts: The physical activity strategy for Bradford district*. Accessed 5 March 2024. https://mylivingwell.co.uk/wp-content/uploads/2024/01/Physical-Active-Strategy.pdf.

Adams, J., Veitch, J. and Barnett, L. 2018. 'Physical activity and fundamental motor skill performance of 5–10 year old children in three different playgrounds'. *International Journal of Environmental Research and Public Health* 15 (9): 1896. https://doi.org/10.3390/ijerph15091896.

Aggregate Industries. 2023. 'FIOS reveal a continuing decline in play park facilities in the UK'. Accessed 4 March 2024. https://www.aggregate.com/right-play-fois-reveal-huge-decline-play-park-facilities-uk.

Ahn, J. V., Sera, F., Cummins, S. and Flouri, E. 2018. 'Associations between objectively measured physical activity and later mental health outcomes in children: Findings from the UK Millennium Cohort Study'. *Journal of Epidemiology and Community Health* 72 (2): 94–100.

Ataol, O., Krishnamurthy, S. and Van Wesemael, P. 2019. 'Children's participation in urban planning and design: A systematic review'. *Children, Youth and Environments* 29 (2): 27–47. https://doi.org/10.7721/chilyoutenvi.29.2.0027.

Bailey, R., Hillman, C., Arent, S. and Petitpas, A. 2013. 'Physical activity: An underestimated investment in human capital?'. *Journal of Physical Activity and Health* 10 (3): 289–308. https://doi.org/10.1123/JPAH.10.3.289.

Barker, A., Holmes, G., Alam, R., Cape-Davenhill, L., Osei-Appiah, S. and Brown, S. W. 2022. *What Makes a Park Feel Safe or Unsafe ? The views of women, girls and professionals in West Yorkshire*. Leeds: University of Leeds. https://doi.org/10.48785/100/108.

Barron, C., Beckett, A., Coussens, M., Desoete, A., Jones, N. C., Lynch, H., Prellwitz, M. and Salkeld, D. F. 2017. *Barriers to Play for Children and Young Persons*. Warsaw: De Gruyter Open Poland. https://doi.org/10.1515/9783110526042.

Bento, G. and Dias, G. 2017. 'The importance of outdoor play for young children's healthy development'. *Porto Biomedical Journal* 2 (5): 157–60. https://doi.org/10.1016/j.pbj.2017.03.003.

Bernet, A., Hinder, N., Theus, S. and Junghanns, N. 2020. *Planning and Designing Child-Friendly Living Spaces*. Geneva: UNICEF. Accessed 3 January 2024. https://www.unicef.ch/en/child-friendly-living-spaces.

Better Start Bradford. n.d. *Better Place*. Accessed 5 May 2024. https://www.betterstartbradford.org.uk/project/family/better-place/.

Bloemsma, L. D., Gehring, U., Klompmaker, J. O., Hoek, G., Janssen, N. A. H., Smit, H. A., Vonk, J. M., Brunekreef, B., Lebret, E. and Wijga, A. H. 2018. 'Green space visits among adolescents: Frequency and predictors in the PIAMA birth cohort study'. *Environmental Health Perspectives* 126 (4): 1–9. https://doi.org/10.1289/EHP2429.

Bozkurt, M., Woolley, H. and Dempsey, N. 2019. 'Children's interactions with water in city centres: A case study from Sheffield, UK'. *Landscape Research* 44 (6): 671–87. https://doi.org/10.1080/01426397.2018.1518518.

Bradford and Airedale Health and Wellbeing Board. 2018. *Connecting People and Place for Better Health and Wellbeing: A joint health and wellbeing strategy for Bradford and Airedale*. Accessed 13 March 2024. https://bdp.bradford.gov.uk/media/1331/connecting-people-and-place-for-better-health-and-wellbeing-a-joint-health-and-wellbeing-strategy-for-bradford-and-airedale-2018-23.pdf.

Brown, D. M. Y., Ross, T., Leo, J., Buliung, R. N., Shirazipour, C. H., Latimer-Cheung, A. E. and Arbour-Nicitopoulos, K. P. 2021. 'A scoping review of evidence-informed recommendations for designing inclusive playgrounds'. *Frontiers in Rehabilitation Sciences* 2 (May): 1–13. https://doi.org/10.3389/fresc.2021.664595.

Brussoni, M., Lin, Y., Han, C., Janssen, I., Schuurman, N., Boyes, R., Swanlund, D. and Mâsse, L. C. 2020. 'A qualitative investigation of unsupervised outdoor activities for 10- to 13-year-old children: "I like adventuring but I don't like adventuring without being careful"'. *Journal of Environmental Psychology* 70 (June): 101460. https://doi.org/10.1016/j.jenvp.2020.101460.

Candiracci, S., Conti, R. L., Dabaj, J., Moschonas, D., Hassinger-Das, B. and Donato, J. 2023. *Playful Cities Design Guide: Play for anyone, anywhere*. London: ARUP. Accessed 5 May 2024. https://www.arup.com/insights/playful-cities-design-guide-play-for-anyone-anywhere/.

Candiracci, S., Robinson, S., Holme, A. and Yanovich, Z. 2021. *Playful Cities Toolkit: Resources for reclaiming play in cities*. London: ARUP. Accessed 2 February 2024. https://www.arup.com/globalassets/downloads/insights/playful-cities-toolkit-resources-for-reclaiming-play-in-cities.pdf.

Carson, V., Lee, E. Y., Hewitt, L., Jennings, C., Hunter, S., Kuzik, N., Stearns, J. A., Unrau, S. P., Poitras, V. J., Gray, C., Adamo, K. B., Janssen, I., Okely, A. D., Spence, J. C., Timmons, B. W., Sampson, M. and Tremblay, M. S. 2017. 'Systematic review of the relationships between physical activity and health indicators in the early years (0–4 years)'. *BMC Public Health* 17 (Suppl 5): 854. https://doi.org/10.1186/s12889-017-4860-0.

CBMDC (City of Bradford Metropolitan District Council). 2019. *Homes and Neighbourhoods – A guide to designing in Bradford*. Accessed 5 January 2024. https://www.bradford.gov.uk/Documents/SupplementaryPlanningDocuments/Adopted%20SPDs/Homes%20and%20Neighbourhoods%20Design%20Guide%20SPD//Homes%20and%20Neighbourhoods%20-%20A%20guide%20to%20designing%20in%20Bradford%20SPD%20(print%20version).pdf.

CBMDC (City of Bradford Metropolitan District Council). 2021a. *Draft Bradford District Local Plan 2020–2038*. Accessed 20 March 2025. https://www.bradford.gov.uk/Documents/BDLP/Reg18/Consultation/1.0%20Section%201%20Welcome%20and%20Section%202%20Introduction.pdf.

CBMDC (City of Bradford Metropolitan District Council). 2021b. *Open Space Audit*. Accessed 17 January 2024. https://www.bradford.gov.uk/Documents/EvidenceBase/Environment/Open%20Space%20Studies/1.%20Open%20Space%20Audit%20Report%202021.pdf.

CBMDC (City of Bradford Metropolitan District Council). 2022 'Intelligence Bulletin: 2021 Census ethnic group, religion and language spoken'. Accessed 25 April 2024. https://ubd.bradford.gov.uk/media/1682/2021-census-ethnic-group-religion-and-language.pdf.

CBMDC (City of Bradford Metropolitan District Council). 2023. *Bradford District Children and Young People's Strategy 2023–2025*. Accessed 1 March 2024. https://www.bradford.gov.uk/children-young-people-and-families/reports-policies-projects-and-strategies/bradford-district-children-and-young-people-s-strategy/.

CBMDC (City of Bradford Metropolitan District Council). n.d.-a. *Bradford City Village: At home in the heart of the city*. Accessed 5 December 2024. https://www.bradfordcityvillage.com/#VISION.

CBMDC (City of Bradford Metropolitan District Council). n.d.-b. *Hall Ings and City Park*. Accessed 3 January 2025. https://www.future-bradford.co.uk/hall-ings-and-city-park/.

CBMDC (City of Bradford Metropolitan District Council). n.d.-c. *Playable Spaces Strategy*. Accessed 12 March 2024. https://bradforddistrictparks.org/parks-and-greenspaces/playable-spaces-strategy/.

CBMDC (City of Bradford Metropolitan District Council). n.d.-d. *Our Council Plan: Priorities and principles 2021–2025*. Accessed 2 August 2024. https://www.bradford.gov.uk/media/6508/bradfordcouncilplan.pdf.

Childline. 2016. *What Children are Telling us About Bullying: Childline Bullying Report 2015/16*. London: NSPCC. Accessed 6 June 2024. https://learning.nspcc.org.uk/media/1204/what-children-are-telling-us-about-bullyingchildline-bullying-report-2015-16.pdf.

Children's Alliance. 2024. *The Power of Play: Building a creative Britain*. Exeter: Children's Alliance. Accessed 17 July 2024. https://childrensalliance.org.uk/wp-content/uploads/2024/04/Play-Policy-05Apr2024-Childrens-Alliance.pdf.

Children and Young People's Commissioner Scotland. 2020. *7 Golden Rules for Participation*. Accessed 3 March 2024. https://www.cypcs.org.uk/wpcypcs/wp-content/uploads/2020/03/Golden-Rules-young-people.pdf.

Children's Commissioner. 2024. *The Big Ambition*. London: Children's Commissioner. Accessed 4 Apil 2024. https://assets.childrenscommissioner.gov.uk/wpuploads/2024/03/The-Big-Ambition-Ambitions-Findings-Solutions.-Embargoed-until-00.01am-25th-March.pdf.

Children's Play Policy Forum and UK Play Safety Forum. 2022. *Including Disabled Children in Play Provision*. Accessed 6 May 2024. https://childrensplaypolicyforum.files.wordpress.com/2022/03/including-disabled-children-in-play-provision.pdf.

Cohen, D. A., Han, B., Nagel, C., Harnik, P., McKenzie, T. L., Evenson, K. R., Marsh, T., Williamson, S., Vaughan, C. and Katta, S. 2016. 'The first national study of neighborhood parks: Implications for physical activity'. *American Journal of Preventive Medicine*, 51 (4): 419–26. https://doi.org/:10.1016/j.amepre.2016.03.021.

Cohen, D. A., Williamson, S. and Han, B. 2021. 'Gender differences in physical activity associated with urban neighborhood parks: Findings from the National Study of Neighborhood Parks'. *Women's Health Issues* 31 (3): 236–44. https://doi.org/10.1016/j.whi.2020.11.007.

Cowman, K. 2017. 'Play streets: Women, children and the problem of urban traffic, 1930–1970'. *Social History* 42 (2): 233–56. https://doi.org/10.1080/03071022.2017.1290366.

Cronin-de-Chavez, A., Islam, S. and McEachan, R. R. C. 2019. 'Not a level playing field: A qualitative study exploring structural, community and individual determinants of greenspace use amongst low-income multi-ethnic families'. *Health and Place* 56: 118–26. https://doi.org/10.1016/j.healthplace.2019.01.018.

Dallimore, D. 2023. *What Children Say about Play in Wales: 2022*. Cardiff: Play Wales. Accessed 17 June 2024. https://play.wales/wp-content/uploads/2023/09/What-children-say-about-play-in-Wales-2022.pdf.

Damschroder, L. J., Reardon, C. M. and Lowery, J. C. 2020. 'The consolidated framework for implementation research (CFIR)'. In *Handbook on Implementation Science*, edited by Per Nilsen and Sarah A. Birken, 88–113. https://doi.org/10.4337/9781788975995.00011. Cheltenham: Edward Elgar Publishing.

Danenberg, R., Doumpa, V. and Karssenberg, H. 2018. *The City at Eye Level for Kids*. Rotterdam/Amsterdam, NL: STIPO. Accessed 19 March 2024. https://thecityateyelevel.com/app/uploads/2019/06/eBook_CAEL_Kids_Book_Design_Kidsgecomprimeerd.pdf.

Dempsey, N. and Burton, M. 2012. 'Defining place-keeping: The long-term management of public spaces'. *Urban Forestry and Urban Greening* 11 (1): 11–20. https://doi.org/10.1016/j.ufug.2011.09.005.

Dodd, H. 2023. *Trends in Children's Street Play – Play England 2023 Playday Report*. London: Play England. Accessed 19 May 2024. https://static1.squarespace.com/static/609a5802ba3f13305c43d352/t/64ca676f4c818d6700d320ae/1690986358314/Street+Play+Report+July+2023+Final2.pdf.

Dogra, S. A., Rai, K., Barber, S., McEachan, R. R., Adab, P. and Sheard, L. 2021. 'Delivering a childhood obesity prevention intervention using Islamic religious settings in the UK: What is most important to the stakeholders?'. *Preventive Medicine Reports* 22: 101387. https://doi.org/10.1016/j.pmedr.2021.101387.

Edwards, R. C., Larson, B. M. H. and Burdsey, D. 2023. 'What limits Muslim communities' access to nature? Barriers and opportunities in the United Kingdom'. *Environment and Planning E: Nature and Space* 6 (2): 880–900. https://doi.org/10.1177/25148486221116737.

Evenson, K. R., Cho, G. H., Rodríguez, D. A. and Cohen, D. A. 2018. 'Park use and physical activity among adolescent girls at two time points'. *Journal of Sports Sciences* 36 (22): 2544–50. https://doi.org/10.1080/02640414.2018.1469225.

Fabre, E. A., Levonen, T., Lahoud, C. and Martinuzzi, C. 2023. *HERCITY: A guide for cities to sustainable and inclusive urban planning and design together with girls* (3rd ed.). Nairobi: United Nations Human Settlements Programme. Accessed 16 March 2024. https://unhabitat.org/sites/default/files/2021/03/02032021_her_city_publication_low.pdf.

Ferguson, A. 2019. 'Playing out: A grassroots street play revolution'. *Cities and Health* 3 (1–2): 20–8. https://doi.org/10.1080/23748834.2018.1550850.

Foreman, H. 2017. *Residential Street Design and Play: A literature review of policy, guidance and research on residential street design and its influence on children's independent outdoor activity*. Accessed 27 April 2024. https://playingout.net/wp-content/uploads/2017/02/Helen-Forman-Street-design-and-play.pdf.

Foster, S., Villanueva, K., Wood, L., Christian, H. and Giles-Corti, B. 2014. 'The impact of parents' fear of strangers and perceptions of informal social control on children's independent mobility'. *Health and Place* 26: 60–8. https://doi.org/10.1016/j.healthplace.2013.11.006.

Frohlich, K. L. and Collins, P. A. 2023. 'Children's right to the city and their independent mobility: Why it matters for public health'. *Journal of Epidemiology and Community Health* 78 (1): 1–3. https://doi.org/10.1136/jech-2023-221067.

Galaviz, K. I., Zytnick, D., Kegler, M. C. and Cunningham, S. A. 2016. 'Parental perception of neighborhood safety and children's physical activity'. *Journal of Physical Activity and Health* 13 (10): 1110–16. https://doi.org/10.1123/jpah.2015-0557.

Gong, X., Van den Berg, P. and Arentze, T. 2024. 'A new measurement method of parental perception of child friendliness in neighborhoods to improve neighborhood quality and children's health and well-being'. *Cities* 149 (February): 104955. https://doi.org/10.1016/j.cities.2024.104955.

Goodman, R. 1997. 'The strengths and difficulties questionnaire: A research note'. *Journal of Child Psychology and Psychiatry* 38 (5): 581–6. https://doi.org/10.1111/j.1469-7610.1997.tb01545.x.

Grant, H. and Duncan, P. 2023. 'England's playgrounds crumble as council budgets fall'. *The Guardian*, 4 August. Accessed 2 April 2024. https://www.theguardian.com/environment/2023/aug/04/england-playgrounds-crumble-council-budgets-fall.

Gray, P., Lancy, D. F. and Bjorklund, D. F. 2023. 'Decline in independent activity as a cause of decline in children's mental well-being: Summary of the evidence'. *Journal of Pediatrics* 260: 113352. https://doi.org/10.1016/j.jpeds.2023.02.004.

Haq, A. N., Ito, Y., Suyama, N., Bontje, P., Hanifah, H. and Inoue, K. 2023. 'Usability of public play spaces for children with disabilities'. *Occupational Therapy International* 2023. https://doi.org/10.1155/2023/4306627.

Homes England. 2023. *Inclusive Spaces and Places for Girls and Young People: An introduction for local government*. London: The Housing and Regeneration Agency. Accessed 7 April 2024. https://assets.website-files.com/6398afa2ae5518732f04f791/649a965c4611586b90cc4760_Homes%20England%20Inclusive%20Spaces%20MSFG.pdf.

Islam, S., Albert, A., Haklay, M. and McEachan, R. 2022. *Co-Production in Act Early: Nothing about us without us*. Bradford Institute for Health Research and University College London. Accessed 2 March 2024. https://actearly.org.uk/wp-content/uploads/2022/03/ActEarly-Co-production-Strategy-March-2022.v2.pdf.

Jidovtseff, B., Pirard, F., Martin, A., McCrorie, P., Vidal, A. and Pools, E. 2022. 'Parental assessment of benefits and of dangers determines children's permission to play outdoors'. *International Journal of Environmental Research and Public Health* 19 (18): 11467. https://doi.org/10.3390/ijerph191811467.

Kemple, K. M., Oh, J. H., Kenney, E. and Smith-Bonahue, T. 2016. 'The power of outdoor play and play in natural environments'. *Childhood Education* 92 (6): 446–54. https://doi.org/10.1080/00094056.2016.1251793.

King, P. and Sills-Jones, P. 2018. 'Children's use of public spaces and the role of the adult – a comparison of play ranging in the UK, and the leikkipuisto (Play Parks) in Finland'. *International Journal of Play* 7 (1): 27–40. https://doi.org/10.1080/21594937.2018.1437378.

Lambert, A., Vlaar, J., Herrington, S. and Brussoni, M. 2019. 'What is the relationship between the neighbourhood built environment and time spent in outdoor play? A systematic review'. *International Journal of Environmental Research and Public Health* 16 (20): 3840. https://doi.org/10.3390/ijerph16203840.

Larsen, Henning. 2023a. *Urban Minded: How can the design of urban spaces contribute to the mental well-being of teenage girls? A design guide*. Copenhagen: National Institute of Public Health (University of Southern Denmark) aided by the Ramboll Foundation. Accessed 2 August 2024. https://tinyurl.com/576e8dpb.

Larsen, Henning. 2023b. *Urban Minded: How can the design of urban spaces contribute to the mental well-being of teenage girls? A process guide*. Copenhagen: National Institute of Public Health (University of Southern Denmark) aided by the Ramboll Foundation. Accessed 2 August 2024. https://tinyurl.com/yx82amkd.

Laurent, J., Catanzaro, S. J., Rudolph, K. D., Joiner, T. E., Potter, K. I., Lambert, S., Osborne, L. and Gathright, T. 1999. 'A measure of positive and negative affect for children: Scale development and preliminary validation'. *Psychological Assessment* 11 (3): 326–38. https://doi.org/10.1037/1040-3590.11.3.326.

Lee, E. Y., Bains, A., Hunter, S., Ament, A., Brazo-Sayavera, J., Carson, V., Hakimi, S., Huang, W. Y., Janssen, I., Lee, M., Lim, H., Silva, D. A. S. and Tremblay, M. S. 2021. 'Systematic review of the correlates of outdoor play and time among children aged 3–12 years'. *International Journal of Behavioral Nutrition and Physical Activity* 18 (1): 1–46. https://doi.org/10.1186/s12966-021-01097-9.

Litsmark, A., Rahm, J., Mattsson, P. and Johansson, M. 2023. 'Children's independent mobility during dark hours: A scoping review'. *Frontiers in Public Health* 11: 1110224. https://doi.org/10.3389/fpubh.2023.1110224.

Loebach, J. and Cox, A. 2020. 'Tool for observing play outdoors (Topo): A new typology for capturing children's play behaviors in outdoor environments'. *International Journal of Environmental Research and Public Health* 17 (15): 1–34. https://doi.org/10.3390/ijerph17155611.

London Legacy Development Corporation. 2024. *Creating Places That Work for Women and Girls: Handbook for local authorities, developers and designers*. London: London Legacy Development Corporation. Accessed 7 May 2024. https://live-qeop.pantheonsite.io/sites/default/files/attachments/Handbook%20Creating%20Places%20that%20Work%20for%20Women%20and%20Girls%20FINAL.pdf.

Lyu, J., Yang, H. and Christie, S. 2023. 'Mommy, can I play outside? How urban design influences parental attitudes on play'. *International Journal of Environmental Research and Public Health*, 20 (6): 4909. https://doi.org/10.3390/ijerph20064909.

Make Space for Girls. n.d. *Better Design Suggestions for Parks*. Accessed 5 August 2024. https://assets.website-files.com/63989e164f27a3461de801f1/63ef5c46f1e5b87ee653000e_Better-Ideas.pdf.

Make Space for Girls. 2022. *Girls and Skateparks: A Guide for councils, developers, and funders*. Accessed 3 August 2024. https://cdn.prod.website-files.com/6398afa2ae5518732f04f791/63e66988c5b0ece54b263f24_Girls%20and%20Skateparks%20leaflet.pdf.

Martin, M., Jelić, A. and Tvedebrinke, T. D. O. 2023. 'Children's opportunities for play in the built environment: A scoping review of literature'. *Children's Geographies* 21 (6): 1154–70. https://doi.org/10.1080/14733285.2023.2214505.

Mayor of London. 2019. *Making London Child-Friendly: Designing places and streets for children and young people*. London: Greater London Authority. Accessed 19 May 2024. https://www.london.gov.uk/sites/default/files/ggbd_making_london_child-friendly.pdf.

McKenzie, T. L. 2006. 'SOPLAY: System for observing play and leisure activity in youth: Description and procedures manual'. San Diego, CA: San Diego State University. Accessed 17 April 2024. https://tinyurl.com/ynwjnkp5.

McParland, C. 2024. 'Wardens to be deployed in Falls Park to curb increase in anti-social behaviour', 12 April. Belfastmedia.com. Accessed 8 June 2024. https://belfastmedia.com/wardens-to-be-deployed-in-falls-park-in-attempt-to-curb-increase-in-anti-social-behaviour.

Midouhas, E., Cameron, C., Christie, N., Ucci, M., Ortegon-Sanchez, A., Ranken, E., McEachan, R., Barber, S., Seims, A., Dowling, L., Ali, S. and Broadbent, S. 2024. *Written Evidence Submitted by Experts on the Built Environment for Children from University College London and Bradford Institute for Health Research*. Accessed 7 July 2024. https://committees.parliament.uk/writtenevidence/127452/default/.

Milteer, R. M., Ginsburg, K. R., Mulligan, D. A., Ameenuddin, N., Brown, A., Christakis, D. A., Cross, C., Falik, H. L., Hill, D. L., Hogan, M. J., Levine, A. E., O'Keeffe, G. S., Swanson, W. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., Garner, A. S., McGuinn, L., Pascoe, J. and Wood, D. L. 2012. 'The importance of play in promoting healthy child development and maintaining strong parent-child bond: Focus on children in poverty'. *Pediatrics* 129 (1): e204–13. https://doi.org/10.1542/peds.2011-2953.

Monaghan, J. 2019. 'Engagement of children in developing healthy and child-friendly places in Belfast'. *Cities and Health* 3 (1–2): 29–39. https://doi.org/10.1080/23748834.2018.1527175.

Moore, A., Boyle, B. and Lynch, H. 2023. 'Designing public playgrounds for inclusion: A scoping review of grey literature guidelines for Universal Design'. *Children's Geographies* 21 (3): 422–41. https://doi.org/10.1080/14733285.2022.2073197.

Moore, D., Morrissey, A. M. and Robertson, N. 2019. '"I feel like I'm getting sad there": Early childhood outdoor playspaces as places for children's wellbeing'. *Early Child Development and Care* 191 (6): 933–51. https://doi.org/10.1080/03004430.2019.1651306.

Morato, L. C. and Sudhakar, S. 2020. *High Density Living: Supplementary planning document*. London: Tower Hamlets London Borough Council. Accessed 5 March 2024. https://www.towerhamlets.gov.uk/Documents/Planning-and-building-control/Supplementary-guidance/SPD/High-Density-Living-SPD-Adoped.pdf.

Morgenthaler, T., Schulze, C., Pentland, D. and Lynch, H. 2023. 'Environmental qualities that enhance outdoor play in community playgrounds from the perspective of children with and without disabilities: A scoping review'. *International Journal of Environmental Research and Public Health* 20 (3): 1763. https://doi.org/10.3390/ijerph20031763.

NICE. 2009. *Physical Activity for Children and Young People: Public health guideline*. Accessed 6 April 2024. https://www.nice.org.uk/guidance/ph17.

Oliver, B. E., Nesbit, R. J., McCloy, R., Harvey, K. and Dodd, H. F. 2023. 'Adventurous play for a healthy childhood: Facilitators and barriers identified by parents in Britain'. *Social Science and Medicine* 323 (December 2022): 115828. https://doi.org/10.1016/j.socscimed.2023.115828.

O'Malley, G. and Thivel, D. 2015. 'Physical activity and play in children who are obese'. In *The ECOG's eBook on Child and Adolescent Obesity*, edited by M. L. Frelut. Brussels: European Childhood Obesity Group ASBL. Accessed 8 June 2024. https://ecogobesity.wpenginepowered.com/wp-content/uploads/2015/02/ECOG-Obesity-eBook-Physical-Activity-And-Play-In-Children-Who-Are-Obese.pdf.

ONS (Office for National Statistics). 2020. 'One in eight British households has no garden'. Accessed 1 April 2024. https://www.ons.gov.uk/economy/environmentalaccounts/articles/oneineightbritishhouseholdshasnogarden/2020-05-14.

Our Place. n.d. 'Place Standard Tool for Children and Young People'. Accessed 15 May 2024. https://www.ourplace.scot/place-standard-tool-children-and-young-people.

Outdoor Play Canada. 2022. 'Outdoor Play glossary of terms'. Accessed 4 March 2024. https://www.outdoorplaycanada.ca/wp-content/uploads/2019/01/Outdoor-Play-Glossary-of-Terms-2022-1.pdf.

Page, A. 2017. 'Why temporary street closures for play make sense for public health'. Bristol: Playing Out. Accessed 9 March 2024. https://playingout.net/wp-content/uploads/2021/10/Play-England_Why-temporary-street-closures-make-sense-for-public-health.pdf.

Pickett, K. E., Ajebon, M., Hou, B., Kelly, B., Bird, P. K., Dickerson, J., Shire, K., McIvor, C., Mon-Williams, M., Small, N., McEachan, R., Wright, J. and Lawlor, D. 2022. 'Vulnerabilities in child well-being among primary school children: A cross-sectional study in Bradford, UK'. *BMJ Open* 12 (6): 1–12. https://doi.org/10.1136/bmjopen-2021-049416.

Plan International. 2016. *Guidelines for Consulting with Children and Young People with Disabilities*. Woking: Plan International. Accessed 5 May 2024. https://plan-international.org/publications/guidelines-consulting-children-and-young-people-disabilities.

Play Bradford. n.d. 'Mobile Adventure Play'. Accessed 4 January 2024. https://www.playbradford.org.uk/mobile-adventure-playground.

Play England. 2024. 'Open letter to Government', 22 July. Bristol: Play England. Accessed 7 August 2024. https://www.playengland.org.uk/newsblog/open-letter-to-government#:~:text=However%2C%20children%20today%20are%20experiencing,children's%20play%20over%20recent%20decades.

Play Wales. 2023. *The Play Satisfaction Survey: A guide to using it locally*. Cardiff: Play Wales. Accessed 6 May 2024. https://play.wales/wp-content/uploads/2023/04/The-play-satisfaction-survey-guide-2023.pdf.

Prellwitz, M. and Skär, L. 2016. 'Are playgrounds a case of occupational injustice? Experiences of parents of children with disabilities'. *Children, Youth and Environments* 26 (2): 28. https://doi.org/10.7721/chilyoutenvi.26.2.0028.

Public Health England. 2018. *Reducing Unintentional Injuries on the Roads Among Children and Young People Under 25 Years*. London: Public Health England. Accessed 8 July 2024. https://assets.publishing.service.gov.uk/media/5abb9f9e40f0b67d67479cb2/Reducing_unintentional_injuries_on_the_roads_among_children_and_young_people_.pdf.

Ravens-Sieberer, U. and Bullinger, M. 1998. 'Assessing health-related quality of life in chronically ill children with the German KINDL: First psychometric and content analytical results'. *Quality of Life Research* 7 (5): 399–407. https://doi.org/10.1023/A:1008853819715.

Reinhardt, D., Silveira, S., Tait, K., Loke, L., Jones, E. and Holloway, L. 2023. 'Playground for blind and low-vision children: Improving access and play for children, parents and carers in cities'. In *Design for Inclusivity: Proceedings of the UIA World Congress of Architects Copenhagen 2023*,

edited by M. Mostafa, R. Baumeister, M. R. Thomsen and M. Tamke, 321–35. Cham: Springer Nature. https://doi.org/10.1007/978-3-031-36302-3_57.
Rigolon, A. 2016. 'A complex landscape of inequity in access to urban parks: A literature review'. *Landscape and Urban Planning* 153: 160–9. https://doi.org/10.1016/j.landurbplan.2016.05.017.
RIOS. 2019. *Towards a Playful City*. Los Angeles: RIOS. Accessed 4 March 2024. https://issuu.com/riosimagines/docs/playful-city-rios-research.
Roberts, H., Kellar, I., Conner, M., Gidlow, C., Kelly, B., Nieuwenhuijsen, M. and McEachan, R. 2019. 'Associations between park features, park satisfaction and park use in a multi-ethnic deprived urban area'. *Urban Forestry and Urban Greening* 46: 126485. https://doi.org/10.1016/j.ufug.2019.126485.
Seims, A., Walker, S., Clark, I. and Dogra, S. A. 2022. 'Make space for girls: Designing greenspace and other public spaces to reflect the needs of teenage girls'. In *Designing Interventions to Address Complex Societal Issues*, edited by S. Morton, 165–81. New York: Routledge. https://doi.org/10.4324/9781003270850.
Shaw, B., Bicket, M., Elliott, B., Fagan-Watson, B., Mocca, E. and Hillman, M. 2015. *Children's Independent Mobility: An international comparison and recommendations for action*. London: Policy Studies Institute. Accessed 6 February 2024. http://www.psi.org.uk/docs/7350_PSI_Report_CIM_final.pdf.
Smith, A., Whitten, M. and Ernwein, M. 2023. 'De-municipalisation? Legacies of austerity for England's urban parks'. *Geographical Journal* 00: 1–12. https://doi.org/10.1111/geoj.12518.
Stevens, K. 2012. 'Valuation of the child health utility 9D index'. *PharmacoEconomics* 30 (8): 729–47. https://doi.org/10.2165/11599120-000000000-00000.
Studio Ludo. 2017. *London Study of Playgrounds: The influence of design on play behavior in London vs New York, San Francisco, and Los Angeles*. Philadelphia: Studio Ludo. https://1bca79ab-8077-4ed8-8c55-fa3e745e11c8.usrfiles.com/ugd/1bca79_6f2c9021bde1433680038bf2d0ca5082.pdf.
Sugar, S. 2021. *The Necessity of Urban Green Space for Children's Optimal Development*. New York: UNICEF. Accessed 7 June 2024. https://www.unicef.org/media/102391/file/Necessity%20of%20Urban%20Green%20Space%20for%20Children%E2%80%99s%20Optimal%20Development.pdf.
Sustrans. 2022. *Designing for Children and Young People: Walking, wheeling, cycling*. Bristol: Sustrans. Accessed 5 March 2024. https://www.showcase-sustrans.org.uk/wp-content/uploads/2022/08/PfE-Designing-for-Children-and-Young-People.pdf.
UN (United Nations). 1989. Convention on the Rights of the Child, 1577 U.N.T.S. Accessed 22 March 2025. https://doi.org/10.18356/9c5bd71c-en-fr.
UNICEF. n.d.-a. 'Growing cities: Child friendly cities initiative in the urban agenda'. Accessed 5 April 2024. https://www.childfriendlycities.org/growing-cities.
UNICEF. n.d.-b. 'What is a child friendly city? Make your city child friendly'. Accessed 5 April 2024. https://www.childfriendlycities.org/what-is-a-child-friendly-city.
Van Engelen, L., Ebbers, M., Boonzaaijer, M., Bolster, E. A. M., Van der Put, E. A. H. and Bloemen, M. A. T. 2021. 'Barriers, facilitators and solutions for active inclusive play for children with a physical disability in the Netherlands: A qualitative study'. *BMC Pediatrics* 21 (1): 1–13. https://doi.org/10.1186/s12887-021-02827-5.
Van Leer Foundation and Gehl. 2018. *Urban95 Tools for Studying Public Life and Public Space*. The Hague, Netherlands: Van Leer Foundation. Accessed 14 March 2024. https://vanleerfoundation.org/wp-content/uploads/2018/10/Urban95-Field-Guide-1.pdf.
Varni, J. W., Seid, M. and Kurtin, P. S. 2001. 'PedsQL™ 4.0: Reliability and validity of the Pediatric Quality of Life Inventory™ Version 4.0 Generic Core Scales in healthy and patient populations'. *Medical Care* 39 (8): 800–12.
Visser, K. and Van Aalst, I. 2022. 'Neighbourhood factors in children's outdoor play: A systematic literature review'. *Tijdschrift voor Economische en Sociale Geografie* 113 (1): 80–95. https://doi.org/10.1111/tesg.12505.
Voice Opportunity Power. n.d. 'Voice, Opportunity, Power: A toolkit to involve young people in the making and managing of their neighbourhoods'. Accessed 6 March 2024. https://voiceopportunitypower.com/.
Weir, H. 2023. 'Spaces for children's play and travel close to home: The importance of threshold spaces'. *Children's Geographies* 21 (6): 1071–86. https://doi.org/10.1080/14733285.2023.2192338.

Wenger, I., Lynch, H., Prellwitz, M., and Schulze, C. 2023. 'Children's experiences of playground characteristics that contribute to play value and inclusion: Insights from a meta-ethnography'. *Journal of Occupational Science* 31 (3):1–28. https://doi.org/10.1080/14427591.2023.2248135.

West Yorkshire Combined Authority. 2024. *Child First Framework*. Leeds: West Yorkshire Combined Authority. Accessed 2 August 2024. https://www.westyorks-ca.gov.uk/media/12663/a4-child-first-framework-digital.pdf.

Wheway, R. and Millward, A. 1997. *Child's Play: Facilitating play on housing estates*. Coventry: Charted Institute of Housing. Accessed 5 May 2024. https://bit.ly/4irTPRx.

Wille, N., Badia, X., Bonsel, G., Burström, K., Cavrini, G., Devlin, N., Egmar, A. C., Greiner, W., Gusi, N., Herdman, M., Jelsma, J., Kind, P., Scalone, L. and Ravens-Sieberer, U. 2010. 'Development of the EQ-5D-Y: A child-friendly version of the EQ-5D'. *Quality of Life Research* 19 (6): 875–86. https://doi.org/10.1007/s11136-010-9648-y.

Wood, J. and Gaffney, A. 2024. *Co-Creating Local Neighbourhood Plans with Children and Young People: A 'how to' guide*. https://aplaceinchildhood.org/wp-content/uploads/2024/05/How-To-Guide_Final.pdf.

Youth Endowment Fund. 2022. *Children, Violence and Vulnerability 2022*. London: Youth Endowment Fund. Accessed 6 January 2024. https://youthendowmentfund.org.uk/wp-content/uploads/2022/10/YEF-Children-violence-and-vulnerability-2022.pdf.

Youth Scotland. 2021. 'Young placechangers' toolkit'. Accessed 5 May 2024. https://www.youthscotland.org.uk/wp-content/uploads/2023/04/Young-Placechangers-Toolkit.pdf.

4

Reclaiming streets for the health, wellbeing and safety of children

Adriana Ortegon-Sanchez, Nicola Christie, Sarah O'Toole, Sophia Arthurs-Hartnett, Lisa Dowling, Kimon Krenz and Rosemary McEachan

> *… so that when families step outside the front door they see somewhere that's welcoming and says 'yes, your needs and interests are being addressed here'. If we don't do that then it is almost game over … you can have all the nice playgrounds you like but they are not going to do what is necessary.*
>
> Tim Gill (Gill 2021a, 26:16)

Introduction

Tim Gill underlines the importance of the urban public realm for children. This chapter examines how the built environments of cities impact children's wellbeing, using a child-centred research approach adopted in Bradford and Tower Hamlets that focuses on children's views and experiences (Romero 2015). This approach addresses a gap in research by giving children a voice and identifying built environment features linked to physical health and subjective wellbeing. The adopted wellbeing concept focuses on health promotion rather than illness (Cattell et al. 2008), viewing wellbeing as the ability to achieve potential and respond to daily challenges. This implies that health promotion cannot be fully achieved through the health care system alone; only a systemic approach that involves close collaboration between different city sectors and urban systems, including the built environment, can achieve the desired outcomes (Lawrence and Fudge 2009).

Although holistic planning for healthy urban environments is recent, the built environment's role in health promotion is longstanding. In the 1840s, Virchow proposed changes to the built environment to combat diseases such as cholera and tuberculosis (Corburn 2013; Marshall, Piatkowski and Garrick 2014). In the 1850s, in Barcelona, Ildefons Cerdà designed urban plans with health criteria such as daylight, ventilation and social spaces (Aibar and Bijker 1997).

In the twentieth century, the rise of cars transformed city layouts and street networks, making them less walkable and more car-dependent (Newman and Kenworthy 2015). This shift has been linked to the obesity epidemic (Marshall, Piatkowski and Garrick 2014). Current neighbourhood designs hinder social interactions, civic participation and community engagement, leading to poorer health (that is, increases in non-communicable diseases) and mental health (Hassen and Kaufman 2016).

Changes in street design have significant implications for children. Streets designed for the safety and convenience of cars increase traffic volumes and speeds, neglecting pedestrians and the social function of streets (Tranter and Doyle 1996). This is particularly concerning for residential streets, where traffic fears limit children's play and active travel. The belief that streets are for cars forces parents to drive children to activities, increasing car dependency and reducing street activity, opportunities for interacting with neighbours, and safety confidence (Tranter and Doyle 1996). Until recently, cities have done little to challenge the assumption of car dominance of the environment 'instead of withdrawing the children from the threats and hence from the streets' (Tranter and Doyle 1996). Changes in the built environment, coupled with fast-moving traffic, increased parental control and fears about danger on the streets, have all reduced opportunities for children to explore the city (Ward 1990). Ward (1990) argued that while children in the 1920s learned and developed by exploring the streets, those in the 1970s could only wander. He also claimed that a city failing to fully integrate children and provide opportunities for spontaneous adventure and learning is failing its children. Today, opportunities for children's healthy and happy street life have decreased even further, and most cities continue to fail children in this regard.

Inequality on the streets

Streets, as public spaces, must accommodate a diverse range of user demands, thereby making a fair distribution of street space challenging. Streets designed for traffic create a fundamental issue of spatial inequality.

This inequality manifests in both the uneven distribution and the varying quality of street space (Wu and Liu 2022). This is particularly evident on residential streets, which, despite having low traffic volumes, allocate most of their space to wide roads for cars, resulting in narrow pavements and poor environments for pedestrians. Such design favours car movement, which usually attracts cut-through traffic, at the expense of the needs of local residents, and disregards the role of residential streets as a transition space between housing and the city's public open spaces (ARUP 2017; Wen, Kenworthy and Marinova 2020). This inequality in street space allocation exacerbates children's exposure to hazards such as air pollution, noise and traffic collisions, impacting their health negatively. Car-centric designs hinder healthy behaviours such as independent mobility and access to urban facilities (Egli et al. 2021; Wu and Liu 2022). These effects disproportionately impact deprived areas; in England, children from disadvantaged backgrounds are nearly three times more likely to be seriously injured in road collisions compared to their more affluent peers (O'Toole and Christie 2018). Entrenched spatial injustices see communities living in deprived areas experiencing multiple environmental risk factors (for example, pollution, traffic, lack of green space), further increasing health inequalities (PHE and IHE 2018; Mueller et al. 2018).

In sum, the built environment is a key determinant of health, and its quality can generate health inequalities (Allen and Allen 2015). The premise of this research is that a child's area of residence impacts their health. Historically, cities have maintained car dominance rather than removing threats to children (Tranter and Doyle 1996). Recently, there has been a shift, recognising that the built environment influences health behaviours and outcomes more sustainably than individual factors (Egli et al. 2021). Interventions requiring behaviour changes often widen health inequalities because more advantaged individuals are better able to change behaviour and experience the associated benefits (McGowan et al. 2021). One key example is the acknowledgement of reducing speed limits – an environmental change – as one of the most effective measures to protect children from traffic hazards (Grundy et al. 2009).

In this chapter we present theoretical and empirical evidence that supports the proposition that streets reclaimed for children are the backbone of healthier neighbourhoods and more sustainable and equitable cities. We have structured the chapter into three main sections followed by a concluding section. First, we explore relevant scientific literature to identify the elements of the street environment that influence child health. Second, we present our research findings about what children consider important in their street environments and how it

is linked to their health and happiness. Third, we describe interventions aimed at reclaiming streets for children. We conclude with evidence about how to transform streets, especially those in deprived areas, so that they become safe and fun places where all children can be happy and feel free to move, play, engage and reclaim their right to the city.

The role of the street and neighbourhood in children's health

In his book *Urban Playground*, Gill (2021b) defines the building blocks of a child-friendly city as streets, walking and cycling networks, public spaces and housing. We argue that within these child-friendly city components, streets play a foundational role as they are ingrained within all the other blocks. The rationale behind this is that streets serve many functions. In the context of transport planning, a street is defined in terms of two main functions: the *movement* function, acting as a conduit to enable the flow of vehicles or persons, and the *place* function, which is the opposite of movement, where it provides a public space where people can spend time (DfT 2007; Jones, Marshall and Boujenko 2008). The balance between these two functions changes for the different street and road types in a city but in general, streets are key elements of the walking and cycling networks that connect everyday places and enable active travel.

Streets, as public spaces, can be lively congregation places and, if not too busy with people and safe from traffic, can enable children to play or meet with friends outdoors. Public spaces are fundamental for children's emotional, physical and social development because, unlike isolated playgrounds, they convey a message of openness of the urban fabric as everyday places for children (Danenberg, Vivian and Karssenberg 2018). This dual function of streets is even more relevant when we consider how much of a city's public realm is devoted to the street network. For example, in London, streets account for 80% of the total public space (TfL 2022). More generally, it is estimated that residential streets correspond to 25 per cent of a city's space and, as such, have great potential to encourage children's everyday freedoms and social interactions (ARUP 2017).

Despite this clarity regarding streets, walking and cycling networks and public spaces as the foundation of a child-friendly city or neighbourhood, understanding how changes to street design impact on children's health and wellbeing continues to be challenging. Documented approaches come from the urban design, planning and transport, and play and health disciplines, such as Gill's *Urban Playground* (Gill 2021b), the

Global Designing Cities Initiative *Designing Streets for Kids* (GDCI 2019), and the Department for Transport *Manual for Streets* (albeit with only a few mentions) (DfT 2007), among others, that offer detailed street-level design guidelines for child-friendly streets. However, these documents do not provide detailed evidence about how the suggested street designs support children's health and wellbeing. On the other hand, Public Health England's *Spatial Planning for Health* (PHE 2017) considers evidence of associations between health outcomes and neighbourhood design but none of the outcomes apply specifically to children. Indeed, the need to gather evidence of the impact of street design on child health has been deemed important, for example, for adding weight to the argument for designing residential neighbourhoods for independent play (Forman 2017).

To assess how, and in what way, street designs impact children's wellbeing and health, we conducted a meta-narrative review of relevant literature published in English from across the globe in the period 2010–20. We found multiple definitions of key constructs, such as built environment, wellbeing and mediating factors, such that gathering evidence was challenging. To respond to this challenge, we synthesised various built environment measurements, health effects, and mediating factors into broad categories used in child health studies (Ortegon-Sanchez et al. 2021). Only studies with objective or standardised subjective built environment measurements were included. A summary of the findings is presented in Table 4.1 (below).

Three frequently reported health-related outcomes were:

- Physical activity (including play and park use) or inactivity
- Active travel (to school and non-school)
- Obesity (measured as BMI)

A gap was identified, as subjective wellbeing measurements were rarely used. We found that the built environment category related to levels of motorised traffic and the presence of busy roads can influence child health negatively, via reductions in physical activity and increases in BMI (body mass index). Seven categories influence child health positively by supporting increases in physical activity and active travel and reductions in obesity (BMI):

- Perceived and objective safety from traffic and crime
- Street connectivity
- Accessibility or proximity to facilities (including sports facilities and schools)

Table 4.1 Influences of the built environment on child health.

Built Environment domain	Example measurements	Physical activity (increase)	Active travel (increase)	Body Mass Index (reductions)
1. Perceived and objective safety from traffic and crime	– Parent and/or children perceived safety from traffic/crime. – Number of safety-related measures (e.g. pedestrian crossings with traffic light, speed bumps) within a buffer.	+	+	+
2. Street connectivity	– Number of intersections (e.g. total intersections, or cul-de-sacs, or way intersections) within a buffer.	+/−	+	+
3. Accessibility or proximity to physical activity promoting facilities	– Network distance to nearest physical activity centre, or playground, or school.	+	+	+
4. Street-level pedestrian infrastructure and street environment perceptions	– Total length/width of footpaths or pavements/sidewalks within a buffer. – Network distance to nearest footpath. – Parental or children's perceived pedestrian friendliness, cleanliness and aesthetics.	+	+	+
5. Availability or proximity to parks, public open spaces and natural environments (green and blue)	– Number or total area of parks/green space/open space within a buffer. – Mean NDVI (Normalised Difference Vegetation Index) within a buffer. – Network distance to nearest green/blue space.	+	+	+
6. Land-use mix/diversity	– Proportion of different land-uses within a buffer.	+/−	+	
7. Residential or population density	– Number of residents within a buffer around home, school and/or specific route.	+	+	
8. Motorised traffic levels, presence of main (busy) roads and characteristics of crossings	– Proportion of high-speed roads to low-speed streets within a buffer. – Presence of major/arterial roads near the child's home or school street.	–	–	–

Source: Authors.

\+ Indicates positive association.

– Indicates negative association.

Larger symbols indicate stronger evidence of the associations.

- Street-level pedestrian infrastructure and perceptions of street environments
- Accessibility or proximity to parks or open spaces
- Land-use diversity
- Residential density

Street connectivity and land-use diversity were found to have ambiguous effects on health outcomes being associated both with reductions and increases in physical activity.

In general, our findings indicate that the built environment positively influences child health when it supports street functions related to children's activities and safety while minimising vehicle movement. Among the categories that influence child health, the largest positive influence was perceived and objective safety from traffic and crime. Reducing car dominance leads to fewer health hazards and more time spent outdoors, improving health through active travel, play, physical activity, reduced pollutants and a higher sense of security.

Street connectivity, capturing the street function of enabling mobility, was associated with increased active travel but, in some cases, decreased general physical activity due to increased traffic danger. This is because increased connectivity of streets designed for cars will result in increased traffic flows. Reduced connectivity (for example, cul-de-sacs or temporary street closures) supports physical activity by decreasing through-traffic and creating quiet spaces.

Street environment characteristics and the quality of pedestrian infrastructure positively impact children's health, highlighting the difference between streets designed for car use and those designed for human activities. This category is a proxy for road space allocation (for example, pavement width, or ratio of pavement to road width). Wider footways support activities like browsing, socialising, and play (DfT 2007).

The distribution of activities along the street and in the neighbourhood, including proximity to facilities, open spaces, parks and diverse land use, was linked to positive health outcomes. Proximity to diverse facilities supports active travel, with access to parks being one of the most protective factors for children's physical activity. Similarly, proximity to schools was consistently found to be the strongest enabler for active travel to school. However, increased land use diversity could reduce physical activity by making areas overcrowded and unpleasant or attracting motorised traffic.

Our meta-narrative review emphasised the need to consider the built environment domains (Table 4.1) consistently and systemically to

capture the complexity of street functions. This approach will ensure that street designs and interventions promote children's health and wellbeing comprehensively and facilitate the evaluation and comparison of street interventions across sites. We next move on to consider children's views on the role of streets in promoting their health and wellbeing.

Voice: children's views and use of street spaces and the link with their health and happiness

The child-friendly planning in the UK review (Wood, Bornat and Bicquelet-Lock 2019) states that children must be central in planning and decision-making but are notable by their absence in national planning policies. Child-friendly urban planning is one that considers children's rights which, according to the UN Convention on the Rights of the Child (UNCRC) include the right to participate in decision-making (Article 12); to gather in public space (Article 15); and to play, rest, leisure and access to cultural life (Article 31).

Thinking about the strategies that are needed to effectively deliver child-friendly urban planning, we adopted a methodology to put children's voices at the core of our understanding of the association between the built environment and wellbeing. To achieve that aim we developed a questionnaire called the C-HAPIE tool (Children-Health and Place Intervention Evaluation) to capture children's perception of their home street, their journey to school, the area around their school and their self-reported health and happiness. The C-HAPIE tool is primarily a quantitative survey, but it also includes two open-ended questions about what would be needed to improve the area around the school and the journey to school. These open-ended questions enabled us to assess children's own views, rather than those of their parents or carers (Ortegon-Sanchez et al. 2021). Further, the tool enabled us to assess children's happiness or enjoyment (subjective wellbeing), a health outcome rarely considered in the relevant literature. We wanted to acknowledge that street activities can influence children's experience and emotions as well as their physical health. The questionnaire was completed by 1,104 children aged 8–10 years during an in-school session in seven schools in Bradford (May 2023) and four schools in Tower Hamlets (May 2021).

The study aim was to capture the full spectrum of children's views: all were considered as relevant, even if mentioned only a few times. Themes generated through analysis of the open-ended questions highlighted many cases where children felt that certain improvements

to the street environment would make their area nicer or their active journey to school easier, but when assessing the related features in the choice-based question their answers did not necessarily capture the same experience. We questioned whether children had intrinsically low expectations for street environments. Moreover, we observed that many study children were unsure about how to respond to the two questions. This led us to wonder if children, when being encouraged to think openly and differently about what they would like to see, may come up with plenty of ideas and aspirations. However, when asked to assess whether existing conditions were sufficient, they might consider them acceptable simply because they are unaware that things could be different or better. Indeed, children not being able to discuss unfamiliar ideas (such as, for example, thinking of a playground beyond fixed play equipment) has been identified as one key challenge of involving them in planning (Gill 2021b). Although in need of further investigation, this supports the importance of developing strategies to effectively include children's views and experiences into the street planning and design process. Most importantly, this highlights the value of reclaiming the streets for children and, through that process, challenging the assumption that existing conditions are the norm.

Children's ideas for the school neighbourhood improvement in Bradford and Tower Hamlets

The primary school neighbourhood is a defined geographical area in common to the school's students. There were over 1,000 multiple responses to the question 'What would make the area around your school nicer to be in?' (793 in Bradford and 222 in Tower Hamlets).

Three main improvements suggested by children across both locations were: i) play spaces, equipment and facilities such as football pitches; ii) greenery, plants and flowers; and iii) clean environments with less rubbish. Greenery and cleanliness were mentioned by slightly more girls than boys. Children in both sites suggested other themes such as: iv) reduced traffic and pollution (more boys than girls, and more older children, suggested this); and v) improved neighbourhood behaviour. Children mentioned 'kind people', 'less arguments', 'less shouting' and 'less noise' in Bradford and 'less anti-social behaviour' and 'criminal activity' in Tower Hamlets. Finally, improvements related to vi) street designs and pedestrian infrastructure were suggested by children in Bradford. Figures 4.1 and 4.2 present some examples of children's ideas on what would make the school area nicer and Figure 4.3 shows

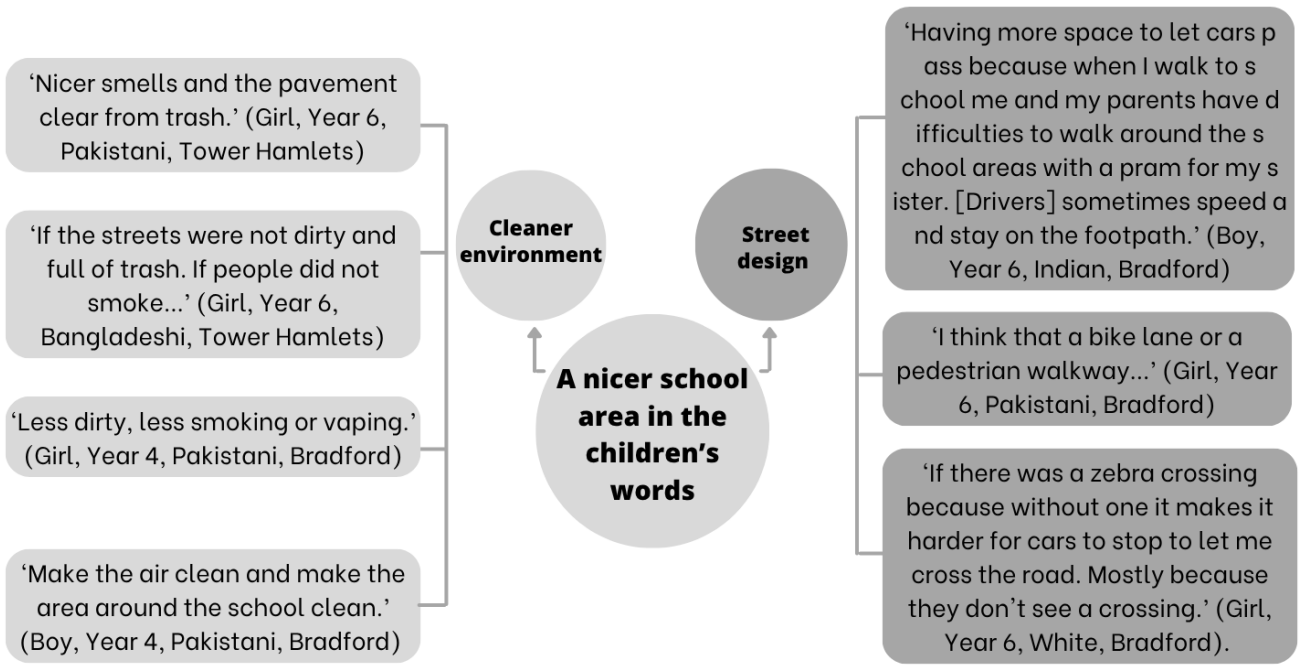


Figure 4.1 Children's ideas for improving the school neighbourhood: cleaner, street design. *Source*: Authors.

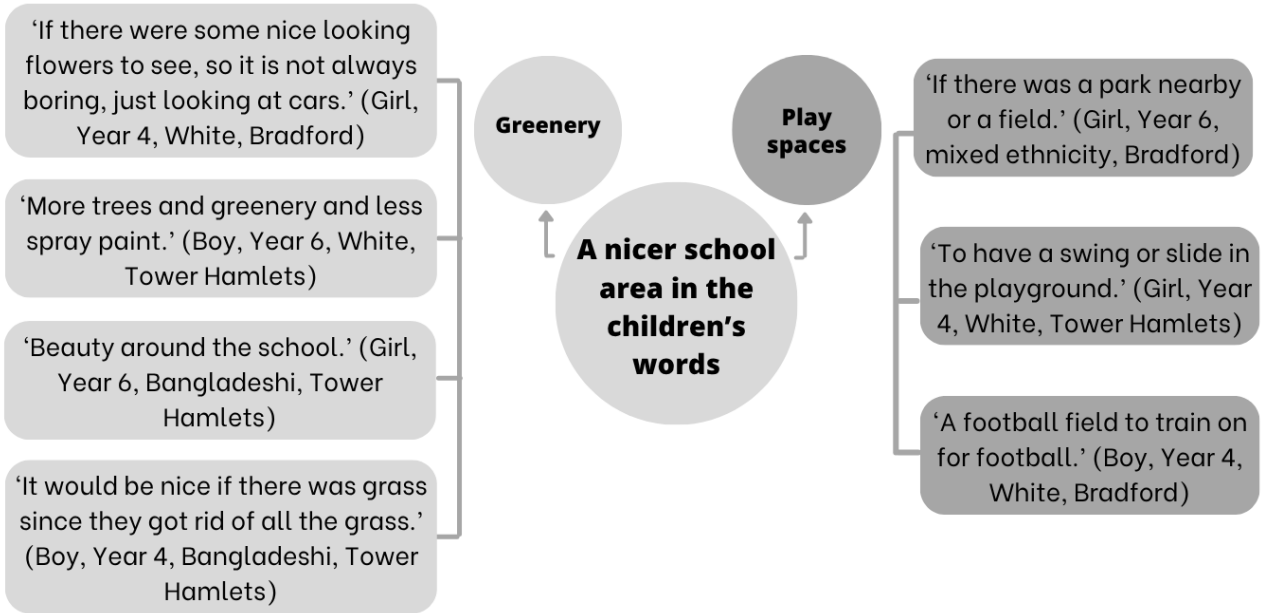


Figure 4.2 Children's ideas for improving the school neighbourhood: greenery and play spaces. *Source*: Authors.

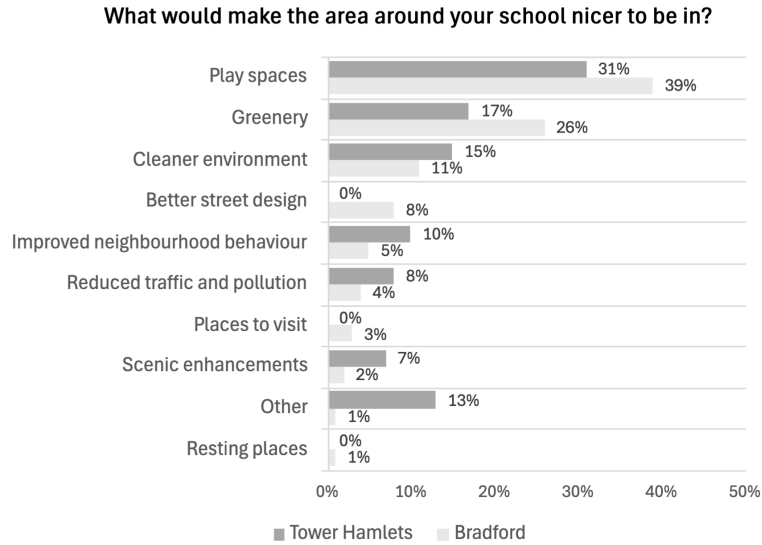


Figure 4.3 School neighbourhood improvements: percentages and location. *Source*: Authors.

the themes identified from the children's views with a summary of the percentages of answers per theme by site.

Children's ideas for easier active travel to school in Bradford and Tower Hamlets

Children's ideas about improving active travel clustered around four main themes. Asked 'what would make it easier to walk or cycle to school', responses were gathered from over 800 children in total (666 in Bradford and 161 in Tower Hamlets). After excluding children who did not answer the question and those who already walked or cycled to school three or more days a week, there were 432 child responses in Bradford and 127 child responses in Tower Hamlets.

The first theme was reducing the number and speed of vehicles. This was Bradford's most common child response and the second most common response in Tower Hamlets. Second, children wanted to see improved street design and active travel infrastructure (top ranked in Tower Hamlets, fifth in Bradford). The next was living closer to school, which was the third most frequent response in both sites. Fourth, greater access to cycling opportunities and facilities, which was ranked second in Bradford and fifth in Tower Hamlets. Figures 4.4 and 4.5 illustrate these findings with examples of children's ideas about active travel, and

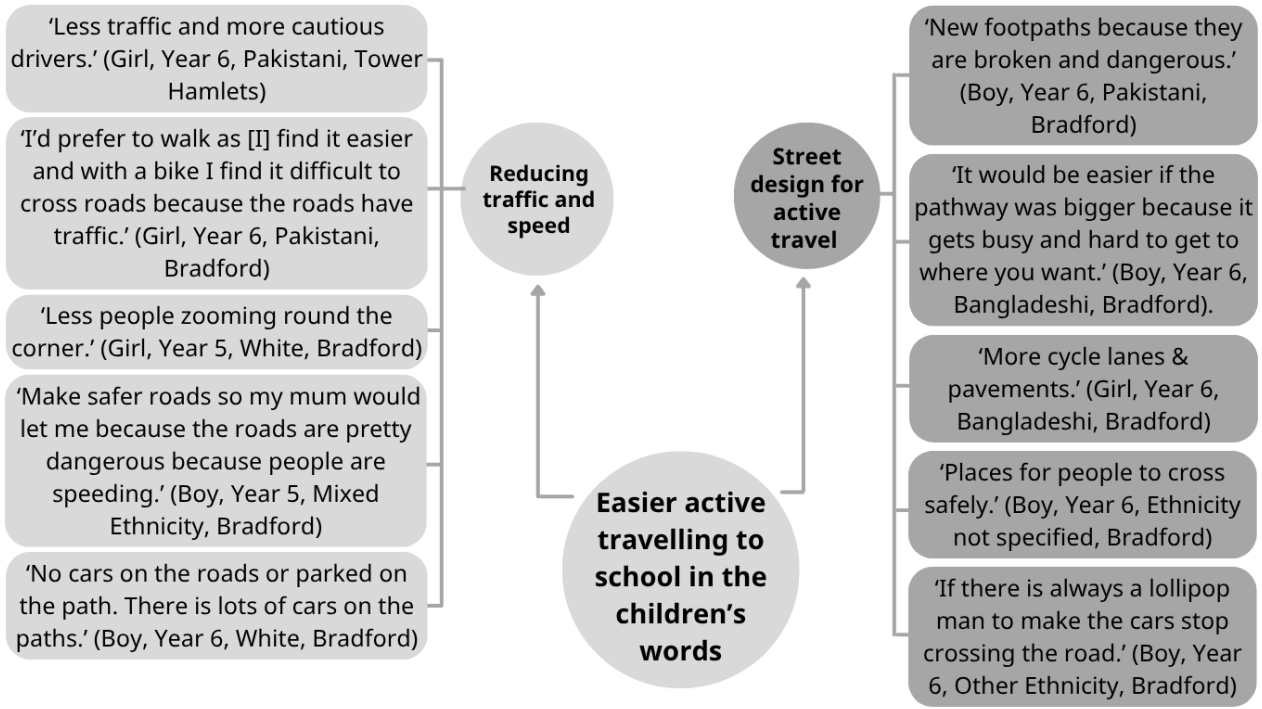


Figure 4.4 Children's views about easier active travel to school: reducing traffic speed and street design. *Source*: Authors.

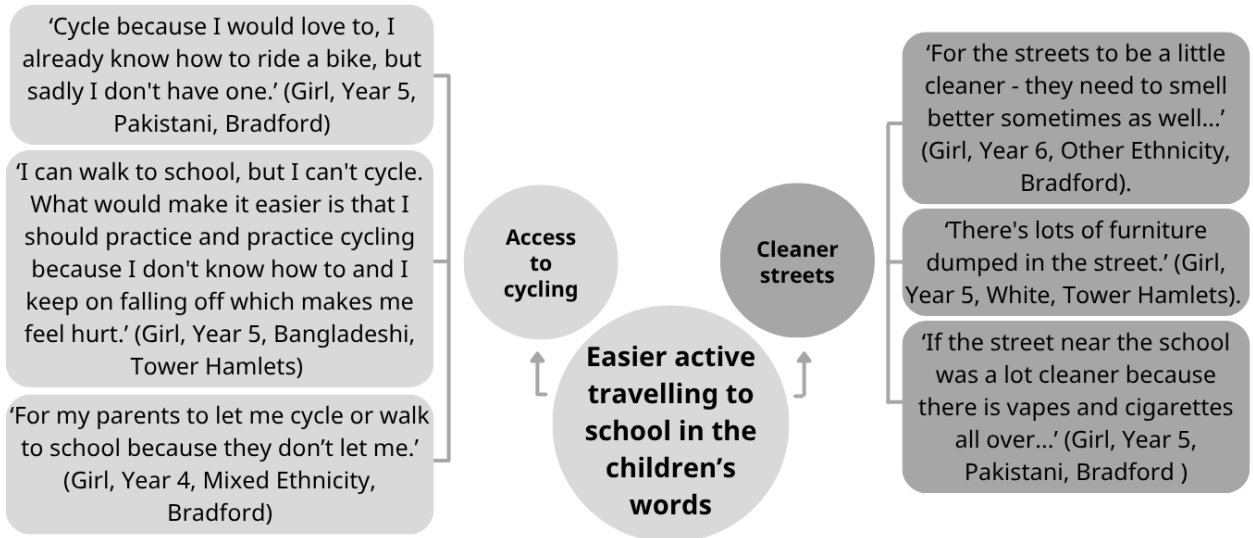


Figure 4.5 Children's views about easier active travel to school: cycling and cleaner streets. *Source*: Authors.

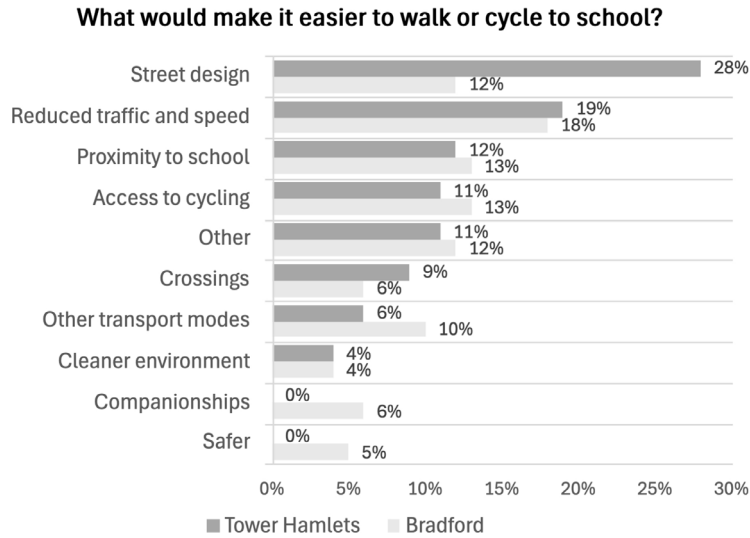


Figure 4.6 Active travel to school improvements: percentages and location.
Source: Authors.

Figure 4.6 shows the themes identified with the summary of percentages of answers per theme by site.

Reflecting on children's views

Children in both Bradford and Tower Hamlets had similar ideas about school neighbourhood improvements and active travel journeys to school. This possibly suggests that the differences in built environments (such as levels of built density or diversity of land uses) have less than anticipated impact on children's experiences and expectations. It was also interesting that children's aspirations for improved street designs, with more, and better quality, infrastructure for walking and cycling and fewer vehicles on the roads or parked (on the pavements or the road outside school) were common themes emerging from the answers to both questions.

Figure 4.7 illustrates a combined analysis of responses to the two questions, showing what children consider are the elements of streets for their wellbeing. Study children report that their surrounding street environment needs to provide play opportunities and to be enjoyable, pleasant and clean, as well as provide enough space to travel and be protected from the road and traffic dangers. It is also important to highlight that even when asked about the movement and place functions

Figure 4.7 Children's views on what would improve the area around the school and their journey to school in Bradford and Tower Hamlets: combined analysis. *Source*: Authors.

of the streets separately, children identified issues with car dominance and car-based street design as some of the things they would change to improve their active travel to school and the pleasantness of their school neighbourhood. Notably, the aspects raised by children (for example, safety from crime and traffic, better street infrastructure, proximity and greenery) align with the key built environment factors influencing child health identified in the literature. In other words, children's opinions showed that, based on their lived experience, they want to reclaim the streets, in the area around their school, which often overlaps with the area where they live, so that they are more responsive to their needs and are nicer and easier to navigate when active travelling to school.

Having learnt about the children's expectations for street characteristics on the journey to school and around the school, the next section will describe children's activities and the association with self-reported happiness and health.

Children's use of street environments and the association with their health and happiness

Children who spend more time playing outside or who live in neighbourhoods with enough places to play have higher wellbeing, measured by their level of happiness (Gromada, Rees and Chzhen 2020). Following this rationale, we looked at our data in Bradford to assess if spending more time outside was related to higher self-reported health and happiness. 'Time spent outside' was based on the children's responses to two questions asking them if, in the last week, they had played or hung out in a nearby park/street. We explored associations and found that for the children in our sample (n = 685) playing or hanging out in a park in the last week had a statistically significant[1] association with feeling healthy and happy but playing in the street did not. Thinking that there were enough places to play around the school was associated with feeling happy but not with feeling healthy. Finally, total minutes of active travel time in the week was not associated with feeling either healthy or happy. Our results suggest that being outside promotes children's wellbeing but this effect varies depending on the activity and the environment. For the children in our study, more pleasant and engaging environments such as green spaces, parks and play spaces are more relevant for happiness than for health.

These findings raise a question: if street-based activities were to take place in a more pleasant, safe and fun street environment could they also positively influence children's happiness? To consider this, it is useful to examine some examples that illustrate how street space can be apportioned to meet the needs of children. The images in Figure 4.8 show the lively linear public space, a Thames footpath in London (Figure 4.8a); a nearby main road, with space reallocated for walking and cycling (Figure 4.8b); and a local street designed exclusively for the movement of cars (Figure 4.8c). The footpath is a car-free environment that gives wide space for children's movement and provides opportunities for exploring and unstructured play. The road with the segregated cycle lane aims to reduce conflicts between travel modes by separating their flows. This design serves the main function of main roads which is to provide large-scale movement between or within areas (DfT 2007) and not necessarily any social functions of the street. The design can support children's needs as it gives them space for active travelling protected from traffic. Moreover, lateral separation from traffic (that is, wider footpaths, or trees) has been found to increase parents' perceptions of traffic safety.

Figure 4.8 Examples of a footpath, cycle lane and local street with different space configurations to meet children's needs. *Source*: Figures 4.8a and c, Adriana Ortegon-Sanchez; Figure 4.8b, Tom Bogdanowicz, London Cycling Campaign.

However, this cycle lane, when used by experienced cycle commuters, will, in all probability, become unsafe for children to use. This situation in which an aspect of the street prevents its use by a particular group requires that a suitable alternative be provided so that the overall design is inclusive (DfT 2012). This is where quiet local streets, which are fundamental for local trips, become very relevant as alternative

routes. Nonetheless, as shown in Figure 4.8b–c, in many local streets space is allocated predominantly for car movement, and lack the key features that study children identified for nicer and healthier streets. This shortcoming is detrimental to children's wellbeing. However, there is hope for streets to contribute to happy and healthy urban childhoods. As we will describe in the next part of this chapter, there are permanent and temporary interventions that can be put in place to make streets safer and healthier for children.

Hope: reclaiming streets: interventions to promote child health and wellbeing

To transform street environment features in favour of children's health and reduce car dominance, targeted interventions need to be implemented. Our systematic review of interventions commonly put in place to reclaim streets for children, the built environment categories targeted and the impact on children's health, retrieved 10 studies (Ortegon-Sanchez et al. 2022).

Based on the evidence from our systematic review and from other reviews which studied the effect of the environment on child health (Audrey and Batista-Ferrer 2015), active travel to school (Jones et al. 2019; Larouche et al. 2018) and play (Umstattd Meyer et al. 2019) we identified three main types of street-scale interventions:

1. Permanent and wide-scale street design interventions (that is, along routes to school or area-based).
2. Impermanent and/or intermittent street closure interventions.
3. Education and encouragement interventions including walk-to-school sensor technology, which rarely have a built environment component.

Street design interventions

These interventions target mainly the built environment categories related to active travel infrastructure, street environment design and traffic safety-related features.

We identified examples of street environment design at the area level such as 'Home zones' in which all streets in a residential area were redesigned as shared surfaces to prioritise people and not traffic (Biddulph 2012). Other interventions included enhancing footpaths for

movement by adding decorations (for example, labyrinth, hopscotch grid) to create attractive places for physical activity, play and social interaction (Igel et al. 2020). Implementing cycle lanes, retrofitting an urban greenway, and introducing traffic calming schemes or 20 mph traffic speed zones were also described as single-component street design interventions (Audrey and Batista-Ferrer 2015). A multi-component, community-based environmental change intervention which had some elements of education but also some changes to street design was the Safe Routes to School programme. These interventions considered changes to the built environment such as traffic calming measures to and from the school environment; advocacy to paint crossings; installation of pedestrian crossing signs and improvement of pavements (Jones et al. 2019; Audrey and Batista-Ferrer 2015; Larouche et al. 2018).

The 'Home zones' intervention was found to be associated with increases in observations of children spending time outside and the decorated footpath interventions resulted in higher opportunities for physical activity. The Safe Routes to School interventions, and most of the single-component interventions, were associated with increases in active travel to school, but authors recommended treating the findings with caution, due to potential issues with the assessment of impacts (Larouche et al. 2018). The introduction of 20 mph traffic speed zones resulted in reduced casualties.

Street closure interventions

The street closure interventions targeted features of the built environment such as availability and proximity of public open spaces and parks, safety from traffic and crime and reduction of traffic levels.

Street closures refer to temporary changes to streets during dedicated events such as 'Play Streets', Play Streets-style interventions, and other special events including one-day active travel events, such as active travel to school day and school streets (Umstattd Meyer et al. 2019; Ortegon-Sanchez et al. 2022). Broader events, such as Ciclovías (from the Spanish meaning cycleway) or Open Streets that incorporate an activity hub/area can also be considered within this type of intervention. The temporary closure of one street, or various streets in a block or along a route, to vehicular traffic is carried out to provide easily accessible open space for children and youth to play. In addition to the street closures, other activities based on community preferences are commonly provided, for example, organised sports activities for children or the provision of additional equipment. Some 'Play Street' initiatives

were directly led by communities who had to apply to be able to hold the event.

All of the Play Streets were described as creating safe places for children to play outdoors. Physical activity was measured in most studies using observational and self-report measures. In general, Play Streets were found to increase the levels of physical activity during the event as well as the sense of community (Umstattd Meyer et al. 2019; Ortegon-Sanchez et al. 2022).

Education and encouragement interventions

Interventions focused on education and encouragement strategies for active travel without any change to the street environment, such as School Travel Plans, Walking School Buses, Cycle Training, curriculum-based interventions, drop-off spots from which driven children could walk to school with adult supervision and crossing guards. All of these interventions were supportive, to some extent, of active travel to school (Jones et al. 2019; Audrey and Batista-Ferrer 2015; Larouche et al. 2018).

For all the interventions, caveats remain regarding how much of the observed benefits apply to other populations, such as teenagers. Similarly, it was highlighted that the studied interventions would have a greater positive impact if the community is actively engaged in the design and delivery of the intervention.

Despite the absence of robust evidence, the studies highlight an important opportunity for positively impacting children's health by adopting a more flexible approach. Instead of focusing exclusively on permanent and costly changes to infrastructure, studies suggest that health outcomes can improve from removable and temporary measures to enable play and physical activity. In fact, Herman and Rodgers (2020) argue that small-scale, temporary events can spark a change that might lead to permanent solutions. The authors mention that this can happen accidentally or spontaneously as an 'everyday urbanism' situation or can be a part of a strategic approach, usually called 'tactical urbanism' or 'urban acupuncture'. Tactical urbanism has been found to redefine spaces, and mobility, through fast and easily applied actions that demonstrate the possibility of large-scale and long-term changes (Fernandes Barata and Fontes 2017). It is also believed that the value of tactical urbanism lies in the principle that many small actions implemented at the hyper-local level can achieve, in aggregate, long-term sustainability goals (Thomas 2024). Tactical urbanism has also been defined as a tool to bridge the 'implementation

gap' between the government's strategic spatial plans and their on-the-ground realisation (Thomas 2024).

However, regarding time frames, Larouche et al. (2018) concluded that some interventions such as School Travel Plans, achieved greater modal shifts with longer follow-up periods. This suggests that despite being temporary and potentially non-recurrent, street closure interventions need to be evaluated in a rigorous manner with adequate follow-up periods so that robust evidence of their impact can be obtained.

A note of caution regarding the practical challenges to implementing interventions to reclaim streets for children is necessary. Such implementation faces practical challenges, particularly due to the complex, multisectoral nature of these initiatives. Political barriers often hinder achieving necessary synergies. Insights from our work with local authorities in Bradford and Tower Hamlets highlight the complexity and the need for robust, timely evidence to support implementation of these and similar interventions. Better evaluations that provide robust evidence are needed. Effective evaluations must measure built environment categories and health outcomes consistently, allowing time for impacts to manifest. Additionally, qualitative evidence that amplifies children's voices is essential to create a narrative that resonates with both the community and policymakers.

Conclusions

This chapter has argued that street environments affect children's wellbeing, especially regarding their primary school neighbourhoods and journeys to and around schools. Healthy neighbourhoods cater to children's needs and rights, offering safe streets that minimise exposure to hazards like noise, traffic and air pollution while encouraging walking, cycling, meandering and playing. Reclaiming streets for children involves reallocating road space for various functions, particularly in residential and school areas. These streets should ideally be car-free or have designs that prioritise and protect children's active travel and social activities. Such environments empower children as active, independent street users.

Safe streets enabling travel to facilities provide children with a just urban experience. To fully adopt a child-rights-based approach, children should ideally access these facilities independently (Wood et al. 2019). Streets and neighbourhoods promoting children's health reduce car dependency and increase sustainability. Temporary interventions like

School Streets encourage active travel, can reduce car trips by up to a third and lower casualties and pollution (DfT 2021).

However, challenging the status quo, such as the belief that streets are for cars or the perceived right to drive everywhere, is difficult. To understand the complexities of implementing interventions that support active travel and curtail traffic, we can use academic frameworks like the Context and Implementation of Complex Interventions (CICI) framework, which identifies how interventions interact with various contexts that can either enhance or hinder implementation. These contexts can be geographical, epidemiological, socio-cultural, socio-economic, ethical, legal, and political (Pfadenhauer et al. 2017). For instance, when considering the implementation of an intervention to reduce traffic in local streets to create more space for pedestrians and cyclists, such as the low-traffic neighbourhoods (LTNs), it has been found that top-down regulations and rapid implementation (the political context) during the COVID-19 pandemic led to local opposition (the geographical context) (Dudley, Banister and Schwanen 2022).

Engaging local communities is crucial to counteract misinformation and 'anti-policy' actors. Beveridge, Naumann and Rudolph (2024) highlighted the rise of an 'infrastructural populism', where decay and inequalities fuel opposition to urban renovations. Without strong policy champions, this opposition can fill the leadership void, even when policies are designed to benefit public health (McTigue, Monios and Rye 2018). Policymakers should collaborate with communities to co-produce health-promoting interventions, ensuring these communities shape and own the interventions for better outcomes. Since impoverished built environments disproportionately affect health, it is crucial to prioritise improvements in high-deprivation areas.

Reclaiming streets for children aligns with safer, low-speed urban agendas (Billingsley 2020); this means that despite the potential challenges it is an initiative that will create value in the social, environmental and economic spheres.

This chapter contributes to the discourse on what it means to create fairer, safer, healthier and happier urban streets for children. It acknowledges that street hazards result from complex interactions and calls for systemic changes to reclaim streets for children, enriching urban life with their vitality. The evidence discussed in this chapter shows that spending time outside doing physical activity makes children healthier and – if these activities take place in pleasant environments – makes them feel happier. Transforming streets so that they are supportive of children's activities and independent mobility is a complex task. Nonetheless,

for cities to contribute to a happier and healthier urban childhood it is fundamental to develop strategies to bring the safe, fun and enjoyable characteristics of car-free public spaces to the streets that children use in their daily lives. The long-term strategies are about establishing policies and guidelines to ensure that street and neighbourhood design features fostering child health and wellbeing, as outlined in this chapter, are consistently implemented in new developments and retrofitted in existing residential streets whenever possible. The short-term strategies refer to implementing temporary street-closure interventions to protect children's health, wellbeing and right to the city at specific times. These temporary interventions will demonstrate that change is possible and can empower the community by involving them in delivering this change.

Acknowledgements and ethical approval

We would like to acknowledge all the schools and children who participated in this research and the public health teams in Bradford and Tower Hamlets. Ethical approval was given by UCL Ethics Committee 4129/008.

Note

1 We used the 5 per cent significance level which means that the results are unlikely (a 1 in 20 probability) to have occurred by chance.

Further reading

ARUP. 2023. *Playful Cities Design Guide: Play for anyone, anywhere*. Accessed 24 April 2025. https://www.arup.com/insights/playful-cities-design-guide-play-for-anyone-anywhere/.

Clarke, Richard. 2022. *School Streets: Putting children and the planet first*. Child Health Initiative's Global Advocacy Hub and FiA Foundation. https://www.fiafoundation.org/media/hr3fmhin/school-streets-report-pages.pdf.

RTPI (Royal Town Planning Institute). 2021. *Children and Town Planning: Creating places to grow*. Accessed 24 April 2025. https://www.rtpi.org.uk/media/8848/children-and-town-planning-july-2021.pdf.

References

Aibar, Eduardo and Bijker, Wiebe E. 1997. 'Constructing a city: The Cerdà plan for the extension of Barcelona'. *Science, Technology and Human* Values 22 (1): 3–30. https://www.jstor.org/stable/i228024.

Allen, Matilda and Allen, Jessica. 2015. 'Health inequalities and the role of the physical and social environment'. In *The Routledge Handbook of Planning for Health and Well-Being*, edited by Hugh Barton, Susan Thompson, Sarah Burgess and Marcus Grant, 89–107. London: Routledge.

ARUP. 2017. *Cities Alive: Designing for urban childhoods*. London: ARUP. Accessed 23 March 2025. https://www.arup.com/insights/cities-alive-designing-for-urban-childhoods/.

Audrey, Suzanne and Batista-Ferrer, Harriet. 2015. 'Healthy urban environments for children and young people: A systematic review of intervention studies'. *Health and Place* 36 (November): 97–117. https://doi.org/10.1016/j.healthplace.2015.09.004.

Beveridge, Ross, Naumann, Matthias and Rudolph, David. 2024. 'The rise of "infrastructural populism": Urban infrastructure and right-wing politics'. *Geography Compass* 18 (2): e12738. https://doi.org/10.1111/gec3.12738.

Biddulph, Mike. 2012. 'Radical streets? The impact of innovative street designs on liveability and activity in residential areas'. *Urban Design International* 17 (3): 178–205. https://doi.org/10.1057/udi.2012.13.

Billingsley, Saul. 2020. 'Streets for life: Lowering urban speed limits benefits children and the climate'. *Early Childhood Matters* 2020. Accessed 23 March 2025. https://earlychildhoodmatters.online/wp-content/uploads/2021/12/25_ECM21_new_approaches_Streets-for-Life-lowering-urban-speed-limits-benefits-children-and-the-climate.pdf.

Cattell, Vicky, Dines, Nick, Gesler, Wil and Curtis, Sarah. 2008. 'Mingling, observing, and lingering: Everyday public spaces and their implications for well-being and social relations'. *Health and Place* 14 (3): 544–61. https://doi.org/10.1016/j.healthplace.2007.10.007.

Corburn, Jason. 2013. *Healthy City Planning: From neighbourhood to national health equity*. Abingdon: Routledge.

Danenberg, R., Vivian, D. and Karssenberg, H. 2018. *The City at Eye Level for Kids*. Amsterdam: Stipo. Accessed 23 March 2025. https://thecityateyelevel.com/app/uploads/2019/06/eBook_CAEL_Kids_Book_Design_Kidsgecomprimeerd.pdf.

DfT (Department for Transport). 2007. *Manual for Streets*. London: Thomas Telford Publishing. Accessed 25 March 2025. https://assets.publishing.service.gov.uk/media/5a7e0035ed915d74e6223743/pdfmanforstreets.pdf.

DfT (Department for Transport). 2012. 'Guidance on road classification and the primary route network'. Accessed 25 March 2025. https://www.gov.uk/government/publications/guidance-on-road-classification-and-the-primary-route-network/guidance-on-road-classification-and-the-primary-route-network.

DfT (Department for Transport). 2021. *Decarbonising Transport: A better, greener Britain*. Accessed 25 March 2025. https://assets.publishing.service.gov.uk/media/610d63ffe90e0706d92fa282/decarbonising-transport-a-better-greener-britain.pdf.

Dudley, Geoffrey, Banister, David and Schwanen, Tim. 2022. 'Low traffic neighbourhoods and the paradox of UK government control of the active travel agenda'. *The Political Quarterly* 93 (4): 585–93. https://doi.org/10.1111/1467-923X.13198.

Egli, Victoria, Mandic, Sandra, Pocock, Tessa, Narayanan, Anantha, Williams, Lisa, Clark, Terryann, Spasic, Lisa, Wilson, Ailsa, Witten, Karen and Smith, Melody. 2021. 'Understanding children's perceptions of, and priorities for, healthy neighbourhoods in Aotearoa New Zealand: Study protocol for a cross-sectional study'. *BMJ Open* 11 (6): e047368. https://doi.org/10.1136/bmjopen-2020-047368.

Fernandes Barata, Aline and Fontes, Adriana. 2017. 'Tactical urbanism and sustainability: Tactical experience in the promotion of active transportation'. *Civil Engineering Journal* 11 (May): 734–9.

Forman, Helen. 2017. *Residential Street Design and Play*. Accessed 25 March 2025. https://playingout.net/wp-content/uploads/2017/02/Helen-Forman-Street-design-and-play.pdf.

GDCI (Global Designing Cities Initiative). 2019. *Designing Streets for Kids*. New York: GDCI. https://globaldesigningcities.org/publication/designing-streets-for-kids/.

Gill, T. 2021a. *Urban Playground: How child-friendly planning and design can save cities* [Video]. Grow your Mind webinars. Irish Landscape Institute. Accessed 24 April 2025. https://www.youtube.com/watch?v=goYRG6hyavQ.

Gill, T. 2021b. *Urban Playground: How child-friendly planning and design can save cities*. Abingdon: Routledge.

Gromada, Anna, Rees, Gwyther and Chzhen, Yekaterina. 2020. *Worlds of Influence: Understanding what shapes child well-being in rich countries*. Florence: UNICEF.

Grundy, Chris, Steinbach, Rebecca, Edwards, Phil, Green, Judith, Armstrong, Ben and Wilkinson, Paul. 2009. 'Effect of 20 mph traffic speed zones on road injuries in London, 1986–2006: Controlled interrupted time series analysis'. *BMJ* 339: b4469. https://doi.org/10.1136/bmj.b4469.

Hassen, Nadha and Kaufman, Pamela. 2016. 'Examining the role of urban street design in enhancing community engagement: A literature review'. *Health and Place* 41 (September): 119–32. https://doi.org/10.1016/j.healthplace.2016.08.005.

Herman, Krzysztof and Rodgers, Maria. 2020. 'From tactical urbanism action to institutionalised urban planning and educational tool: The evolution of Park(ing) Day'. *Land* 9 (7): 217. https://doi.org/10.3390/land9070217.

Igel, Ulrike, Gausche, Ruth, Krapf, Almut, Lück, Martina, Kiess, Wieland and Grande, Gesine. 2020. '"Movement-enhancing footpaths" – a natural experiment on street design and physical activity in children in a deprived district of Leipzig, Germany'. *Preventive Medicine Reports* 20 (December): 101197. https://doi.org/10.1016/J.PMEDR.2020.101197.

Jones, Peter, Marshall, Stephen and Boujenko, Natalya. 2008. 'Creating more people-friendly urban streets through "link and place" street planning and design'. *IATSS Research* 32 (1): 14–25. https://doi.org/10.1016/S0386-1112(14)60196-5.

Jones, Rebecca A., Blackburn, Nicole E., Woods, Catherine, Byrne, Molly, Van Nassau, Femke and Tully, Mark A. 2019. 'Interventions promoting active transport to school in children: A systematic review and meta-analysis'. *Preventive Medicine* 123 (June): 232–41. https://doi.org/10.1016/j.ypmed.2019.03.030.

Larouche, Richard, Mammen, George, Rowe, David A. and Faulkner, Guy. 2018. 'Effectiveness of active school transport interventions: A systematic review and update'. *BMC Public Health* 18 (1): 206. https://doi.org/10.1186/s12889-017-5005-1.

Lawrence, Roderick J. and Fudge, Colin. 2009. 'Healthy cities in a global and regional context'. *Health Promotion International* 24 (S1): 11–18. https://doi.org/10.1093/heapro/dap051.

Marshall, Wesley E., Piatkowski, Daniel P. and Garrick, Norman W. 2014. 'Community design, street networks, and public health'. *Journal of Transport and Health* 1 (4): 326–40. https://doi.org/10.1016/j.jth.2014.06.002.

McGowan, V. J., Buckner, S., Mead, R., McGill, E., Ronzi, S., Beyer, F. and Bambra, C. 2021. 'Examining the effectiveness of place-based interventions to improve public health and reduce health inequalities: An umbrella review'. *BMC Public Health* 21 (1): 1888. https://doi.org/10.1186/s12889-021-11852-z.

McTigue, Clare, Monios, Jason and Rye, Tom. 2018. 'Identifying barriers to implementation of local transport policy: An analysis of bus policy in Great Britain'. *Utilities Policy* 50 (February): 133–43. https://doi.org/10.1016/j.jup.2017.12.002.

Mueller, Natalie and 10 others. 2018. 'Socioeconomic inequalities in urban and transport planning related exposures and mortality: A health impact assessment study for Bradford, UK'. *Environment International* 121 (December): 931–41. https://doi.org/10.1016/j.envint.2018.10.017.

Newman, Peter and Kenworthy, Jeffrey R. 2015. *The End of Automobile Dependence : How cities are moving beyond car-based planning*. Washington, DC: Island Press.

Ortegon-Sanchez, Adriana, McEachan, Rosemary R. C., Albert, Alexandra, Cartwright, Chris, Christie, Nicola, Dhanani, Ashley, Islam, Shahid, Ucci, Marcella and Vaughan, Laura. 2021. 'Measuring the built environment in studies of child health – a meta-narrative review of associations'. *International Journal of Environmental Research and Public Health* 18 (20): 10741. https://doi.org/10.3390/ijerph182010741.

Ortegon-Sanchez, Adriana, Vaughan, Laura, Christie, Nicola and McEachan, Rosemary R. C. 2022. 'Shaping pathways to child health: A systematic review of street-scale interventions in city streets'. *International Journal of Environmental Research and Public Health* 19 (9): 5227. https://doi.org/10.3390/ijerph19095227.

O'Toole, Sarah E. and Christie, Nicola. 2018. 'Deprivation and road traffic injury comparisons for 4–10 and 11–15 year-olds'. *Journal of Transport and Health* 11 (December): 221–9. https://doi.org/10.1016/j.jth.2018.08.003.

Pfadenhauer, Lisa M. and 10 others. 2017. 'Making sense of complexity in context and implementation: The Context and Implementation of Complex Interventions (CICI) framework'. *Implementation Science* 12 (1): 21. https://doi.org/10.1186/s13012-017-0552-5.

PHE (Public Health England). 2017. *Spatial Planning for Health: An evidence resource for planning and designing healthier places*. London: PHE Publications. Accessed 25 March 2025. https://assets.publishing.service.gov.uk/media/5b59b090e5274a3ff828c70c/spatial_planning_for_health.pdf.

PHE (Public Health England) and IHE (Institute of Health Equity). 2018. *Healthy High Streets: Good place-making in an urban setting*. London: PHE Publications. Accessed 25 March 2025. https://assets.publishing.service.gov.uk/media/5ace155b40f0b617dca7110e/26.01.18_Healthy_High_Streets_Full_Report_Final_version_3.pdf.

Romero, Vivian. 2015. 'Children's experiences: Enjoyment and fun as additional encouragement for walking to school'. *Journal of Transport and Health* 2 (2): 230–7. https://doi.org/10.1016/j.jth.2015.01.002.

TfL (Transport for London). 2022. *Streetscape Guidance*, 4th Edition, 2022 Revision 2. Accessed 25 March 2025. https://content.tfl.gov.uk/streetscape-guidance-2022-revision-2.pdf.

Thomas, Asa. 2024. '"School streets" and the adaptation of London's state-led tactical urbanism during Covid-19'. In *Cycling Through the Pandemic: Tactical urbanism and the implementation of pop-up bike lanes in the time of COVID-19*, edited by Nathalie Ortar and Patrick Rérat, 19–43. Cham: Springer. https://doi.org/10.1007/978-3-031-45308-3_2.

Tranter, Paul and Doyle, J. 1996. 'Reclaiming the residential street as play space'. *International Play Journal* 4: 91–7.

Umstattd Meyer, M. R., Bridges, C. N., Schmid, T. L., Hecht, A. A. and Pollack Porter, K. M. 2019. 'Systematic review of how play streets impact opportunities for active play, physical activity, neighborhoods, and communities'. *BMC Public Health* 19 (1): 335. https://doi.org/10.1186/s12889-019-6609-4.

Ward, Colin. 1990. *The Child in the City*. London: NCVO.

Wen, Liang, Kenworthy, Jeffrey and Marinova, Dora. 2020. 'Higher density environments and the critical role of city streets as public open spaces'. *Sustainability* 12 (21): 8896. https://doi.org/10.3390/su12218896.

Wood, Jenny, Bornat, Dinah and Bicquelet-Lock, Aude. 2019. *Child Friendly Planning in the UK: A review*. London: Royal Town Planning Institute. Accessed 25 March 2025. https://www.thinkhouse.org.uk/site/assets/files/1342/rtpi1119.pdf.

Wu, Peishen and Liu, Mei. 2022. 'A framework for the spatial inequality in urban public facility for urban planning, design and management'. *Land* 11 (9): 1429. https://doi.org/10.3390/land11091429.

Part II
Provisioning

5

Unequal family lives in the inner-city: poverty and financial insecurity amidst a cost-of-living crisis

Amy Barnes, Sian Reece and Kate Pickett

Introduction

As indicated in Chapter 1, childhood in inner-city areas is like few other places: extraordinarily diverse and grossly unequal, yet vibrant, with rapidly changing spaces and demographics. While inner-city life for children can be rich and varied, for many, it is also shaped by an unforgiving reality of family life on a low income and financial insecurity. In this chapter, we explore recent child poverty statistics in the UK, focusing on Tower Hamlets and Bradford in the context of the legacy of the COVID-19 pandemic, rising living costs, drivers of inner-city poverty and impacts on children and families. We show that while child poverty is persistent across the UK, it is particularly an inner-city issue. Family life in Bradford and Tower Hamlets exemplifies this phenomenon. The social patterning of poverty in these two areas reflects deep inequities within UK political and socio-economic institutions as a whole: the social security system, labour and housing markets, racism and other pervasive forms of discrimination all undermine opportunities that different children and families might have to access a secure and sufficient income – particularly so for minoritised ethnic and lone parent households, and households in which someone has a disability. This, in turn, intersects with the social and environmental conditions in which families live, leading to unequal physical and mental health outcomes, poorer educational attainment and life chances and significant life expectancy gaps between children in low-income families and their peers.

This chapter also takes a critical look at the role of financial and welfare rights advice in universal health settings – that is, those health services to which all people have access – to address poverty and financial

insecurity. Drawing on ActEarly (https://actearly.org.uk/) research undertaken in Bradford and Tower Hamlets, we highlight that this co-located intervention offers promise, leading to financial and mental health benefits for some families. Yet, we argue that such advice needs to be seen as 'mitigation' against a failing national system of provisioning, rather than a long-term preventative approach: its reach is, understandably, limited in redressing the systemic policy failings that underly poverty and financial insecurity. We therefore conclude by considering what kinds of action are needed to redesign institutions to ensure that more inner-city children's rights and needs are met so they can thrive.

Child poverty in the inner-city: inequality in Bradford and Tower Hamlets

Affected children and families across the UK have had many difficult years. Even before the COVID-19 pandemic, socially-regressive policy choices – particularly those implemented as part of the government's programme of austerity – served to worsen poverty, with the negative effects of welfare reforms and cuts to services falling more heavily on disadvantaged rather than affluent areas, many of which are in cities (Beatty and Fothergill 2018; Gray and Barford 2018). The COVID-19 pandemic subsequently exacerbated this situation, disrupting almost every facet of daily life. Ongoing disruptions to global supply chains, the war in Ukraine and the continuing lack of equity-focused national policy have exacted further economic stress, and on low-income families in particular. Families in the bottom half of the income distribution have become increasingly financially vulnerable, with many having experienced a fall in real household income at the same time as facing a cost-of-living crisis, with high prices for food, energy and fuel (NIESR 2023; Rodrigues and Quinio 2022).

While child poverty is an enduring and significant problem across the UK, it is particularly a feature of the inner city. In Tower Hamlets, a diverse and vibrant inner-city area immediately east of the City of London, relative child poverty after housing costs has remained persistently high. In 2014/15, 53 per cent of children aged under 16 in the borough lived in relative poverty after housing costs (which are disproportionately high in London) were taken into account, rising to 55.8 per cent in 2019/20 before reducing slightly to 48 per cent in 2022/23 (End Child Poverty Coalition 2024a). This was the second highest rate in England (behind Birmingham at 48.3 per cent) and compares with much lower rates in some suburban areas of London over the same time period;

Richmond upon Thames, for example, had an average relative child poverty rate after housing costs of 12.4 per cent in 2022/23 (End Child Poverty Coalition 2024a). In comparison, in 2022/23 across England as a whole, the average child poverty rate after housing costs was 30 per cent (End Child Poverty Coalition 2024a). In the city of Bradford, relative child poverty after housing costs was 37.8 per cent in 2022/23, having risen from 30.1 per cent in 2014/15, and rates were even higher in the inner-city Bradford West parliamentary constituency, at 40.5 per cent in 2022/23 (End Child Poverty Coalition 2024a). See Figure 5.1.

We have referred above to poverty as households with below 60 per cent median income, equivalised for family size and after housing

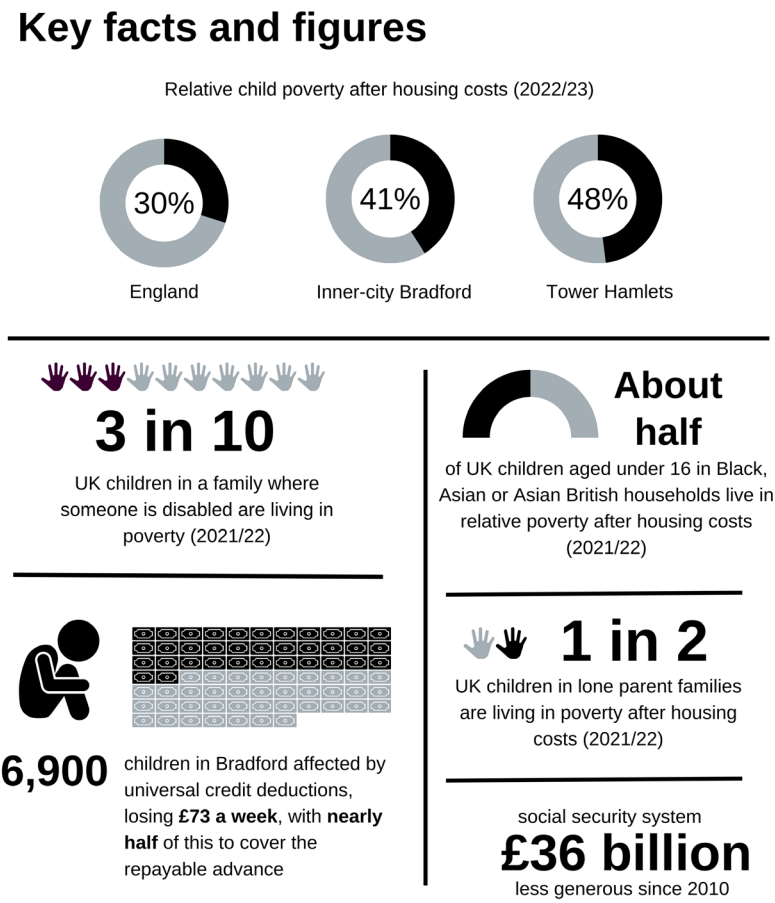


Figure 5.1 Graphic summary of key facts and figures relating to child poverty in the UK. *Source*: Authors, based on data from End Child Poverty Coalition 2024a, Stone 2023, Bell and Pacitti 2020.

costs are taken into account. This contextual measure follows Townsend's (1979) definition of poverty which pointed out that the experience of poverty was relative to the living conditions in society:

> Individuals, families and groups in the population can be said to be in poverty when they lack resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged and approved, in the societies in which they belong. (Townsend 1979, 31)

Relative poverty recognises that standards of living change over time (Wickham et al. 2016) and takes into account essential charges such as rent, mortgage, ground rent, service charges and water bills, all of which can take up a considerable proportion of family income. This can then illustrate whether households are falling below the median and struggling to meet the costs of a basic standard of wellbeing (End Child Poverty Coalition 2022).

At the time of writing this chapter, the Labour Government had recognised this challenge of child poverty in the UK, creating a new Ministerial Child Poverty Taskforce to oversee the development and delivery of a cross-government strategy that will aim to identify policy levers to drive forward short-term and long-term actions to reduce child poverty (HM Government 2024), with a publication date of autumn 2025.

Drivers of inequality and child poverty: from policy action to intersectional forms of exclusion and discrimination

Child poverty is not inevitable: it declined between 1998 and 2010 under the UK New Labour Government and during the COVID-19 pandemic (NE Child Poverty Commission 2022; Henry and Wernham 2024). During the pandemic, child poverty rates fell temporarily, due at least in part to the UK Government's decision to provide a temporary £20 uplift in welfare payments, paid via the Universal Credit system of government help for people on a low income whether in or out of paid work. This payment increased the money going to low-income families, serving to protect some children from the pandemic's economic impact and lifting some out of poverty (Stone 2022; Ray-Chaudhuri et al. 2023). The uplift was removed in October 2021 and, as the more recent trends described

above show, progress made through state provisioning such as this can be rapidly undone.

Crises and life events – getting sick, having an accident, losing someone you love, a relationship breaking down – can all lead to financial insecurity and tip a family into poverty (JRF 2022a; Patrick et al. 2022). Yet this does not explain population-level patterns of poverty that are experienced in inner-city areas such as Bradford and Tower Hamlets. Rather, child poverty rates reflect the differential powers and resources that different population groups living in inner city areas can draw upon to avoid, alleviate or escape poverty. They also reflect the collective choices made, the value accorded to different populations in society and how social and economic opportunities are spread within our cities and the UK (Marmot et al. 2010; Mudie and Franklin 2022). While inner-city poverty is certainly 'multidimensional, extraordinarily complex, and difficult to understand' (Teitz and Chapple 1998), it is clear that policy choices can shape its direction. Recurring and critical policy issues shaping whether or not families have an adequate income to meet their needs and wellbeing include:

- labour and housing markets and the security of quality employment for different population groups
- accessing suitable early childhood education and care services and transportation
- the adequacy of the design of the social security system as a safety net
- pervasive forms of social marginalisation, including racism and discrimination (based on ethnicity, disability, age and other aspects of identity).

(Children's Commissioner 2021; JRF 2022a; Patrick et al. 2022)

Due to an inter-sectional mix of disadvantageous conditions, child poverty is not only consistently higher in inner city areas such as Tower Hamlets and Bradford, but also consistently higher for larger families, lone parent families, families in which someone has a disability and families of minoritised ethnicities. While localised inter-sectional poverty data is difficult to come by, it is clear that, across the UK, the risk of a child living in poverty is higher when someone in their household is disabled: in 2021/22, the poverty rate for children living in such a family was 36 per cent after housing costs, compared with 25 per cent for children living in families where no one is disabled (Stone 2023).

Children in lone parent families are also more likely to be living in poverty after housing costs: in 2021/22, 44 per cent of children in lone parent families were in poverty after housing costs, compared with just 25 per cent of children in couple parent families; poverty persists even if the parent was in full-time work (Stone 2023). In 2021/22, 26 per cent of children were in poverty in lone parent households in which the parent worked full-time, compared to just 7 per cent in couple parent households (Stone 2023). Lone parent families are more likely to have no savings, be behind on bills, be unable to afford to eat properly or heat their homes, and to go without essentials (Earwaker and Johnson-Hunter 2023; Earwaker 2023; O'Connell et al. 2019). Lone parent families, especially those with young children, find it harder to work due to issues with accessing affordable early childhood education and care, the cost of which has increased by over 50 per cent in the last decade and is increasingly unaffordable in London.

In inner London in particular, fees required for nurseries and other early childhood education and care (ECEC) services are a key driver of high living costs for lone parents, and indeed for all families with young children, with average weekly prices for a full-time place for a child under two years old estimated to be £394.58 (Coram 2023). For families in receipt of welfare payments via Universal Credit, there is a cash limit on support for the costs of ECEC, which often does not cover costs and thus limits work options for many families by effectively excluding them from services they are required to pay for (Tower Hamlets Council 2021). Work options are also affected by limited family-friendly and flexible work opportunities in the labour market. Research involving lone parent claimants in Tower Hamlets illustrates how the Universal Credit system of welfare payments can itself push parents into debt and arrears, given how enhanced conditionality (for example, around working hours) and administrative indifference exacerbates financial insecurity and the mental stress of managing as a working lone parent on a low income (Woudhuysen 2019; Cameron et al. 2022).

While the social security system is a key means of national provisioning for families, it is estimated that policy changes have made it £36 billion less generous and more punitive than in 2010 (Bell and Pacitti 2020). These have particularly impacted poorer working-age families, with the poorest 20 per cent losing an average of over 8 per cent of their income (Pickett et al. 2021). A particularly disadvantageous policy change has been that of limiting the payment of child-related welfare benefits to families with two children or fewer. This so-called two-child limit for Universal Credit claimants introduced in 2017 has

been shown to drive up poverty in larger families; some analysts suggest that this policy is the leading driver of child poverty across the UK (IPPR 2022; McNeil et al. 2021; Reader et al. 2022). Recent findings from the Larger Families project, involving participants from both inner-city Bradford and Tower Hamlets, show that families affected by the two-child limit policy were experiencing acute hardship amidst sharp rises in living costs in 2023, leaving families unable to meet their basic wellbeing needs (Andersen 2023).

The impact of inner-city poverty is often particularly stark among families from minoritised ethnic groups. There is a paucity of detailed data by ethnicity (Edmiston, Begum and Kataria 2022) but existing research highlights deep ethnic inequalities in child poverty. Minoritised ethnicity families have been subjected to disproportionate disruptions in employment, benefits and earnings in recent years, including during the COVID-19 pandemic, and are at risk of racism and discrimination, which puts them at considerably greater risk of deep poverty (Pickett et al. 2021; Edmiston, Begum and Kataria 2022).

Unemployment, precarious and low-paid work and exposure to changes in the social security systems are all more common among minoritised ethnic groups than among White populations, and these disadvantageous conditions intersect with experiences of structural racism and discrimination, leading to persistent ethnic inequalities, particularly in inner city areas where diversity thrives (Edmiston, Begum and Kataria 2022). These disadvantageous conditions are reflected in higher poverty rates particularly among Black, Pakistani and Bangladeshi groups. In 2021/22, 53 per cent of children aged under 16 in Black households and 47 per cent in Asian or Asian British households were in relative poverty after housing costs across the UK, compared with 25 per cent of children in which the household head was White (Stone 2023). Moreover, average incomes for minoritised groups have fallen faster and deeper than for White people between 2011 and 2021 and particularly since the start of the COVID-19 pandemic (Edmiston, Begum and Kataria 2022). In Bradford, families of Pakistani heritage were found to have the greatest risk of experiencing financial insecurity during the pandemic, particularly affecting maternal health and wellbeing outcomes (Reece et al. 2023). Wider evidence suggests that Gypsy, Traveller and Roma groups also experience deep socio-economic deprivation (Cioarta 2023).

As living costs have risen, the above-mentioned inequalities in child poverty have widened, entrenching long-term hardships experienced by families living in the inner-city areas of Bradford and Tower Hamlets. Families living on low incomes already spent more as a proportion

of their income on basics such as heating and food, including facing extra per unit costs for essential products and services (known as the 'poverty premium'), such as through expensive gas and electricity pre-payment meters or buying food items from local shops rather than cheaper, but less accessible, supermarkets (Whitehead et al. 2022; Fair by Design 2022). As a consequence, inflation affects poorer households the hardest. During 2022, it was estimated that the poorest 10 per cent across the UK faced inflation rates of 10.9 per cent, 3 per cent higher than the wealthiest 10 per cent (IFS 2022). When combined with low nominal wage growth in areas like Bradford, and with social security benefits not having kept pace with inflation, this has translated into large real terms cuts to living standards for many of the poorest inner-city households (Centre for Cities 2023); leaving many of the poorest families in Tower Hamlets and Bradford with difficult dilemmas, as many have nothing left to cut back on. As one parent in Bradford stressed:

> I'm scared all the time, scared that I can't pay for things the kids need, scared if the fridge or washer breaks, scared if the kids are still hungry. What can I do? (CBMDC 2023a)

Paid work is no longer a guarantee of being lifted out of poverty; in 2022/23 around two thirds of children in relative poverty were in working families (Henry and Wernham 2024) and many claim Universal Credit to support their income. But there are distinctive dysfunctional aspects of the welfare system that make family life extremely stressful (Griffiths et al. 2022). For example, the UK Department of Work and Pensions (DWP) can deduct monies owed from social security payments. This might be for rectifying earlier errors that resulted in overpayment, budgeting loans, rent arrears or 'advance payments' that are provided to support through the minimum five-week wait for a first benefit payment (JRF 2022; Patrick et al. 2022). Managing deductions and inconsistencies of payment make it impossible to 'budget properly' (Griffiths et al. 2022, 52). Different debts recovered at different rates, over different time periods, leads to uncertainty and anxiety, and reduces what little income families receiving benefits have to get by (Patrick et al. 2022). In August 2022, 6,900 families in inner-city Bradford were hit by universal credit deductions, losing an average of £73 per week, with nearly half of this to cover the repayable advance to cover the five-week wait to receive the benefit (DWP 2023). Research has shown that deductions lead to 'a domino effect' of debt and mental health distress for parents and their children (Patrick et al. 2022; Patrick and Lee 2022).

Voice: impacts of poverty on children, young people and families in the inner city

There is a strong body of evidence highlighting the shaming and stressful effects of living on a low income (Patrick et al. 2022; McNeil et al. 2021; Wilkinson and Pickett 2019; Cheetham et al. 2019), as well as how poverty undermines children's learning and 'making the most' of school life (Farthing 2016; Bidmead et al. 2023). While schools cannot eliminate the effects of poverty, reports of young people's experiences suggest that they do much to help, but can also amplify its impacts; creating inequality through hidden forms of institutional exclusion and stigmatisation (Ivinson 2020; Laing and Todd 2020). Recent 'Poverty Proofing the School Day' pilots in Bradford, including in inner-city schools, have sought to identify barriers that children living in poverty face to engaging fully in school life (Children North East 2025). The Poverty Proofing process focused on training Bradford young people as researchers, who listened to and shared the voices and experiences of children and young people in schools, and has provided a pathway for schools to address unseen inequality. The engaged process of listening revealed how primary school children experiencing poverty can be financially, as well as socially, excluded from taking part in learning at school, including in educational trips and activities (such as swimming, art and design, maths and PE). As a primary school-aged child in Bradford confided about one trip: 'My dad said I can't go because he doesn't want me to, but I think it's because it's a lot of money' (Living Well Schools 2025a).

These pilots also revealed how day-to-day school practices, and peers in school, can draw attention to family income in stigmatising ways, which can make children feel 'different', stressed and anxious, and contribute to them being bullied (Living Well Schools 2025b; Farthing 2016; CPAG 2022), as another primary aged child said: 'People pushed me over and said I had nits and smelt because my top was a bit ripped' (Living Well Schools 2025b). However, the Poverty Proofing process also highlighted a wide range of positive practices across schools to mitigate against the effects of low income, including by helping parents sign up for free school meals, ensuring that no child is denied food because their parents owe the school money, organising clubs at no charge within the school day and monitoring to ensure that all children have an opportunity to take up additional school responsibilities and exert their voice.

Despite these positive practices within Bradford schools, wider evidence indicates that income has causal effects on educational attainment, as well as on a range of other physical and mental health

outcomes over children's life course (Adjei et al. 2022; Lai et al. 2019; Cooper and Stewart 2021). The experience of persistent poverty triples children's likelihood of having mental health problems in adolescence and doubles their likelihood of obesity or chronic illness. Children who experience poverty for only part of their childhood also have worse health outcomes on average than children who never experience poverty (Lai et al. 2019). Analyses also show how adverse social conditions and family poverty co-occur with parental mental health problems, with large negative impacts on child health outcomes and behaviour in later life (Adjei et al. 2022); for example, leading to large negative impacts on child physical, mental, cognitive and behavioural outcomes and increasing the risk of children developing mental health problems when both exposures are present. These health risks and effects are not confined to the inner-city but could certainly entrench the health and wellbeing challenges within inner-city neighbourhoods if living costs continue to rise and if policy action is not taken to address the wider institutional drivers of poverty discussed above. There are particular mental health risks for children and young people in minoritised ethnic groups who live in the inner-city, given the intersection of disproportionately higher levels of existing poverty among their families with experiences of, and fear of, racism, which are consistently reported as undermining children and young people's mental health (Bécares, Nazroo and Kelly 2015).

Hope: the potential value of financial and welfare advice services for inner-city families

In the context of the national policy failings highlighted above, there has been local policy interest and investment in the provision of welfare benefits and rights advice – provided, for example, via the local authority, charities (for example linked to the National Association of Citizens Advice Bureaux), law centres and/or other pro bono legal services. This has provided one way to try to improve family incomes and financial security, including by increasing the uptake of benefits to which they are entitled and/or of other financial, legal or social support that is available (Kahn and Pearlin 2006). In Bradford, for example, the Council has committed £2 million to secure the provision of welfare and rights advice for a period of six years, including in inner-city areas, and provided investment for provision in Family Hubs (CBMDC 2023b). Similarly, in November 2023, the London Mayor's

Health Board endorsed the principle that 'free social, welfare and legal advice (SWLA) should be available to any Londoner who needs it' with annual reporting by the boroughs on progress on provision of such advice (Mayor of London 2023).

As suggested in the discussion above, the UK social security system is complex to navigate and different families, in different situations and in different areas of the UK may be entitled to different types of national welfare support (see, for example, Mackley and McInnes 2020) and there is also considerable variation in localised welfare provision across the UK. Welfare benefits and rights advice is a means of trying to help people navigate this complexity.

However, not only does around £23 billion in welfare benefits go unclaimed each year (Walker 2024), but evidence suggests that there are considerable inequalities in access and uptake of available welfare provision to which people are entitled. Unequal access to and uptake of benefits and income support has, for example, been found for some minoritised ethnic groups and there is evidence that young families in the lowest income group claim fewer state benefits than those in higher income bands. Potential reasons for this pattern include: institutional discrimination, exclusions due to language and communication barriers and stigma associated with support access (Prady, Bloor and Bradshaw 2015; Allmark et al. 2010; Scharf 2010; Hansen et al. 2010). In consequence, the provision of advice for issues relating to benefits (for example, Universal Credit), as well as to debt, housing, employment, education and immigration, among others (Citizens Advice Bureau 2022) is a potential route to mitigate inequality, maximise family income and, by extension, contribute to redressing child poverty.

Given the systemic inequalities that minoritised ethnicity families on a low-income experience within society, there are potential benefits particularly in ethnically diverse inner-city areas like Bradford and Tower Hamlets. There has been little research however, into the use of welfare advice and welfare support uptake by minoritised groups in comparison to eligibility (Nandia and Platt 2010; DWP 2022). An ActEarly project, a feasibility and acceptability study called 'Healthier Wealthier Families in East London', aimed to explore the views and experiences of families using money advice located in a neurodisability clinic and in children's centres. Nearly all the participants were of minoritised ethnicity: findings showed that important components in uptake were a trusted referral agent (for example, a doctor or nurse), a universally accessible service (for example, an NHS building), and the advisory service taking time and effort to help parents with language

barriers, learning disabilities and/or difficulties with digital competence (Lee et al. submitted).

While further research is needed to better understand variation in benefit uptake by different families and of the role of welfare advice in addressing inequalities, there have been some innovations in welfare advice delivery. For example, integrating advice services into local health and social care systems, so as to try to ensure that families receive support at a time and place of need: such as within GP practices (which is the most common co-location set up), hospital departments, hospices, mental health and community health services, among others (Beardon 2018; NIHR School for Public Health Research 2022; Adams et al. 2006). Co-location represents a collaboration between organisations specialising in welfare advice and care services and offers potential benefits for both care professionals and welfare advisors, in addition to potential benefits for families receiving support. Families frequently present to healthcare professionals with issues relating to their welfare which health professionals are unable to help with – for example, relating to income, housing, food or energy insecurity – and which may result from a health condition or disability within the family, and/or be contributing to how they are able to manage family health and wellbeing (Pleasence et al. 2008).

By working as a welfare and health partnership, advice services can potentially help health professionals address the socio-economic needs of families that go beyond their expertise (Fairak 2018). For welfare advisors, such partnership could facilitate getting involved in family support at an earlier stage, before there is any escalation towards crisis, and enable access to health information that could support welfare casework, as well as advocacy for more systemic change (Low Commission 2014; Carrick, Burton and Barclay 2017; Wright et al. 2015). For families, co-location of and access to advice through health or social care could mean they receive more coordinated and holistic support (Burrows et al. 2011). An emerging finding from stakeholder interviews in our ActEarly Healthier Wealthier Families work in East London is also the lessening of moral injury to clinicians by having a practical measure they can recommend to patients to try and alleviate their material difficulties (Lee et al. submitted).

Evidence suggests that welfare and rights advice can result in improved financial gains for families, generating an average of £27 of social, economic and environmental return per £1 invested, and with some promise that these services may improve health and wellbeing for some recipients, potentially via addressing wider determinants of

health such as housing (Reece et al. 2022; Adams et al. 2006; Allmark et al. 2013). However, some have noted a generally poor quality of studies, for example not involving minoritised groups in evaluations. As such, care must be taken in drawing firm conclusions about the impact of co-located services on family poverty and financial insecurity, or health and wellbeing outcomes. Recent evaluative work in Bradford focusing on welfare benefits advice co-located in primary care, which covered inner-city areas, and which was coordinated by the local voluntary sector alliance, found improvements in financial security for recipients from the start to end of accessing advice services, and evidence of promise of improvements in overall wellbeing and health-related quality of life (Reece et al. 2024). More research is clearly needed however, to understand which people and families do or do not benefit from welfare advice and why. Review evidence suggests that the underlying drivers of financial vulnerability may be important here: in cases of 'embodied vulnerabilities', such as life-limiting illness or disabling physical or mental health conditions, advice may increase quality of life (though may be less likely to improve existing health status) and may have promise where families are experiencing 'situational vulnerabilities' generated by temporary difficult circumstances (Forster et al. 2019). However, it is unlikely to alter financial or health outcomes driven via more systemic disadvantage, such as poverty or discrimination (Forster et al. 2019).

It is important however, to also be mindful of what point in 'family life' welfare and rights advice becomes available to families. One situation in which welfare and rights advice may have more systematic and long-lasting outcomes is during pregnancy: a unique life event that leads to significant, wide-ranging and long-lasting changes to the lives of parents and the rest of a family, and which may change a family's financial circumstances. When families welcome a new child, there can be additional costs to cover and families may also become entitled to new or different benefit payments (for example, Child Benefit) (Citizens Advice Bureau n.d.; NHS n.d.; DWP 2023). Given the risks and negative effects of poverty for families, it is particularly important that families on a low-income are aware of these and their entitlements.

Maternity care is universal in the offer of provision of care and almost universal in uptake, and so pregnancy offers an important opportunity to engage families, some of whom may not otherwise have any contact with local support services (NICE 2021). A universal offer of welfare advice, through co-location in a maternity setting, could potentially be an important route to improve financial security for families, and, through normalising access to welfare advice through

universal provision, overcome the stigma sometimes associated with accessing support. Though there is no current universal offer anywhere in the world, there are localised innovations in this respect. Launched in November 2010, the 'Healthier Wealthier Children' (HWC) project is a partnership approach to tackling child poverty across NHS Greater Glasgow and Clyde, addressed by creating information and referral pathways between the NHS (for example, midwives and health visitors), the early years workforce and welfare advice services, in order to strengthen the identification of need for advice among pregnant women and families and mitigate child poverty. Evidence for the effectiveness of HWC in improving income was promising (Naven, Withington and Egan 2012) and it has since been integrated into the Scottish Government policy to reduce child poverty. The model is now being evaluated in England, Sweden and Australia, as part of an international academic collaboration: Healthier Wealthier Families (Price et al. 2021; Johansson et al. 2022). The Healthier Wealthier Families in East London acceptability and feasibility study (2023–4) found that, of 174 families attending an appointment for a disabled child, 60 were eligible for financial help and the total gained was £477, 943.19, ranging from £144 to £35,171 (Lee et al. submitted).

Conclusions: a more hopeful way forward?

While the above discussion highlights that welfare and rights advice has some level of promise to mitigate child poverty, the funding and commissioning of such services is increasingly under pressure given ongoing cuts to local government and NHS funding within the UK. Advice services are not a statutory requirement, and short- and long-term outcomes are less easy to measure than more tailored health services. As a result, advice provision varies significantly between local areas. However, there is increasing recognition of the value of welfare and rights advice. Moreover, in the context of the COVID-19 pandemic and cost of living crisis, welfare advice services often face a double pressure, particularly in the inner-city: with more families falling into debt, struggling to access affordable housing and make ends meet, there is an increased demand for advice and welfare provision, but at a time when their funding is diminishing.

What, one may therefore ask, is a way forward? Given the systemic issues discussed in this chapter, it is hard not to conclude that a wholescale transformation and rethink is needed in the UK's national system of provisioning for families. While welfare and rights

advice certainly offers promise for some inner-city families, including in Bradford and Tower Hamlets, by helping them move towards financial security and wellbeing, local welfare innovations such as co-location in maternity services and early years care will only be possible with adequate and long-term national funding settlements at local levels: local government needs the funding and powers to invest in making a difference in inner-city lives. As indicated above, many of the drivers of need for local welfare advice are systemic due to national-level failures in provisioning to address intersectional forms of disadvantage: the inadequacy of the social security system, which currently entrenches rather than supports families out of poverty (particularly affecting lone parents, families in which someone is living with a disability and families of minoritised ethnicities); lack of regulation of the housing market or of investment in social housing, leading to housing costs that push families into poverty; and lack of investment in the provision of high quality and accessible ECEC from the point of ending parental leave to starting full-time school, are key cases in point. Transformation of state provisioning for families in all these areas, as well as collective action to tackle racism and other forms of discrimination within our institutions is needed to redress and prevent, rather than mitigate, child poverty.

Collective action within cities and urban neighbourhoods is urgently needed to help bring about transformative change. This will require collective mobilisation of families and young people living on a low income with their allies to advocate for national political change. There are already examples of positive action in this regard, including the Changing Realities collaboration: a participatory online process involving over 100 parents and carers living on a low income across the UK, documenting people's experiences and pushing for national change. The End Child Poverty Coalition Youth Ambassador Scheme supports young people with experience of living on a low income to advocate for change, including through activities and events in the House of Commons and in the national media (End Child Poverty Coalition 2024b). It will also need collective action at a more local level to build community wealth, support family livelihoods and enhance child wellbeing and development (see Chapter 11 for the work of Bromley by Bow Centre in this regard). Here, inner-city areas like Tower Hamlets and Bradford could learn from established, promising practices across the UK; for example, the community wealth building programme established in Preston in 2016, which includes work to grow inclusive and democratic enterprises (such as worker cooperatives) in the economy and progressive procurement (that is, maximising how

local anchor organisations such as local government and the NHS bring about social value and wellbeing benefits in their local procurement practices). Recent evaluation of Preston's community wealth building programme found that it led to reduced depression and increases in life satisfaction and median wages relative to expected trends (Rose et al. 2023). Another promising practice is the New Economics Foundation's work to build a network of parent-led cooperative models of ECEC, inspired by the successful 'Grasshoppers in the Park' programme in Hackney, that brings skilled professional workers together with parents to provide affordable early childhood education and care with decent pay and conditions for staff (NEF 2024).

Local initiatives such as these are important, especially in the current crisis, but – to borrow from the words of the Children's Commissioner for England – the social patterning of child poverty is 'the crisis we can't keep ignoring' (Children's Commissioner 2021): larger families, lone parents, families in which someone has a disability and minoritised ethnicities continue to struggle to make ends meet because our national systems of provisioning have been designed this way. We need to collectively push for change, so that they are redesigned to enhance all children's life chances and right to thrive.

Further reading

Child Poverty Action Group. For campaigning and activism and multiple relevant reports and resources: https://cpag.org.uk/child-poverty/solutions-poverty.

Joseph Rowntree Foundation. For research, campaigns and opinion pieces on poverty, including how the benefits system, early education and care system and high-quality jobs can reduce poverty: https://www.jrf.org.uk/child-poverty.

De Schutter, Olivier, Hugh Frazer, Anne-Catherine Guio and Eric Marlier. 2023. *The Escape from Poverty: Breaking the vicious cycles perpetuating disadvantage*. Bristol: Policy Press. https://doi.org/10.51952/9781447370611.

References

Adams, J., White, M., Moffatt, S., Howel, D. and Mackintosh, J. 2006. 'A systematic review of the health, social and financial impacts of welfare rights advice delivered in healthcare settings'. *BMC Public Health* 6 (81): 1–28. https://doi.org/10.1186/1471-2458-6-81.

Adjei, N., Schlüter, D., Straatmann, V., Melis, G., Fleming, K., McGovern, R., Howard, L., Kaner E., Wolfe, I. and Taylor-Robinson, D. 2022. 'Impact of poverty and family adversity on adolescent health: A multi-trajectory analysis using the UK Millennium Cohort Study'. *The Lancet Regional Health. Europe* 13:100279. https://doi.org/10.1016/j.lanepe.2021.100279.

Allmark, P., Baxter, S., Goyder, E., Guillaume, L. and Gerard, C. M. 2013. 'Assessing the health benefits of advice services: Using research evidence and logic model methods to explore complex pathways'. *Health and Social Care in the Community* 21 (1): 59–68.

Allmark, P., Salway, S., Crisp, R. and Barley, R. 2010. *Ethnic Minority Customers of the Pension, Disability and Carers Service: An evidence synthesis*. London: Department for Work and Pensions.

Andersen, K. 2023. 'Compounding the hardship: The two-child limit, the benefit cap and the cost of living crisis'. Accessed 25 March 2025. https://largerfamilies.study/publications/compounding-the-hardship.

Beardon, S. and Genn, H. 2018. *The Health Justice Landscape in England and Wales: Social welfare legal services in health settings*. London: UCL Centre for Access to Justice.

Beatty, C. and Fothergill, S. 2018. 'Welfare reform in the UK 2010–16: Expectations, outcomes and local impacts'. *Social Policy and Administration* 52 (5): 950–68.

Bécares, L., Nazroo, J. and Kelly, Y. 2015. 'A longitudinal examination of maternal, family, and area-level experiences of racism on children's socioemotional development: Patterns and possible explanations'. *Social Science and Medicine* 142: 128–35. https://doi:10.1016/j.socscimed.2015.08.025.

Bell, T. and Pacitti, C. 2020. 'Rising child poverty, wage stagnation and working families'. In *2020 Vision: Ending child poverty for good*, edited by J. Tucker, 16–22. London: CPAG. Accessed 25 March 2025. https://cpag.org.uk/sites/default/files/2023-10/2020-Vision-ending-child-poverty-for-good.pdf.

Bidmead, E., El Zerbi, C., Cheetham, M. and Frost, S. 2023. A rapid review of children and young people's views of poverty and welfare in the context of Universal Credit'. *Children and Society* 37 (6): 2047–65. https://doi.org/10.1111/chso.12728.

Burrows, J., Baxter, S., Baird, W., Hirst, J. and Goyder, E. 2011. 'Citizens advice in primary care: A qualitative study of the views and experiences of service users and staff'. *Public Health* 125 (10): 704–10. https://doi.org/10.1016/j.puhe.2011.07.002.

Cameron, C., Hauari, H., Hollingworth, K., O'Brien, M. and Whitaker, L. 2022. *Work, Income and Food Insecurity: Families in Tower Hamlets community survey and panel findings*. London: UCL. Accessed 25 March 2025. https://discovery.ucl.ac.uk/10167329/1/FTH%20Work%20and%20Insecurities%20Briefing%20June%2010%202022.pdf.

Carrick, K., Burton, K. and Barclay, P. 2017. *Forecast Social Return on Investment Analysis on the Co-location of Advice Workers with Consensual Access to Individual Medical Records in Medical Practices*. Livingston: Improvement Service Scotland.

CBMDC (City of Bradford Metropolitan District Council). 2023a. *Bradford District Anti-Poverty Strategy 2022–2027*. Accessed 25 March 2025. https://bradford.moderngov.co.uk/mgConvert2PDF.aspx?ID=39846.

CBMDC (City of Bradford Metropolitan District Council). 2023b. 'Report of the Strategic Director, Adult Social Care, to the meeting of Corporate Overview and Scrutiny Committee to be held on 5 October 2023'. Accessed 25 March 2025. https://bradford.moderngov.co.uk/documents/s43334/Docpercent20N.pdf.

Centre for Cities. 2023. 'Cost of living tracker'. Accessed 25 March 2025. https://www.centreforcities.org/data/cost-of-living-tracker/.

Cheetham, M., Moffatt, S., Addison, M. and Wiseman, A. 2019. 'Impact of Universal Credit in North East England: A qualitative study of claimants and support staff'. *BMJ Open* 9: e029611. https://doi.org/10.1136/bmjopen-2019-029611.

Children North East. 2025. 'Poverty Proofing© the School Day'. Accessed 16 April 2025. https://children-ne.org.uk/poverty-proofing-the-school-day/.

Children's Commissioner. 2021. *Child Poverty: The crisis we can't keep ignoring*. Accessed 25 March 2025. https://assets.childrenscommissioner.gov.uk/wpuploads/2021/01/cco-child-poverty.pdf.

Cioarta, I. 2023. *Exploring the Phenomenon of Roma Homelessness in the UK*. Edinburgh: Heriot-Watt University Social Policy, Housing and Equalities Research Unit. Accessed 25 March 2025. https://tinyurl.com/mtsu5mc3.

Citizens Advice Bureau. n.d. 'Maternity pay – what you're entitled to'. Accessed 25 March 2025. https://www.citizensadvice.org.uk/work/maternity-and-parental-rights/check-your-maternity-and-parental-rights/maternity-leave-and-pay/maternity-pay-what-youre-entitled-to/.

Citizens Advice Bureau. 2022. *Annual Report and Accounts 2021–2022*. London: Citizens Advice Bureau.

Cooper, K. and Stewart, K. 2021. 'Does household income affect children's outcomes? A systematic review of the evidence'. *Child Indicators Research* 14: 981–1005.

Coram. 2023. *Childcare Survey 2023*. London: Coram Family and Childcare. Accessed 25 March 2025. https://www.familyandchildcaretrust.org/sites/default/files/Resource%20Library/Childcare%20Survey%202023_Coram%20Family%20and%20Childcare.pdf.

CPAG (Child Poverty Action Group). 2022. *The Cost of the School Day in England: Pupil's perspectives*. Accessed 25 March 2025. https://cpag.org.uk/sites/default/files/files/policypost/The_Cost_of_the_School_Day_in_England_Pupils_Perspectives_0.pdf.

DWP (Department for Work and Pensions). 2021. 'Written evidence the Department for Work and Pensions'. https://web.archive.org/web/20230111083047/https://committees.parliament.uk/writtenevidence/23367/pdf/.

DWP (Department for Work and Pensions). 2022. 'State support'. London: Department for Work and Pensions.

DWP (Department for Work and Pensions). 2023. 'Number of Children and Deductions for Universal Credit Households with Children by Parliamentary Constituency', August 2022, GB. https://questions-statements.parliament.uk/written-questions/detail/2023-01-31/136691.

Earwaker, R. 2023. 'Going under and without: JRF's cost of living tracker, winter 2022/23'. https://www.jrf.org.uk/cost-of-living/going-under-and-without-jrfs-cost-of-living-tracker-winter-2022-23.

Earwaker, R. and Johnson-Hunter, M. 2023. 'Unable to escape persistent hardship: JRF's cost of living tracker'. Accessed 25 March 2025. https://www.jrf.org.uk/cost-of-living/unable-to-escape-persistent-hardship-jrfs-cost-of-living-tracker-summer-2023.

Edmiston, D., Begum, S. and Kataria, M. 2022. 'Falling Faster Amidst a Cost-of-Living Crisis: Poverty, inequality and ethnicity in the UK'. Runnymede Trust Briefing. Accessed 25 March 2025. https://www.runnymedetrust.org/publications/falling-faster-amidst-a-cost-of-living-crisis-poverty-inequality-and-ethnicity-in-the-uk.

End Child Poverty Coalition. 2022. 'Frequently asked questions on our child poverty statistics'. Accessed 25 March 2025. https://endchildpoverty.org.uk/faq/.

End Child Poverty Coalition. 2024a. 'Local Child Poverty Data'. Accessed 16 April 2025. https://act.cpag.org.uk/page/150601/data/1.

End Child Poverty Coalition. 2024b. 'Youth Ambassador Scheme'. Accessed 25 March 2025. https://endchildpoverty.org.uk/youth-ambassador-scheme/.

Fairak, A. 2018. *The roadblock to recovery: How mental health practitioners deal with people's practical problems in England*. London: Citizens Advice Bureau. Accessed 20 June 2025. https://tinyurl.com/fvy7ehpk.

Fair by Design. 2025. 'Energy: What is the poverty premium in energy?'. Accessed 16 April 2025. https://fairbydesign.com/understanding-the-poverty-premium-tackling-financial-inequality-fair-by-design/energy/.

Farthing, R. 2016. 'What's wrong with being poor? The problems of poverty, as young people describe them'. *Children and Society* 30 (2): 107–19.

Forster, N., Lhussier, M., Woodhead, C., Barnes, A., Carr, S. M. and Haighton, K. 2019. 'A taxonomy of mechanisms underpinning the impact of welfare rights advice on health'. *European Journal of Public Health* 29 (Issue Supplement 4): ckz186.332. https://doi.org/10.1093/eurpub/ckz186.332.

Gray, M. and Barford, A. 2018. 'The depths of the cuts: The uneven geography of local government austerity'. *Cambridge Journal of Regions, Economy and Society* 11 (3): 541–63. https://doi.org/10.1093/cjres/rsy019.

Griffiths, R., Wood, M., Bennet, F. and Millar, J. 2022. 'Families navigating Universal Credit in the COVID-19 pandemic'. In *COVID-19 Collaborations: Researching poverty and low-income family life during the pandemic*, edited by K. Garthwaite, R. Patrick, M. Power, A. Tarrant and R. Warnock, 44–55. Bristol: Policy Press.

Hansen, K., Jones, E., Joshi, H. and Budge, D. 2010. *Millennium Cohort Study Fourth Survey: A user's guide to initial findings*. London: IOE Centre for Longitudinal Studies. Accessed 25 March 2025. https://cls.ucl.ac.uk/wp-content/uploads/2017/07/MCS4-Users-Guide-to-Initial-Findings-2nd-Edition-15-12-10_MT.pdf.

Henry, A. and Wernham, T. 2024. *Child Poverty: Trends and policy options*. IFS Report R335. London: Institute for Fiscal Studies. Accessed 25 March 2025. https://ifs.org.uk/sites/default/files/2024-10/Child-poverty-trends-and-policy-options_1.pdf.

HM Government. 2024. *Child Poverty Taskforce: Further detail*. Accessed 25 March 2025. https://assets.publishing.service.gov.uk/media/66bcd86bc32366481ca490d5/Child_poverty_taskforce_terms_of_reference.pdf.

IFS (Institute for Fiscal Studies). 2022. 'Inflation hits 9% with poorest households facing even higher rates'. Accessed 25 March 2025. https://ifs.org.uk/news/inflation-hits-9-poorest-households-facing-even-higher-rates.

IPPR (Institute for Public Policy Research). 2022. *A Lifeline for Families: Investing to reduce child poverty this winter*. London: IPPR. Accessed 25 March 2025. https://www.ippr.org/research/publications/a-lifeline-for-families.

Ivinson, G. 2020. 'Diffracting educational policies through the lens of young people's experiences'. In *Poverty in Education Across the UK: A comparative analysis of policy and place*, edited by I. Thompson and G. Ivinson, 141–66. Bristol: Policy Press.

Johansson, N. and 17 others. 'Ameliorating Child poverty through Connecting Economic Services with child health Services (ACCESS): Study protocol for a randomised controlled trial of the healthier wealthier families model in Sweden'. *BMC Public Health* 22: 2181. https://doi.org/10.1186/s12889-022-14424-x.

JRF (Joseph Rowntree Foundation). 2022a. 'What is poverty?'. Accessed 25 March 2025. https://www.jrf.org.uk/what-is-poverty.

JRF (Joseph Rowntree Foundation). 2022b. 'Not heating, eating or meeting bills: Managing a cost of living crisis on a low income'. Accessed 25 March 2025. https://www.jrf.org.uk/cost-of-living/not-heating-eating-or-meeting-bills-managing-a-cost-of-living-crisis-on-a-low-income.

Kahn, Joan R. and Pearlin, Leonard I. 2006. 'Financial strain over the life course and health among older adults'. *Journal of Health and Social Behavior* 47 (1): 17–31. https://doi.org/10.1177/002214650604700102.

Lai, E. T. C., Wickham, S., Law, C., Whitehead, M., Barr, B. and Taylor-Robinson, D. 2019. 'Poverty dynamics and health in late childhood in the UK: Evidence from the Millennium Cohort Study'. *Archives of Disease in Childhood* 104: 1049–55. https://doi.org/10.1136/archdischild-2018-316702.

Laing, K. and Todd, L. 2020. 'Schools and child poverty: From extended schools to closing the attainment gap. Where to from here?'. In *2020 Vision: Ending child poverty for good*, edited by J. Tucker, 67–72. London: CPAG. Accessed 25 March 2025. https://cpag.org.uk/sites/default/files/2023-10/2020-Vision-ending-child-poverty-for-good.pdf.

Lee, S. F., Austin Croft, L., Oultram, M., Bartley, A., Heys, M. and Cameron, C. n.d. (submitted). 'Mitigating the impact of child poverty in a highly diverse population: Views of parents/carers and professional stakeholders about co-located welfare benefits advice in community settings'. n.p.

Living Well Schools. 2025a. 'Addressing Poverty Through Additional Opportunities in School'. Accessed 16 April 2025. https://mylivingwell.co.uk/schools/wp-content/uploads/sites/2/2024/09/Additional-Responsibilty-final-1-1.pdf.

Living Well Schools. 2025b. 'Addressing Poverty Through Action on Bullying in School'. Accessed 16 April 2025. https://mylivingwell.co.uk/schools/wp-content/uploads/sites/2/2024/10/Summary-of-results-bullying-final.pdf.

Low Commission. 2014. *Report of the Low Commission on the future of legal advice and legal support. Tackling the Advice Deficit: A strategy for access to advice and legal support on social welfare law in England and Wales*. London: Legal Action Group Education and Service Trust.

Mackley, A. and McInnes, R. 2020. 'Contributory benefits and social insurance in the UK'. House of Commons Library, 29 October. Accessed 16 April 2025. https://commonslibrary.parliament.uk/contributory-benefits-and-social-insurance-in-the-uk/.

Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. and Geddes, I. 2010. *Fair Society, Healthy Lives: The Marmot Review*. London: UCL Institute of Health Equity. Accessed 13 August 2024. https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf.

Mayor of London. 2023. 'Agenda item. Health Inequalities: Cost-of-living and structural racism. Meeting of London Health Board 22 November'. Accessed 25 March 2025. https://www.london.gov.uk/moderngovmb/mgAi.aspx?ID=36514.

McNeil, C., Parkes, H., Garthwaite, K. and Patrick, P. 2021. 'No longer "managing": The rise of working poverty and fixing Britain's broken social settlement'. IPPR paper. Accessed 25 March 2025. https://www.ippr.org/articles/no-longer-managing-the-rise-of-working-poverty-and-fixing-britain-s-broken-social-settlement.

Mudie, R. and Franklin, B. 2022. *Hard Up: How rising costs are hitting different places, and how they can respond*. London: CPP (Centre for Progressive Policy). Accessed 25 March 2025. https://www.progressive-policy.net/publications/hard-up.

Nandia, A. and Platt, L. 2010. *Ethnic Minority Women's Poverty and Economic Well-Being*. London: Government Equalities Office. Accessed 25 March 2025. https://www.gov.uk/government/publications/ethnic-minority-womens-poverty-and-economic-well-being.

Naven, L., Withington, R. and Egan, J. 2012. *Maximising Opportunities: Final evaluation report of the Healthier, Wealthier Children (HWC) project*. Glasgow: Glasgow Centre for Population Health.

NE Child Poverty Commission. 2022. *Getting the Building Blocks Wrong*. September. Accessed 16 April 2025. https://nechildpoverty.org.uk/content/images/uploads/Getting_the_building_blocks_wrong_Early_childhood_poverty_in_the_North_East.pdf.

NEF (New Economics Foundation). 2024. 'Parent-led childcare: Combining the skill of professional workers with the lived experience of families'. Accessed 25 March 2025. https://neweconomics.org/campaigns/parent-led-childcare.

NHS (National Health Service). n.d. (regularly updated). 'Maternity and paternity benefits and leave'. Accessed 16 April 2025. https://www.nhs.uk/pregnancy/finding-out/maternity-and-paternity-benefits-and-leave/#:~:text=If%20you%20are%20employed%20and,weeks%20of%20additional%20maternity%20leave.

NICE (National Institute for Health and Care Excellence). 2021. 'Antenatal care: NICE guideline'. Accessed 16 April 2025. https://www.nice.org.uk/guidance/ng201/resources/antenatal-care-pdf-66143709695941.

NIESR (National Institute of Economic and Social Research). 2023. 'UK heading towards five years of lost economic growth'. Accessed 25 March 2025. https://www.niesr.ac.uk/publications/uk-heading-towards-five-years-lost-economic-growth?type=uk-economic-outlook.

NIHR School for Public Health Research. 2022. *Health Justice Partnerships in England: A study of implementation success*. Accessed 25 March 2025. https://www.ucl.ac.uk/health-of-public/sites/health_of_public/files/ucl_research_hjps_in_england_report_recommendations.pdf.

O'Connell, R., Owen, C., Padley, M., Simon, A. and Brannen, J. 2019. 'Which types of family are at risk of food poverty in the UK? A relative deprivation approach'. *Social Policy and Society* 18 (1): 1–18. https://doi.org/10.1017/S1474746418000015.

Patrick, R. and Lee, T. 2022. 'Advance to debt: Paying back benefit debt – what happens when deductions are made to benefit payments?'. Accessed 25 March 2025. https://www.york.ac.uk/media/policyengine/documents/COVIDpercent20realitiespercent20-percent20Advancepercent20topercent20debtpercent2022percent20Dec.pdf.

Patrick, R., Power, M., Garthwaite, K., Kaufman, J., Page, G., Pybus, K. and COVID Realities participants. 2022. *A Year Like No Other: Life on a low income*. Bristol: Policy Press.

Pickett, K. and 54 others. 2021. *Child of the North: Building a fairer future*. Accessed 25 March 2025. https://www.thenhsa.co.uk/app/uploads/2022/01/Child-of-the-North-Report-FINAL-1.pdf.

Pleasence, P., Balmer, N. J. and Buck, A. 2008. 'The health cost of civil-law problems: Further evidence of links between civil-law problems and morbidity, and the consequential use of health services'. *Journal of Empirical Legal Studies* 5 (2): 351–73.

Prady, S., Bloor, K. and Bradshaw, J. 2015. 'Does administrative data reflect individual experience? Comparing an index of poverty with individually collected data on financial well-being in a multi-ethnic community'. *Social Policy and Society* 15: 513–35. https://doi.org/10.1017/S1474746415000597.

Price, A. M. H. and 13 others. 2021. 'Study protocol for the Healthier Wealthier Families (HWF) pilot randomised controlled trial: Testing the feasibility of delivering financial counselling to families with young children who are identified as experiencing financial hardship by community-based nurse's'. *BMJ Open* 11 (5): e044488. https://doi.org/10.1136/bmjopen-2020-044488.

Ray-Chaudhuri, S., Waters, T. and Xu, X. 2023. 'Recent changes to universal credit have much smaller effect on poverty than £20 uplift [Comment]'. *Institute for Fiscal Studies*. Accessed 25 March 2025. https://ifs.org.uk/articles/recent-changes-universal-credit-have-much-smaller-effect-poverty.

Reader, M., Portes, J. and Patrick, R. 2022. 'Does cutting child benefits reduce fertility in larger families? Evidence from the UK's two-child limit'. Benefit Changes and Larger Families project. Accessed 25 March 2025. https://largerfamilies.study/publications/does-cutting-child-benefits-reduce-fertility-in-larger-families-evidence-from-the-uk-s-two-child/.

Reece, S., Dickerson, J., Kelly, B., McEachan, R. and Pickett, K. 2023. 'The long-term impact of the Covid-19 pandemic on financial insecurity in vulnerable families: Findings from the Born in Bradford Covid-19 longitudinal study'. *PLoS ONE* 18 (11): e0295065. https://doi.org/10.1371/journal.pone.0295064.

Reece, S., Moss, R. H., Tanveer, Z., Hammad, M., Pickett, K. E. and Dickerson, J. 2024. 'Exploring the feasibility of evaluating a community alliance welfare advice programme co-located in primary care in Bradford: An uncontrolled before and after study'. *BMC Public Health* 24: 300. https://doi.org/10.1186/s12889-024-17773-x.

Reece, S., Sheldon, T. A., Dickerson, J. and Pickett, K. E. 2022. 'A review of the effectiveness and experiences of welfare advice services co-located in health settings: A critical narrative systematic review'. *Social Science and Medicine* 296: 114746. https://doi.org/10.1016/j.socscimed.2022.114746.

Rodrigues, G. and Quinio, V. 2022. *Out of Pocket: The places at the sharp end of the cost of living crisis*. Centre for Cities Report, July. Accessed 25 March 2025. https://www.centreforcities.org/wp-content/uploads/2022/07/Out-of-pocket.pdf.

Rose, T. C., Daras, K., Manley, J., McKeown, M., Halliday, E., Goodwin, T. L., Hollingsworth, B. and Barr, B. 2023. 'The mental health and wellbeing impact of a community wealth building programme in England: A difference-in-differences study'. *Lancet Public Health* 8 (6): e403–e410. https://doi.org/10.1016/S2468-2667(23)00059-2.

Scharf, E. 2010. 'Entitled to benefit? A review of state benefit take up by older people belonging to Black and minority ethnic groups'. *Reinvention: An International Journal of Undergraduate Research* 3 (2). Accessed 25 March 2025. https://warwick.ac.uk/fac/cross_fac/iatl/research/reinvention/archive/volume3issue2/.

Stone, J. 2022. 'Local indicators of child poverty after housing costs, 2020/21'. Accessed 16 April 2025. https://endchildpoverty.org.uk/wp-content/uploads/2022/07/Local-child-poverty-indicators-report-2022_FINAL.pdf.

Stone, J. 2023. 'Local Indicators of Child Poverty After Housing Costs, 2021/22'. Accessed 25 March 2025. https://endchildpoverty.org.uk/wp-content/uploads/2023/06/Local-indicators-of-child-poverty-after-housing-costs_Final-Report-3.pdf.

Teitz, M. B. and Chapple, K. 1998. 'The causes of inner-city poverty: Eight hypotheses in search of reality'. SSRN. https://doi.org/10.2139/ssrn.156911.

Tower Hamlets Council. 2021. *London Borough of Tower Hamlets: Poverty review*. Accessed 25 March 2025. https://democracy.towerhamlets.gov.uk/mgConvert2PDF.aspx?ID=191230.

Townsend, P. 1979. *Poverty in the United Kingdom: A survey of household resources and standards of living*. Middlesex: Penguin Books Ltd.

Walker, R. 2024. *Missing Out 2024: £23 billion of support is unclaimed each year* (Report). Accessed 25 March 2025. https://policyinpractice.co.uk/publication/missing-out-2024/.

Whitehead, M., Taylor-Robinson, D. and Barr, B. 2022. 'Fuel poverty is intimately linked to poor health'. *BMJ* 376: o606, https://doi.org/10.1136/bmj.o606.

Wickham, S., Anwar, E., Barr, B., Law, C. and Taylor-Robinson, D. 2016. 'Poverty and child health in the UK: Using evidence for action'. *Archives of Disease in Childhood* 101: 759–66.

Wilkinson, R. and Pickett, P. 2019. *The Inner Level: How more equal societies reduce stress, restore sanity and improve everyone's well-being*. London: Penguin.

Woudhuysen, A. 2019. *Worse Off: The impact of universal credit on families in Tower Hamlets*. Accessed 16 April 2025. https://cpag.org.uk/sites/default/files/2023-08/Worse%20off-%20The%20impact%20of%20universal%20credit%20on%20families%20in%20Tower%20Hamlets.pdf.

Wright, N., Jay, M., Snell, S. and Holden, A. 2015. *Great Ormond Street Hospital Citizens Advice Bureau Annual Report 2014/15*. London: Citizens Advice Bureau.

6

Inequality challenges for parents and governments in providing economic security for pre-school urban children: lessons from COVID-19

Margaret O'Brien, Katie Hollingworth, Hanan Hauari and Sarah O'Toole

Introduction

Children, particularly in their pre-school years, are critically dependent on the caring and economic support of their primary caregivers. Inequalities in children's lives begin with these primary caregivers, usually parents, at home (Kiernan et al. 2022) but are deeply interconnected with the local and the national caring and economic infrastructures in which they and their parents live (Richardson 2010). In this chapter, we argue that providing economic security for pre-school children (those aged 0–4 years) is not only an individual parenting practice but is also highly dependent on a set of relational and interactive family, community and national responsibilities (Doucet 2023). Over the last two decades, the economic situation of the UK has significantly deteriorated in comparison to European neighbours, culminating in 'high inequality Britain' (Bell 2024). Growth in income and wealth disparities has led to poor and rich children living side by side in many cities, notably in London's East End where our case study is based (Cameron et al. 2022a). Using national and local data we explore these multi-level inequality challenges in sustaining young children's economic wellbeing.

Firstly, we examine the adequacy of the UK's national employment policy context to support the economic security of under-fives over recent decades, including during COVID-19, with particular attention on insecure worker parents. Secondly, we present data from a study of families with under-fives living in Tower Hamlets, a locality of

high income and wealth disparity (Cameron et al. 2021; 2022a), to complement the national profile. Within Tower Hamlets, pockets of wealth driven by a vibrant financial sector labour market and high-value property market contrast with chronic poverty across the borough, especially experienced by South Asian heritage residents. The research highlights parental experiences of navigating provisioning and care in an urbanised and unequal locality. Voices of parents provisioning and caring in adverse conditions, in particular fathers' seldom-heard voices (Tarrant 2021), can illuminate wider individual and social processes of response and adaptation to a global pandemic. The growing literature on household and family responses to adversity, hardship and shock in the face of disaster and emergency (Dagdeviren and Donoghue 2019; Daly and Osinski 2023) has shown the importance of both individual agency and structural constraints in the development of resilience. Our study has also shown the added significance of intra-family couple support, to enable parents to endure the intense physical and mental load involved in sustaining children's economic security during an extended pandemic. As described in the third section of our chapter, we found parents who reported that practical and emotional understanding from a partner, despite the enormity of events, helped to mitigate feelings of anxiety, suggesting one small source of hope in future times of crisis.

Inequalities: employment policies supporting economic security of under-fives during COVID-19

National employment policies play a major part in the support of economic security, worker wellbeing and social protection against economic risks across the life course. This statutory framework sets regulatory standards, including on health and safety, working hours, anti-discriminatory practices and work–family reconciliation measures. Prior to the pandemic, despite a national growth in labour market participation, particularly by women, there had been some deterioration in work quality and pay levels (BEIS 2017). Insecure low wage employment, pay volatility and more precarious working conditions and contracts had emerged across the UK. Precarity was characterised by 'non-standard employment', such as temporary agency work, self-employment, zero-hours contracts and part-time work with unpredictable weekly hours, which all increased in comparison to other European countries (Broughton et al. 2016).

Emergency shocks such as the COVID-19 pandemic in 2020 required new policy responses, including, for parents managing their children's wellbeing, when the national quarantine lockdown order came on 23 March. However, the UK government, unlike some other countries, did not make any specific explicit provisions for, or target announcements on, the care of children, parenting or work–family reconciliation measures such as maternity, paternity or parental leave (Koslowski et al. 2022). Nurseries, other ECEC (early childhood education and care) settings and schools, were closed except for children of key workers and those pre-school and primary-aged children identified as being in vulnerable groups.

Labour market policies

In practice, not all local ECEC settings and primary schools remained open, as was evident in our Tower Hamlets study. Instead, a general labour market measure was applied to all workers, irrespective of parenthood and caregiving responsibilities, called the Coronavirus Job Retention Scheme (generally referred to as 'furlough'). Through this government scheme employees who were furloughed at home received 80 per cent of their wages, applied and adjusted at an employer's discretion. The base wage compensation was equivalent to the UK salary of £30,000 a year at the time (slightly higher than the UK average salary) and employers could also top-up the remaining 20 per cent. The scheme continued in various forms (with tapered income replacement and short-work time support) until 30 September 2021.

While the financial support was also available to employees with flexible or zero hours employment contracts, this was only when an employer had arranged a formal tax and national insurance payment compliant contract (PAYE). Similarly, the self-employed were eligible for income compensation if they had evidence of a prior trading status in the year before COVID-19, and had paid income tax through the self-assessment tax return system, as well as national insurance (Self-Employment Income Support Scheme, SEISS). Supporting the self-employed – given their growth pre-COVID to some 15 per cent of the British workforce (ONS 2022) – was important, but the strict criteria excluded more recent traders and those who had not formalised their employment arrangements. It is notable that Bangladeshi and Pakistani self-employed, the highest percentage of self-employed out of all ethnic groups pre-COVID (23 per cent), and dominant in Tower Hamlets, experienced the biggest activity drop, to 16 per cent by the first year of the pandemic in 2021 (ONS 2022).

In addition, individuals working in casual and unregulated earning activities in the informal economy, more typical of low-income workers (BEIS 2017), were not eligible for either furlough or SEISS support. This meant that some of the pre-COVID advantages of informal provisioning, common in the locality of our case study with its predominance of street markets, food and textile trading, often kin-based, and transnational (Kabeer 2000), in fact created economic disadvantage in the pandemic.

Arguably, national wage compensation and high-income support employment schemes during COVID-19 had the unanticipated consequence of advantaging the more economically secure, deepening pre-existing socio-economic patterns of inequality. These important measures, shown to have both an economic and mental health buffer, particularly for male workers (Wels et al. 2022), failed to support more insecure workers with less stable connections to the labour market.

Sick pay

Another type of employment policy measure supporting the economic security of parents of under-fives is Statutory Sick Pay (SSP). When employed individuals become ill, they can claim sick pay for up to 28 weeks. During COVID-19 this measure was not upgraded from its low level of £95.85 per week (in 2020), which was below the minimum wage of £8.72 per hour (in 2020). It was, and still is, not sustainable for most individuals unless topped up by employers, for which there was no regulatory requirement. Nursery or school closures, per se, did not trigger SSP receipts. The importance of adequate sustainable paid sick leave for parents, particularly during the pandemic, has been well documented (Heymann et al. 2020).

Parental leave

In 1973, Britain introduced maternity leave, since when leave policies have been an important part of women's social protection in the workplace. They provide job protected health recovery time before and after childbirth, time to care for infants and young children and a secure return to employment with the same employer (O'Brien and Uzunalioglu 2022). Leave policies also include an element of wage replacement during this period and are a key instrument for maintaining the presence of mothers in the labour market. As well as economic security benefits for the family, well paid maternity leave is associated with many child health and wellbeing benefits, particularly when it is of 12 weeks or more

(for example, Whitney et al. 2023). Increasingly, leave has also been important for expanding opportunities for fathers to spend more time caring for their young children and contributing to gender equality and work–family reconciliation (Koslowski and O'Brien 2022).

The UK has one of the longest statutory maternity leave policies in Europe, at 52 weeks, and shortest paternity leave policies, at two weeks (Blum et al. 2023). Despite its length, maternity leave is only highly reimbursed, at 90 per cent of salary, for the first 6 weeks. The rest of the year is covered by a flat rate statutory payment (which was £151.20 at the start of COVID-19) for 33 weeks until 39 weeks when the child is about nine months old, after which maternity leave is unpaid for the last three months. None of paternity leave is well paid, with fathers/partners receiving the same flat rate statutory payment as maternity leave. Low-income mothers, unable to reach a pre-pregnancy salary threshold (earning at least £30 a week for 13 of the 66 weeks), only qualify for a low flat rate maternity allowance. An equivalent paternity allowance for low-income fathers does not exist.

Research shows that money matters in leave usage, particularly for economically disadvantaged women (Chanfreau et al. 2011). Those taking the shortest 'paid' leave (up to 39 weeks of maternity leave) are generally low earners, part-time workers and the self-employed, while those taking the longest leave are high earners and those in full-time employment. As described below, this inequality pattern was also found in our Tower Hamlets study.

Eligibility to access paid maternity and paternity leave is a further significant barrier for low-income parents. Parents' eligibility to access statutory leave was, and still is, not an automatic right. As well as prior income thresholds, mentioned above, it is also dependent on the type of employment status and duration of service. Individuals who are classed 'employees' (typically with a PAYE employment contract) are eligible but those classed as 'self-employed' are not. In terms of duration of service, a continuous employment qualifying period of working for an employer for 26 weeks by the end of the 15th week before the expected week of childbirth is required for paid maternity and paternity leave (Atkinson et al. 2022). Prior to the pandemic it was estimated that about a quarter of potential UK parents were ineligible for paid statutory maternity or paternity leave because of working status, income thresholds and duration of service requirements (O'Brien et al. 2017).

With respect to the pandemic and parental leave, while no explicit government announcements were made to parents, employers were asked to behave in a 'business as usual' manner for leave policy provision.

There was no steer to employers to be compassionate to pregnant employees, new parents or employees with young children. Early in the pandemic, on 6 July 2020, there was a nationwide e-petition calling for the government to extend maternity leave by three months with pay. The Petitions Committee received over 69,000 responses from new mothers who had found that their jobs were at risk as they were unable to find childcare, or experienced post-natal depression (UK Parliament 2020). The government made no policy change following this petition, unlike in other countries where extensions of parental leave or special 'Corona parental leave' (Kozlowski, Blum and Dobrotić 2022) were introduced. Across Europe a special and new paid parental leave was introduced in Austria, Belgium, France, Germany, Greece, Italy, Poland, Romania and Sweden and a modified existing sickness or other leave to include parental caring was introduced in Denmark, Estonia, Lithuania and the Netherlands (Gentilini et al. 2020).

Welfare benefit support

A final national economic security policy we consider is the 'safety net' Universal Credit measure, targeted at low-income households, in work or not, with children or not. In the years leading up to the COVID-19 pandemic, evidence had accumulated on the scale of income inequality in Britain (for example Deaton 2019). Fiscal retrenchment, accelerating after the 2008 global recession, had resulted in chronic austerity, with declining public services in education, social housing, transport and a weakening social security safety net, Universal Credit, for vulnerable individuals and families. Nationally, child poverty significantly increased in the five years leading up to the pandemic (Hirsch and Stone 2021). Pre-pandemic, Tower Hamlets was the local authority with the highest proportion of children living in poverty in London (48 per cent compared to 12 per cent in Richmond upon Thames after housing costs, Trust for London 2022 and see Chapter 5, this volume).

In this context there was a temporary national emergency supplement increase in Universal Credit, upgraded to £86.67 a month (c. £20 a week), for one year from 6 April 2020, although again not targeted for those caring for children. There was an immediate significant increase in applications, signalling national need from a baseline average 4 per cent month-on-month increase to 40 per cent in April 2020 (DWP 2020). At this time, even with the emergency supplement, the average level of payments was still comparatively low, at £594.04 per month for joint household claimants aged 25 or over.

The extra £20 a week was reported as a 'lifeline' for parents in our Tower Hamlets study, with many worrying about its termination, initially planned to be April 2021. After national lobbying, the Universal Credit uplift continued to September 2021 finishing at the same time as the more generous furlough scheme. A concern, then and now, is that Universal Credit continues to maintain a two-child limit principle that was mandated in 2017. At this time the government removed Universal Credit support for a third or subsequent child, with only some exceptions. Griffiths et al. (2022, 47) suggest that continuity of the two-child limit represents a 'creeping policy of transferring ever-greater levels of responsibility and risk for raising children onto parents'. At time of writing, the new Labour government has pledged to maintain the limit for reasons of national fiscal control.

Voices from parents: the Tower Hamlets study

Our study examined the social, economic and health impacts of COVID-19 among families with young children under five years of age, and pregnant women, living in Tower Hamlets. It had a mixed methods longitudinal design with a community survey targeted at low-income families early in the pandemic from summer–autumn 2020 (Wave 1) followed up in early spring 2021 (Wave 2). Recruitment was primarily through local authority housing benefit records, supplemented by other locality-based networks and general borough communications: 992 individuals were recruited in Wave 1; 620 responded in Wave 2. In Wave 1 the parent sample size (N = 894) was slightly lower than the achieved sample size (N = 992) as it excluded prospective parents (pregnant only) and cases where a sex identifier was missing. Lone parents with a non-resident partner made up 2.9% (N = 26) of the parent sample of which 3 were men. A qualitative longitudinal household panel subsample of 22 households was purposively selected from the Wave 1 survey to represent a range of family structures, ethnicities and household income, resulting in 33 online interviews with fathers as well as mothers, interviewed twice, in early and late 2021 (Cameron et al. 2021). The majority of households contained two-parent mixed-sex couples (18 of 22), with one female same-sex parental couple and three lone mother households. (Cameron et al. 2022d).

At the start of the pandemic, patterns of work and financial wellbeing for study participants varied considerably. Despite the low-income recruiting focus, 22 per cent of households had an income of

over £52,000, which was above the Tower Hamlets household medium income in 2019, of £30,760 (Cameron et al. 2022a). Parents, particularly fathers, in couple households were more likely to be in active employment in Wave 1 (Table 6.1).

Table 6.1 Changes in employment status between Wave 1 and Wave 2 for couple mothers and fathers and lone mothers.

	Wave 1						Wave 2					
	Mothers		Fathers		Lone mothers		Mothers		Fathers		Lone mothers	
	N	%	N	%	N	%	N	%	N	%	N	%
Employed	85	28.2	121	72.0	12	17.4	127	42.1	129	77.2	12	18.2
Furlough	30	10.0	4	2.4	2	2.9	20	6.6	15	9.0	2	3.0
Parenting leave	49	16.3	1	0.6	6	8.7	27	8.9	–	–	6	9.1
Self-employed and working	16	5.3	20	11.9	2	2.9	15	5.0	10	6.0	2	3.0
Unemployed	121	40.2	22	13.1	47	68.1	113	37.4	13	8.0	44	66.7
Total	301	100	168	100	69	100	302	100	167	100	66	100

Source: Cameron et al. 2022b.

Eighty-four per cent of fathers were in active employment, either salaried (72 per cent), or self-employed (12 per cent). A small proportion, just 2 per cent, were on furlough. Only a third of mothers (33 per cent) were in active employment, either salaried (28 per cent) or self-employed (5 per cent); 10 per cent were on furlough in Wave 1. Sixteen per cent of couple mothers were on maternity leave at this time, significantly more common for mothers in high-income as opposed to low-income households (33 per cent versus 5 per cent). At the start of the pandemic lone mothers had the highest level of unemployment across the three parental groups, couple mothers, couple fathers, lone mothers: 68 per cent, in contrast to 40 per cent and 13 per cent of couple mothers and fathers, respectively.

In interviews, parents described the impact of the pandemic on their capacity to provide economic security for their families through income reduction from new furlough arrangements, reduced hours and, in some cases, precipitous job loss. Parents who had informal work contracts, jobs in closed sectors such as hospitality or insecure employment arrangements during maternity leave were particularly affected. A lone mother of a baby and older child, describes an economically calamitous situation where both she and her co-residing sister, lost their jobs simultaneously:

> We lost our job. I mean I'm going straight away from maternity to redundancy – a place where I was working for five years. My sister as well she lost her job. My sister she was starting to work like a waiter, but she lost her job … so basically our income now is based on what universal credit they are giving to us … £400 they are giving to us for food and everything what we need to pay, and bills and food and nappy and baby clothes. It's quite a bit difficult to maintain everything with only those money.

Navigating the gaps between income loss and benefits was a source of intense emotional distress, as a mother who had to wait eight weeks for her family to receive Universal Credit, following the end of maternity pay said: 'you're trying to find the emotional strength to keep going'.

Feelings of anguish at the shock of suddenly losing a job were also reported by fathers, as one sole earner father of two under-fives described:

> I'm feeling absolutely devastated and upset you know. In this situation you can't make a plan. You can't, you can't make a plan. Also, because the situation is beyond human hands – this is not your hands anymore. I'm the only income holder in my family, I'm the only earner, so everything depends on my income actually.

Without a secure employment contract in the hotel hospitality sector where he worked, he had no access to the emergency furlough scheme. His alarm was palpable: 'Suddenly they're telling me I'm off from the payroll'. Not being able to keep his family economically secure was a threat, moving him away from provisioning as a way of life, as he put it, his 'purpose'.

Over time he felt able to 'let' his wife, contrary to his normative cultural preferences, contribute more financial resources for the family. He said:

> … when I lost my job, then I told her that's fine, now you can slowly start it … because she got very nice background okay [higher educational qualifications], so I told her okay you can start slowly, slowly, looking for the job.

By the time of the second interview, his wife had moved to full-time employment, and he was looking after the children; we are 'thinking a

different way … I know my wife is earning today, tomorrow … I will earn as well.'

This mother's move into employment was part of a trend, as by Wave 2 (early spring 2021) we found a significant uplift by 14 points in couple mothers' employment and a slight increase of five points for couple fathers. Some of these mothers had moved from maternity leave back to their job, typically those with more stable high-income jobs, but others were enhancing their provisioning activities to compensate for a husband's unemployment or reduction in hours. Mothers in low-income couple households were more likely to move into employment by Wave 2 to enhance the family financial resilience, particularly when a partner's job was insecure. These employment reconfiguration patterns indicate the importance of flexible household 'co-provisioning' strategies in ensuring resilience at times of adversity.

Households where both parents were self-employed low earners at the start of the pandemic were less fortunate, at least initially. Potential financial ruin was described by parents from a low-income family of four children in this situation. Unable to trade in their small family business, they had applied to the SEISS scheme but were unsuccessful as their profits for the preceding tax year were too low and did not meet the threshold criteria. The family moved from 'just managing' with a good credit rating to a position of spiralling debt and a decimated credit rating. By Wave 2 the father had found salaried employment, but with the burden of accumulated debt, rent arrears and a poor credit rating, his application to be moved to a larger home or to be put on a housing exchange list had been rejected. He reflected that 'because of the whole Covid situation we're stuck here and … it's just … bills upon bills to get sorted and debt to clear'.

Despite individual and couple agency, in this case multiple 'compounded hardships' built up for this family, constraining resilience (Daly 2024). In fact, over half (54 per cent) of survey parents were financially insecure (defined as 'just about getting by', or 'finding it quite difficult' or 'very difficult' to manage financially) in Wave 1, a proportion which did not reduce significantly by Wave 2. Heightened economic precarity sometimes meant that even food was difficult to secure for children, as experienced by one lone mother:

> I took money out of the credit card, I had no choice basically, I needed to get food, I've got bills to pay. I've got to feed me, I've got to feed my son, you know he eats food now, not just milk. So, I had to take money out on the credit card.

By Christmas 2020, the local authority issued an emergency appeal for financial donations to support 31 food banks and food providers supplying residents, in response to a 'huge increase' in demand for food support associated with the pandemic and its financial consequences (Cameron et al. 2021). Food banks were also an essential source of economic support for many families in our study. Accessing food banks was more common among low-income households (41 per cent), but one-third (32 per cent) of middle-income households also used food banks, and use was even reported by parents living in high-income households (13 per cent). More typically, higher-income parents did not face these provisioning adversities. In fact, some were able to save money during the COVID-19 period through job stability for at least one in the parenting unit and less expenditure on meals out, consumer items and holidays. Not paying nursery fees was another saving, as one mother described:

> … the positive thing for us was … although our income changed, we didn't feel it as much because we wasn't paying for her nursery. So I think that kind of evened things out, and obviously my husband's travel – he didn't have to travel, so those two big expenses weren't there anymore. So I think actually we've probably been better off to have been furloughed.

In addition to provisioning challenges, overwhelmingly for most of the sample, quarantine meant that home-based caring and household responsibilities were amplified. These urban parents and their children spent extended periods of time trying to co-exist in spatially constrained environments, usually flats, often without gardens or local green spaces (see Chapter 8). Mothers were more likely than fathers to report disagreements over chores, children or finances (41 per cent mothers, 23 per cent fathers in Wave 1). In interviews, men's contributions to the care of the domestic home and their children were explored. Both fathers and mothers were asked how they shared child caregiving and household tasks. In those working households where a father and mother were present and both were in some form of employment, 20 per cent of fathers and 42 per cent of mothers reported work–family balance to be more difficult during lockdown in comparison to life before the pandemic. Working mothers took on considerably more child caregiving and housework duties compared to their pre-pandemic family lives: 12 per cent of fathers and 56 per cent of mothers said they did much more child caregiving than their partner (and

47 per cent of fathers agreed they did less than their partner). It was only in a minority of survey cases (13 per cent) where more father involvement in child caregiving was reported than before the pandemic. In these cases, parents reflected that because fathers were able to spend more continuous and extended time across the day and night at home than before COVID-19 family dynamics changed. One father described this in terms of 'bonding': 'I think the bonding is stronger than before actually, or comparing to if I was working, I can feel it'.

Hope: mental health and couple support

These extra caring and provisioning responsibilities as well as worries about the virus itself had a toll on parental wellbeing. Keeping everyday life and family cohesion together was difficult. We found evidence of elevated rates of mental health difficulties, when compared to national norms, with deterioration for fathers at follow-up, linked to financial insecurities (Cameron et al. 2022c). Parents described how their heightened anxiety often led to giving less attention to the children which in turn elevated feelings of guilt and despair. As a mother of three pre-school children, including one newborn, reflected:

> … it's just sometimes when you are tired at the end of the day, you just want to be alone … I used to have my time outside the house, time for myself, but now I have this feeling that it's just the children and then dealing with problems.

Even though living together at close quarters, around one-fifth of survey mothers (20 per cent) and fathers (22 per cent) reported feeling lonely most or all the time with higher levels for low-income mothers (31 per cent) and fathers (30 per cent).

However, a positive supportive couple relationship was a significant predictor of better mental health outcomes. Several interviewees described being 'blessed' by having a supportive partner, as in this mother's case, a couple family of two pre-school children: 'It's too stressful for one person – mentally, emotionally, in every way – and he understands that, so I think I've been blessed in that sense … I'm so thankful that the partner I have is very loving, caring'. Similarly, another father of two pre-school children experienced his supportive and strong wife as 'holding' the family up.

> I'm a bit like stressed … not a bit, well stressed … she helps me as well if you understand you know. So, at the moment, she is the one who is holding us up to be frank, I'm not going to be lying about that, she does you know, she's a very strong person.

Although a majority of participants who lived with a partner described the quality of their relationship as good to excellent (74 per cent) in Wave 1 and (72 per cent) Wave 2, it was notable that holding back on sharing pandemic worries was a strategy adopted by one-third of parents at both waves. They reported not disclosing pandemic worries to their partner as 'just trying to keep things together for the family'. Fathers were significantly more likely not to share pandemic worries: only 12 per cent of fathers in contrast to 43 per cent of mothers reported sharing pandemic worries. As a panel father reported:

> … not all of them. Sometimes I feel like you know I've got to be that man, I've got to be the man and I can't let her panic about things you know. Because equally if she panics about things that will transfer to the kids, you know, and then they'll be panicking about things … you know like financial things, I'll try and deal with myself before I think about telling her.

It is possible that more sharing of worries, despite unsettling of traditional masculine identities, could have provided some buffer against these fathers' mental health concerns. Historically, the mental health of fathers has been rather invisible, however, since the late 1990s, there has been an emergence of research on paternal mental health, particularly in the post-partum period, which several of our participants were experiencing (Ramchandani et al. 2005).

Conclusion

This chapter has highlighted parental and government challenges in ensuring that the youngest children in a family have rights to economic security even in times of extreme adversity. It is clear from the national and local data that, even during a global pandemic, the UK's policy measures failed to support or indeed explicitly recognise parenting challenges in provisioning and caring for babies and older pre-school children. National policies were skewed to giving social protection to adults not children, and to those adults most formally connected to

the labour market, under the standard employment worker model of full-time employment with a stable contract, for an adult unencumbered by caring responsibilities. Even prior to the pandemic this male breadwinner model only made up a minority of households of parents with dependent children (Connolly et al. 2016) so should not have been a foundation for work and family measures in a crisis. The legacy of the UK's inadequate policy development in this domain is particularly acute with respect to families with children under five years, in a country which has 'struggled to create coherent and effective policies for the earliest years of childrearing' (Moss, Duvander and Koslowski 2019, 6).

The parents in our study were managing in this unequal national social protection landscape for provisioning and care. Those with weak connections to the labour market did not have access to the gold standard emergency employment protection furlough measure, or even adequate maternity pay, or sustainable sick pay, and neither did their children. As the parent voices in our chapter have shown, with this approach it was not possible to ensure income security for all children, with parents, and not only the poor, having to turn to food banks to provide for basic nutrition needs.

However, despite this creaking national infrastructure, our data shows how some parents developed new and more hopeful family-based strategies for instance of 'co-provisioning' and, to a lesser extent, 'co-caring', providing some resilience at a family level. The findings highlight how a supportive couple relationship, despite often unresolved gendered tensions, emotionally protects parents and children, in the short run, as they endure a global health emergency. Post-COVID-19, and looking ahead to potentially new and different public health emergencies, there are important lessons from this data to preserve or enhance children's sense of family security by enhancing economic supports for parents. In addition, policy actions at the government or local authority level should be informed by an understanding that interventions which support families and mental health need to go beyond the mother–child dyad to include the wider couple and family setting. Finally, mothers' contribution to 'breadwinning' requires greater recognition and more local and national training support.

Acknowledgements

We would like to thank all the parents and parents-to-be from the London Borough of Tower Hamlets who participated in the research

project. We also acknowledge the research collaboration and statistical analysis support from Claire Cameron, Charlie Owen, Lydia Whitaker, and Francisco Zamorana. The research project on which this paper draws is 'COVID-19: Families, children aged 0–4 and pregnant women: Vulnerabilities, resources and recovery in Tower Hamlets', funded by the UK Economic and Social Research Council (ES/V004891/1).

Ethical approval

Ethical approval for the study was awarded by the UCL Institute of Education Research Ethics Committee (REC1366) and the NHS Health Research Authority (20/LO/1039).

Further reading

Daly, M., Gosme, E., Shorey, H. and Uzunalioğlu, M. 2025. 'Policy priorities for family resilience'. *rEUsilience* Working Paper Series 17. Accessed 22 April 2025. https://reusilience.eu/project-updates/new-working-paper-policy-priorities-for-family-resilience#:~:text=The%20three%20overarching%20goals%20sought,network%20of%20family%20support%20services.

Davin, A. 1996. *Growing Up Poor*. London: Rivers Oram Press.

Dorling, D. 2024. *Seven Children: Inequality and Britain's next generation*. Oxford: Oxford University Press.

Cameron, C., Hauari, H., Hollingworth, K., O'Brien, M. and Whitaker, L. 2022. 'Young children's lives in East London through the pandemic: Relationships, activities and social worlds approach'. *Children and Society* 37 (4): 1102–18. https://doi.org/10.1111/chso.12652.

References

Atkinson, J., O'Brien, M. and Koslowski, A. 2022. 'United Kingdom'. In *International Review of Leave Policies and Research 2022*, edited by A. Koslowski, S. Blum, I. Dobrotić, G. Kaufman and P. Moss, 526–37. International Network on Leave Policies and Research. https://doi.org/10.31219/osf.io/2frts.

BEIS (Department for Business, Energy and Industrial Strategy). 2017. *Good Work: The Taylor review of modern working practices*. Accessed 27 March 2025. https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices.

Bell, T. 2024. *Great Britain? How we get our future back*. London: Bodley Head.

Blum, S., Dobrotić, I., Kaufman, G., Koslowski, A. and Moss, P. 2023. *International Review of Leave Policies and Research 2023*. https://doi.org/10.25365/phaidra.431.

Broughton, A. and 12 others. 2016. *Precarious Employment in Europe: Patterns, trends and policy strategies*. Brussels: Policy Department A/European Union.

Cameron, C., Hauari, H., Hollingworth, K., O'Brien, M. and Whitaker, L. 2021. 'The impact of Covid-19 on families, children aged 0–4 and pregnant women in Tower Hamlets: Wave One Survey Findings'. Briefing. Accessed 27 March 2025. https://discovery.ucl.ac.uk/id/eprint/10131954/.

Cameron, C., Hauari, H., Heys, M., Hollingworth, K., O'Brien, M., O'Toole, S., Elizabeth, S. and Whitaker, L. 2022a. 'A tale of two cities in London's East End: Impacts of COVID-19 on low- and high-income families with young children and pregnant women'. In *COVID-19 Collaborations: Researching poverty and low-income family life during the pandemic*, edited by Garthwaite, K., Patrick, R., Power, M., Tarrant, A. and Warnock, R., 88–105. Bristol: Policy Press. https://doi.org/10.2307/j.ctv2mgg2qn.14.

Cameron, C., Hauari, H., Hollingworth, K., O'Brien, M., Whitaker, L., O'Toole, S., Owen, C. and Zamorana Figueroa, F. 2022b. 'Work, Income and Food Insecurity: Families in Tower Hamlets community survey and panel findings'. Briefing. Accessed 22 April 2025. https://discovery.ucl.ac.uk/id/eprint/10167329/1/FTH%20Work%20and%20Insecurities%20Briefing%20June%2010%202022.pdf.

Cameron, C., O'Brien, M., Hauari, H., Hollingworth, K. and Whitaker, L. 2022c. 'Pandemic impacts on family lives and parental wellbeing: Families in Tower Hamlets survey and panel findings'. Briefing. Accessed 27 March 2025. https://discovery.ucl.ac.uk/id/eprint/10152463/.

Cameron, C., O'Brien, M., Whitaker, L., Hollingworth, K. and Hauari, H. 2022d. 'Income, ethnic diversity and family life in East London during the first wave of the pandemic: An assets approach'. *Journal of Family Research* 34 (1): 221–48. https://doi.org/10.20377/jfr-725.

Chanfreau, J., Gowland, S., Lancaster, Z., Poole, E., Tipping, S. and Toomse, M. 2011. *Maternity and Paternity Rights and Women Returners Survey 2009/2010*. Department of Work and Pensions Research Report No 777. Accessed 27 March 2025. https://assets.publishing.service.gov.uk/media/5a7c76a1ed915d6969f450bf/rrep777.pdf.

Connolly, S., Aldrich, M., O'Brien, M., Speight, S. and Poole, E. 2016. 'Britain's slow movement to a gender egalitarian equilibrium: Parents and employment in the UK 2001–2013'. *Work, Employment and Society* 30 (5): 838–57.

Dagdeviren, H. and Donoghue, M. 2019. 'Resilience, agency and coping with hardship: Evidence from Europe during the Great Recession'. *Journal of Social Policy* 48 (3): 547–67. https://doi.org/10.1017/S0047279418000624.

Daly, M. (2024) *Exploring Resilience with Families: Overview Report*. rEUsilience Working Paper Series: 8. https://doi.org/10.31235/osf.io/7hyu2.

Daly, M. and Osinski, A. 2023. *Exploring Resilience with Families: National report for the United Kingdom*. rEUsilience. https://doi.org/10.31235/osf.io/eg8kn.

Deaton, A. (ed.). 2019. *Dimensions of Inequalities: The IFS Deaton Review*. London: IFS. https://doi.org/10.1093/ooec/odad075.

Doucet, A. 2023. 'Care is not a tally sheet: Rethinking the field of gender divisions of domestic labour with care-centric conceptual narratives'. *Families, Relationships and Societies* 12 (1): 10–30. https://doi.org/10.1332/204674322X16711124907533.

DWP (Department of Work and Pensions). 2020. 'Universal Credit: 29 April 2013 to 9 April 2020'. Accessed 27 March 2025. https://www.gov.uk/government/publications/universal-credit-29-april-2013-to-9-april-2020/universal-credit-29-april-2013-to-9-april-2020.

Gentilini, U., Almenfi, M. and Dale, P. 2020. 'Social protection and jobs responses to COVID-19: A real-time review of country measures (Version 14)'. Accessed 22 April 2025. https://openknowledge.worldbank.org/handle/10986/33635.

Griffiths, R., Wood, M., Bennett, F. and Millar, J. 2022. 'Families navigating Universal Credit in the COVID-19 pandemic'. In *COVID-19 Collaborations: Researching poverty and low-income family life during the pandemic*, edited by K. Garthwaite, R. Patrick, M. Power, A. Tarrant and R. Warnock, 44–55. Bristol: Policy Press. https://doi.org/10.2307/j.ctv2mgg2qn.

Heymann, S. J., Raub, A., Waisath, W., McCormack, M., Weistroffer, R., Moreno, G., Wong, L. and Earle, A. 2020. 'Protecting health during COVID-19 and beyond: A global examination of paid sick leave design in 193 countries'. *Global Public Health* 15 (7): 925–34.

Hirsch, D. and Stone, J. 2021. 'Local Indicators of Child Poverty After Housing Costs, 2019/20'. Loughborough University: Centre for Research in Social Policy. Accessed 27 March 2025. https://endchildpoverty.org.uk/wp-content/uploads/2021/05/Local-child-poverty-indicators-report-MAY-2021_FINAL-1.pdf.

Kabeer, K. 2000. *The Power to Choose: Bangladeshi women and labour market decisions in London and Dhaka*. London: Verso.

Kiernan, K., Crossman, S. and Phimister, A. 2022. 'Families and inequalities'. *IFS Deaton Review of Inequalities*. https://ifs.org.uk/inequality/families-and-inequalities.

Koslowski, A., Blum, S. and Dobrotić, I. 2022. 'Leave policy in the time of pandemic'. In *Research Handbook on Leave Policy*, edited by I. Dobrotić, B. Blum and A. Koslowski, 384–97. Cheltenham: Elgar. https://doi.org/10.4337/9781800372214.00039.

Koslowski, A. and O'Brien, M. 2022. 'Fathers and family leave policies: What public policy can do to support families'. In *Engaged Fatherhood for Men, Families and Gender Equality: Healthcare, social policy, and work perspectives*, edited by Marc Grau Grau, Mireia las Heras Maestro and Hannah Riley Bowles, 141–52. Cham: Springer.

Moss, P., Duvander, A. and Koslowski, A. (eds). 2019. *Parental Leave and Beyond: Recent international developments, current issues and future directions*. Bristol: Policy Press.
O'Brien, M., Aldrich, M., Connolly, S., Cook, R. and Speight, S. 2017. 'Inequalities in Access to Paid Maternity and Paternity Leave and Flexible Work'. NatCen UCL Report. Accessed 25 August 2024. https://natcen.ac.uk/sites/default/files/2024-02/Inequalities-Parental-Leave-Report-21st-Nov-2017-full-report-FINAL.pdf.
O'Brien, M. and Uzunalioglu, M. 2022. 'Parenting leave policies and a global social policy agenda'. In *Research Handbook on Leave Policy*, edited by I. Dobrotić, B. Blum and A. Koslowski, 67–81. Cheltenham: Elgar. https://doi.org/10.4337/9781800372214.00015.
ONS (Office for National Statistics). 2022. 'Self employment: Ethnicity facts and figures'. Accessed 1 January 2022. https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/employment/self-employment/latest.
Ramchandani, P., Stein, A., Evans, J., O'Connor, T. G. and ALSPAC study team. 2005. 'Paternal depression in the postnatal period and child development: A prospective population study'. *Lancet* 365 (9478): 2201–5. https://doi.org/10.1016/S0140-6736(05)66778-5.
Richardson, D. 2010. 'Child and family policies in a time of economic crisis'. *Children and Society* 24 (5): 495–508. https://doi.org/10.1111/j.1099-0860.2010.00334.x.
Tarrant, A. 2021. *Fathering and Poverty*. Bristol: Policy Press.
Trust for London. 2022. 'Children in poverty by borough, before and after housing costs'. Accessed 27 March 2025. https://trustforlondon.org.uk/data/child-poverty-borough/.
UK Parliament. 2020. *The Impact of Covid-19 on Maternity and Parental Leave*. First report of Session 2019–21. Accessed 22 August 2024. https://publications.parliament.uk/pa/cm5801/cmselect/cmpetitions/526/526.pdf.
Wels, J. and 20 others. 2022. 'Mental and social wellbeing and the UK coronavirus job retention scheme: Evidence from nine longitudinal studies'. *Social Science and Medicine* 308: 115226. https://doi.org/10.1016/j.socscimed.2022.115226.
Whitney, M. D., Holbrook, C., Alvarado, L. and Boyd, S. 2023. 'Length of maternity leave impact on mental and physical health of mothers and infants, a systematic review and meta-analysis'. *Maternal and Child Health Journal* 27: 1308–23. https://doi.org/10.1007/s10995-022-03524-0.

7

Maternal mental health and child health and wellbeing: hidden struggles and emerging hope in Bradford and East London

Josie Dickerson and Halima Iqbal

Introduction

Behind closed doors every family experiences their own unique story, with happiness, harmony and hardship played out in intricate detail. Some challenges, like maternal mental health, are often left untold, especially among mothers living with social disadvantage whose voice may not be heard. Without appropriate support, maternal mental health conditions can cast a long shadow over the health and wellbeing of the whole family, including having a lifelong impact on their child's health and wellbeing.

Mothers from some ethnic minorities, and those living in disadvantage, are more likely to experience poor mental health, but are less likely to have their illness identified, and/or treated. These differences in maternal mental health between advantaged and disadvantaged places and between ethnic groups, constitutes a health inequality.

This chapter explores the interplay between ethnicity, social disadvantage and maternal mental health, to unravel the complex factors which increase the risk of poor maternal mental health in some families, and which protect other families against such negative experiences. By giving voice to seldom-heard families, our research strives to illuminate the often-unseen struggles of mothers and their children in urban, socially disadvantaged communities. By listening to, and learning from, mothers in these places we can better understand urban disadvantage and specifically the causes of poor maternal mental health, which can help develop better interventions.

We start by describing the wider research literature on inequalities in maternal mental health, focusing on a number of recent key systematic reviews which have helpfully summarised the broad literature on this complex topic. Next, we share insights from the Born in Bradford (BiB) cohorts (Wright et al. 2013; Dickerson et al. 2016), and the BiB and East London COVID-19 pandemic (2020–2) research (McIvor et al. 2022), all of which have focused on highly urbanised areas with disproportionate levels of inequalities. Qualitative studies with mothers have highlighted both the barriers to accessing mental health support and, in inner city Bradford, the protection that religious, cultural and community assets provide, together indicating ways in which service provision could be developed to protect vulnerable families from the negative consequences of poor maternal mental health, to generate a story of hope.

The wider research

Maternal mental health

It is estimated that one in five mothers will experience a common maternal mental illness, such as depression or anxiety (Dennis et al. 2017; Howard and Khalifeh 2020; Shorey et al. 2018), while 3–4 per cent will experience post-traumatic stress disorder or tokophobia (a fear of childbirth) in this period (Yildiz et al. 2017; Nilsson et al. 2018).

In this chapter we focus on the most commonly occurring maternal mental health conditions – depression and anxiety. Common symptoms of depression include sadness, feeling empty, irritability and/or fatigue. Common symptoms of anxiety include feeling tense, nervous and unable to relax. In both cases, symptoms that are severe, that last longer than two weeks and have an impact on the person's ability to manage their daily lives are unlikely to get better without support or treatment (National Institute of Mental Health n.d.).

The impact of poor maternal mental health on child health and wellbeing

What happens during pregnancy and the first years of a child's life has a profound impact on their lifelong physical and mental health, their educational attainment and life opportunities. This is the time when a child's brain is developing most rapidly, and where negative experiences may have detrimental cognitive, emotional and physical health impacts that resonate across the lifespan (Marmot 2020). Maternal mental health

is a key risk factor for poor child outcomes: it is one of the most important determinants of a child's mental health in later life (Agnafors et al. 2013), and there is also evidence of impact on wider physical, cognitive and behavioural development (Kingston et al. 2012; Mudiyanselage et al. 2024).

There are multiple interconnected genetic, biological and social pathways underlying this link:

- Genetic susceptibility may be inherited from mother to child, increasing the risk of the child experiencing mental illness.
- Stress *in utero* can affect the child's healthy brain development and/or cause a heightened stress response, which then may result in delays in cognitive development and/or the child's ability to deal with stressful circumstances effectively.
- Poor maternal mental health may impede the ability of the mother and child to bond or develop a secure relationship, which in turn can disrupt the child's socio-emotional development.
- Mental health issues could also reduce the mother's ability to offer a stimulating home learning environment which in turn could hinder the child's socio-emotional, cognitive and language development.

(Howard and Khalifeh 2020)

Health economic modelling of this illness highlights the potential impact of maternal mental health on a child's development, with estimates of a long-term societal cost of £8.1 billion each year, with more than two thirds (72 per cent) of these costs relating to the negative impacts on the child's long-term health and wellbeing, rather than the mothers (Bauer et al. 2014). With an estimate that 20 per cent of mothers will experience mental health issues, the societal burden is palpable (Howard and Khalifeh 2020).

It is important to note that, while maternal mental health increases the risk of negative impacts on children's health, development and wellbeing, these are by no means inevitable. Providing evidence-based interventions that prevent or intervene early to address maternal mental health will reduce the risk of negative impacts to mothers, their children and the economy (Heckman and Mosso 2014; Bauer et al. 2022). However, to ensure that interventions are effective at reducing inequalities, healthcare professionals first need to be able to identify all families who are at risk, and interventions then need to be offered that not only address the causes of poor mental health, but are also accessible and acceptable to those who need them.

Inequalities in identification and management of maternal mental health conditions

Before a mother can receive support for her illness, she must first recognise her symptoms, be able to disclose these symptoms to healthcare professionals who, in turn, need to appropriately assess and refer her to accessible and acceptable services for support.

Findings from three systematic reviews of the research literature focusing on inequities in maternal mental health suggest that women from ethnic minorities and/or from socially disadvantaged backgrounds are less likely to have their mental health illness identified and are less likely to receive treatment (Smith et al. 2019; Watson et al. 2019; Prady et al. 2021). These reviews identified many reasons for such inequalities. For example, perceived or actual stigma, fear of the repercussions of a diagnosis, poor command of the English language when interacting with healthcare professionals, and cultural background, as we elaborate below, all create barriers for some ethnic minority and socially disadvantaged mothers at each step of disclosure, identification and treatment.

Many cultures attach shame and stigma to mental health conditions. For mothers from such cultures, admitting to symptoms comes with a perceived risk of being judged negatively by their community, or a fear of bringing shame on their family. For example, in some South Asian cultures, having a mental illness is viewed as bringing dishonour to a family (Anand and Cochrane 2005; Gilbert et al. 2004). Other, often socially disadvantaged, mothers have a deep-rooted fear that disclosure of mental health conditions to health professionals could result in their child being taken away (Smith et al. 2019).

Women with little or no English-language ability are less likely to have their mental health issues identified. The need to use an interpreter, or a family member, within a usual healthcare appointment reduces the amount of time available for mental health conversations and may also discourage women from sharing their feelings in front of the translator. Nuanced symptoms may also be lost in translation and some concepts of mental illness may not have equivalent words in the woman's native language (Watson et al. 2019; Prady et al. 2021).

Even when socially disadvantaged women feel able to be open about their symptoms, the likelihood of their issues being identified and appropriately treated remains lower. This is because screening tools may lack cultural validity, healthcare professionals may bring unconscious bias into their practice and services may be less accessible or acceptable to women of differing backgrounds (Prady et al. 2021).

These reviews describe the numerous barriers which are more likely to be experienced by women from some ethnic minorities and/or social disadvantage, all of which contribute to women being unheard, so deepening health inequality. This in turn places their children at greater risk of the negative consequences of poor maternal mental health, compounding the existing cycle of inequality. However, most of the studies summarised in the review articles mentioned here are qualitative studies containing small numbers of mothers from a range of different ethnic backgrounds. There is insufficient understanding of the experiences of women – especially the nuanced experiences of women from different ethnic and cultural backgrounds living in urban social disadvantage – to offer any real insights into the factors associated with poor mental health, and how best to address these factors to protect mothers and their children from the negative consequences of poor maternal mental health.

There is a tendency in UK studies to focus on the negative risk factors and associated poor outcomes relating to maternal mental health (Smith et al. 2019; Watson et al. 2019; Prady et al. 2021). However, global research offers insights into the many protective factors at the personal, familial, cultural and environmental levels (UNICEF 2021). A greater focus on understanding the protective factors experienced by women in the UK may help to develop preventative interventions that work for families living in different contexts.

Research from the Born in Bradford cohorts

This section describes how families taking part in the BiB (Born in Bradford) cohorts have helped to provide us with an in-depth understanding of the complexities and nuances in the experiences of maternal mental health, based on the familial, cultural, social, and socio-economic circumstances of each family. These families have not only highlighted the hidden struggles and inequalities experienced by many women but also shone a spotlight onto positive factors that have helped to protect some women from poor mental health.

Giving voice and representation to seldom-heard communities – the Born in Bradford cohort studies

Bradford provides an illuminating case study of contemporary urban childhoods. Nearly one-third of its more than half a million inhabitants

are of Pakistani heritage; in inner city areas, the Pakistani community are the majority ethnic group, making up approximately two thirds of the population (ONS 2022). Bradford is the fifth most deprived city in the country, with the most deprived areas being inner city wards. This means that many young ethnic minority families are over-represented in socio-economically disadvantaged areas. For these families facing social disadvantage, the added burden of maternal mental health issues may be substantial.

Bradford is home to a series of birth cohort studies – Born in Bradford (BiB) – that works with more than 40,000 parents and children to find out what keeps families healthy and happy. From 2007 to 2011, the BiB family cohort recruited 12,400 families living in areas of both low and high deprivation, with 40 per cent White British and 45 per cent Pakistani heritage families (Wright et al. 2013). From 2016 to 2024, a second cohort, Born in Bradford's Better Start (BiBBS) recruited 5,700 families from the most disadvantaged inner city neighbourhoods of Bradford, of which 12 per cent are White British and 61 per cent are of Pakistani heritage (Dickerson et al. 2023). Table 7.1 shows the ethnicity of mothers in the two cohorts.

BiB is a 'people-powered' research study – giving a voice to families who are often under-represented in research studies. Bringing these seldom-heard voices to the fore allows BiB to understand families' unseen challenges as well as highlighting the protective dynamics within familial and cultural circumstances. These insights allow us to tackle ethnic and socio-economic inequalities in mental health, empowering positive change for families in need across England.

Table 7.1 Ethnicity of participants in the BiB and BiBBS cohort studies.

	BiB		BiBBS	
	n = 11,396	%	n = 2,564*	%
White British	4,488	40	296	12
Asian/Asian British Pakistani	5,127	45	1,571	61
Other Asian/Asian British	764	7	213	8
White Other	303	3	208	8
Other**	665	6	255	10

Source: BiB, Wright et al. 2013; BiBBS, Dickerson et al. 2023.

* Interim cohort profile (Dickerson et al. 2023).

** The 'Other' group label is something we do not like to use to categorise families; however, in BiB there are a large number of ethnic groups that each contain only a small number of families which, for the purposes of the research in this chapter, provide too small a sample, separately, for any specific analyses.

Prevalence of poor maternal mental health in the BiB cohorts

During pregnancy, mothers in the BiB and BiBBS cohorts were asked about their mental health. BiB (2007–11) used the General Health Questionnaire (GHQ-28, Goldberg and Hillier 1979) with a score of ≥ 15 deemed indicative of poor mental health. BiBBS used the Patient Health Questionnaire (PHQ-8, Kroenke et al. 2011) and the Generalised Anxiety Disorder survey (GAD-7, Spitzer et al. 2006), with clinically meaningful symptoms defined as a score of ≥ 10 (moderate–severe).

Figure 7.1 shows that, in BiB, Pakistani mothers reported a higher prevalence of depressive symptoms (12 per cent) than White British mothers (6 per cent) (Prady et al. 2016). However, although Pakistani mothers reported a similar prevalence of symptoms in BiBBS (14 per cent for depression and 6 per cent for anxiety), White British mothers reported a much higher rate of symptoms of depression (22 per cent) and anxiety (11 per cent) (Dickerson et al. 2023).

These differences between the two cohorts could be explained by sociodemographic differences. In BiBBS, predominantly disadvantaged White British families live alongside a majority Pakistani heritage population, whereas in BiB there is a broader mix of ethnic groups and socioeconomic (dis)advantage. This suggests that it may be socioeconomic disadvantage, rather than ethnicity, that is more strongly associated with mental health, and/or that there are some positive factors in the inner city Pakistani community that are helping to protect

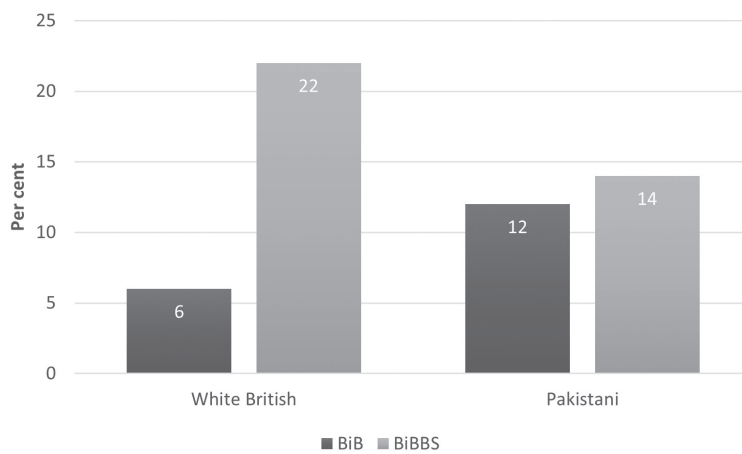


Figure 7.1 The proportion of women with clinically important symptoms of depression in BiB and BiBBS by ethnicity. *Source*: Authors.

them from the levels of poor mental health seen in their White British neighbours. The different screening tools that were used may also be important, as they may be identifying different types of symptoms, for example, the GHQ-28 used in BiB asks about more somatic symptoms (such as pain, headaches or sleep disturbance) which may be more prominently experienced for some ethnic minority mothers.

Barriers to accessing mental health treatment

As a part of the BiB research programme, we spoke to 19 mothers living in the West Yorkshire region who identified as an ethnic minority (14/19 were of a South Asian background) and/or lived in a disadvantaged area and who had experienced maternal mental health issues. Semi-structured interviews were undertaken by a South Asian researcher and completed in English, at the preference of the participants. Interviews were completed online and analysed using thematic analysis (Darwin et al. 2022).

This research population represents a potentially vulnerable group of women who are rarely represented in research studies. To ensure we respect their privacy and protect their identity we have deliberately limited the details attached to the extracts from interviews shared here to just a number. The aim of the study was to understand the inequalities these women experienced in accessing appropriate care (Darwin et al. 2022). Mothers confirmed the barriers previously described around stigma, fear, and shame, as one woman explained:

> I was feeling a bit anxious as well because I don't open up to many people so I was like oh I have to tell, so I wasn't quite comfortable … you know, if I tell them my fears then I was thinking oh if I tell them that I'm suffering mental health and dad is too there could be Social Services involved … and you just think oh, they're going to take my children away, so there was so many fears before accessing these services and I was thinking like oh, if they think we're not good enough for parenting like my husband has got you know, the anger problems and temper then he's suffering from depression and I was going through a difficult time so I was just, I just needed reassurance from the health visitor that nothing is going to be, she said everything was going to be in a positive way and it's just to help you, we're not going to take your children away from you, it's just to help you with you know, managing them better, so yeah, there was lots of fears before accessing the services. (Woman participant 11)

Mothers pointed to practical barriers, such as financial constraints that impeded their ability to travel to appointments that were not local to them, as illustrated below by a woman seeking asylum:

> The financial barriers are quite real because when you're not allowed to work and you've got a specific amount of money that is just for your food and clothing because being, when you're an asylum seeker you just get £5 a day per person and that is for your food, that is for all your toiletries including everything and they just forget about your travel and if I had to go over … for the mental health face-to-face appointment I had to buy bus tickets or if I was getting late, maybe I had to get to the taxi and it just wasn't possible. (Woman participant 11)

Some participants reported feeling disempowered within healthcare services, with some practitioner attitudes and a lack of representation in the workforce acting as barriers to being heard or taken seriously.

> You know, whenever you're an ethnic minority, a woman, and a Muslim, you've got three strikes against you. You know, you feel like you have to prove yourself so much more than other people. Like I, to be honest with you, just the figures and statistics show Black and Asian women are more likely to die in childbirth, they're more likely to have miscarriages. Why is that, you know, there has to be a reason for that? They are starting now to suggest that, you know, perhaps there are differences in care. Like perhaps it's the case that, you know, the White medical staff are making assumptions about these women and they're not really taking their concerns seriously, but maybe if she was a different colour of woman, you know, they would take it seriously. (Woman participant 1)

Overt discrimination was also reported. For example, a participant faced 'questionable' attitudes that changed when she revealed she was employed in the NHS:

> There were a few instances where I don't know if I, they assumed I wasn't very good with my English, as long as I didn't say anything, some of the things that were said to me were quite questionable, but it's not until I started speaking and telling them that I also work for the NHS and maybe I had a bit about me that their tone would

> change, or their care would become a little better. So those were my personal experiences. (Woman participant 4)

There were mixed views about the benefits and disadvantages of speaking to someone from their own culture or background, with some seeing it as beneficial, as one woman explained:

> Yeah, you want that kind of familiarity, especially in a … We were in like a situation of crisis, and you wanted some kind of familiarity rather than people that are not your own culture or your own religion dealing with you. (Woman participant 16)

Whereas others saw it as a barrier to being open:

> And I'm a bit reluctant in that sense that what if she's my sister's friend or she's my sister-in-law's cousin and then she knows my business and it's going to be spreading everywhere, even though there's that confidentiality aspect, I don't know, I'm not able to open up to an Asian because of these barriers that I have within myself thinking that I might end up finding out she's a relative or she'll be just like – 'oh it's absolutely normal what you're going through, it's normal in every Asian household'. (Woman participant 14)

Taken together, these findings suggest that mothers from South Asian and other minority backgrounds, and those living in disadvantage, may have a different experience of mental health in their communities and numerous barriers to accessing healthcare services. The findings were used to co-produce a series of recommendations and strategies for health services to effectively tackle inequalities in the identification and management of maternal mental health difficulties (Dickerson et al. 2022a). Key recommendations included additional capacity and training for healthcare professionals to have cultural awareness specific to mental health and feel confident to apply cultural 'humility' to their practice – asking a woman to share important cultural context.

The impact of COVID-19 on maternal mental health and associated risk factors in Bradford and East London

During the COVID-19 pandemic, BiB, and University College London (UCL) collaborated to undertake research with families to understand

the experiences of disadvantaged young families. In-depth surveys were sent out during the first wave of the pandemic (mid-2020) to families living in Bradford and in two East London boroughs – Tower Hamlets and Newham. These areas are all urbanised, with high levels of ethnic diversity and social disadvantage.

In Bradford, the surveys were sent to families with children aged 0–5 or 9–13 in the BiB family cohort and the BiBBS cohort. BiB had pre-COVID baseline information on levels of depression and anxiety, so we were able to compare prevalence from before to during the pandemic in 1,860 mothers (Dickerson et al. 2022b). This study found that clinically important symptoms of maternal depression and anxiety increased from 11 to 19 per cent and 10 to 16 per cent respectively during the pandemic. Financial and food insecurity, loneliness, a poor partner relationship (describing the relationship as 'average to poor'), low levels of social support and inadequate exercise were associated with a worsening of symptoms during the pandemic. Factors that protected against mental health problems during COVID-19 were living in a larger household (6 or more people) and being of Pakistani heritage.

To explore potential differences in the experiences of the White British and Pakistani mothers during the pandemic, the analyses were repeated separately for these ethnic groups. Although the same factors were associated with increased symptoms in both ethnic groups, the strength of association of these variables differed between the two groups. In Pakistani mothers, a worsening of mental health was more likely in those who were lonely or had a poor relationship with their partners. Living in a large household was a protective factor for these mothers. In White British mothers, a worsening of symptoms was more likely in those who reported financial insecurity or a lack of physical activity, and household size was not associated with symptoms. These findings highlight that the experiences of mothers, and the factors likely to be associated with an increase in clinically important symptoms of mental illness, appeared to differ depending upon the mother's ethnicity.

In Tower Hamlets and Newham, surveys were sent to families with children aged 0–4 who were recruited through a local authority database of low-income families, through general borough communications, health service contacts with new mothers and specific voluntary organisations reaching Somali women and women in temporary accommodation. Tower Hamlets received responses from 992 families and Newham received 1,252. A similar level of prevalence of clinically important symptoms was found in this sample. Interestingly, the

population with the highest prevalence were mothers of Bangladeshi ethnicity (22 per cent) followed by White British (18 per cent) and other South Asian mothers (15 per cent). The same risks stood out in these communities as in Bradford – financial insecurity, loneliness, inadequate social support, a poor partner relationship and low physical activity (Cameron et al. 2021).

By pooling and cleaning the data across the three study sites, we generated a large ethnically diverse population of 2,807 mothers of young children (0–4 years old), of whom 44 per cent were White British, 23 per cent were Pakistani heritage, and 7 per cent were Bangladeshi. This allowed us to investigate the potential nuances in experiences and factors associated with mental health issues in a large group of ethnic minority mothers. Table 7.2 shows the populations in the Bradford, Tower Hamlets and Newham surveys that were used in this analysis. This sample excluded participants with data missing from one or more of the key variables in the analysis, hence sample sizes are smaller than those reported for the individual studies.

In this study, the same patterns emerged, with the highest prevalence of depressive symptoms in Bangladeshi mothers (35 per cent) followed by White British (27 per cent) and Pakistani heritage (17 per cent) mothers. However, differences in prevalence by ethnic group disappeared when the factors of financial security, loneliness and social support were adjusted for. The odds of experiencing symptoms were higher for those who experienced financial insecurity, were lonely and/or lacked social support.

One unanticipated finding in this analysis was a much higher prevalence of depression and anxiety in Tower Hamlets and Newham compared to Bradford. Across the trio of predominant risk factors, mothers in Tower Hamlets and Newham were far more likely to be financially insecure, lonely, and lack social support (see Figure 7.2).

This study highlights that, when the study population includes a large enough sample to be able to look at differences between ethnic groups across different urban areas, then the nuances of experiences can be much better understood. In this case, ethnicity itself is not associated with poor mental health but, rather, women from ethnic minorities and White British women living in inner city urban areas are more likely to experience financial insecurity, loneliness and a lack of social support; it is this trio of risk factors that are most strongly associated with poor maternal mental health.

Table 7.2 Ethnicity of the participants in the three-cohort analysis of maternal mental ill health during the COVID-19 pandemic.

	Overall		Bradford		Tower Hamlets		Newham	
	n = 2807	%	n = 1466	%	n = 445	%	n = 896	%
Ethnicity								
White								
British	1237	*44*	609	*42*	176	*40*	452	*50*
Irish	121	*4*	<5	–	<5	–	116	*13*
Any other White	219	*8*	39	*3*	58	*13*	122	*14*
Black/Black British/Mixed Caribbean/African								
Caribbean	46	*2*	21	*1*	8	*2*	17	*2*
African	35	*1*	16	*1*	12	*3*	7	*1*
Asian/Asian British/Mixed								
Indian	94	*3*	51	*3*	11	*2*	32	*4*
Pakistani	659	*23*	623	*43*	8	*2*	28	*3*
Bangaladeshi	200	*7*	37	*3*	129	*29*	34	*4*
Any other Asian	81	*3*	32	*2*	18	*4*	31	*4*
Any other ethnic group/Mixed	115	*4*	36	*2*	22	*5*	57	*6*

Source: McIvor et al. 2022.

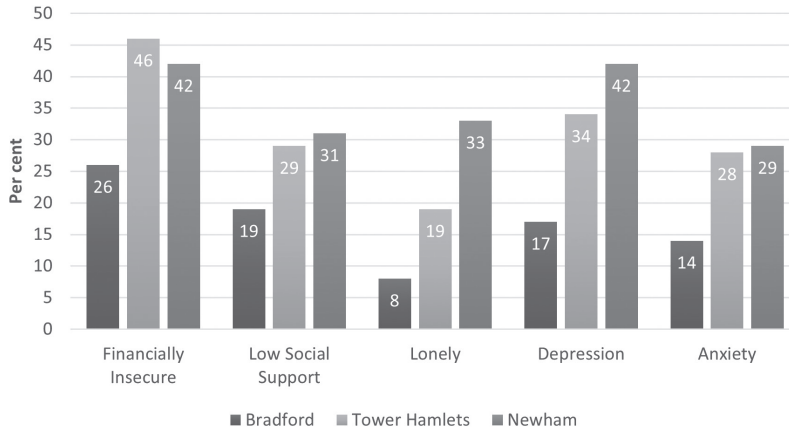


Figure 7.2 The proportion of participants with key risk factors for poor mental health and with clinically relevant symptoms in Bradford, Tower Hamlets and Newham. *Source*: Authors.

Hope – learning from the Bradford Pakistani community

Our research findings highlight the challenges faced by socially disadvantaged mothers and how these inequalities interact to place their children at an even greater risk of a poor start in life. However, by threading together these stories of adversity, a narrative of hope begins to emerge. During the COVID-19 pandemic, Pakistani mothers in Bradford appeared to be at less risk of poor maternal mental health than not only Pakistani mothers living in Tower Hamlets and Newham but also their White British and Bangladeshi counterparts in all areas. By learning from the experiences of Bradford Pakistani mothers, we may be able to find ways to support other mothers with mental health conditions and enable their children to thrive.

We sought out the lived experience of 25 Bradford Pakistani mothers living in small and large households (children aged 3–14 and adults) who had taken part in the BiB COVID-19 survey. In qualitative interviews we asked them to identify what helped to protect their mental health during this time of adversity (Iqbal et al. 2023).

These interviews included reflection on the experiences of the pandemic, the many sources of distress and the additional burdens of that time. In the extracts below, we have given participants pseudonyms.

Like mothers everywhere, interview participants worried about being far away from loved ones, and feeling hopeless:

> I have my mum and siblings living in [city in Pakistan mentioned] and it was really bad there … I was so worried about being so far from them. What if something happened? (Shazia, Urdu-speaking, mother of seven children)

Study participants were distressed by the loss of social connections caused by restrictions on religious traditions (for example, mourning, Ramadan and Eid):

> When Muslims die, we do ghusl [ritual cleanse] on the body and shroud it. You know we go to the passed away person's house for three days to pay our respects and be there for the family, but we couldn't do any of that. It was just all from a distance. Ring them. It was really bad and made me feel hopeless. (Nasreen, English-speaking, mother of eight children)

In addition, mothers reported that the pressure of keeping up with domestic tasks was high, especially in large families:

> Don't even ask. So much, I can't even begin to describe it. I was cooking nonstop, for the kids. They wouldn't eat [food] from out[side] because of germs so I was constantly making food. Sometimes they would help me, but it was too much and very stressful time. (Sana, English-speaking, mother of eight children)

However, study participants reflected that their Islamic faith and practices supported their mental health. Prayer provided comfort and their belief in divine predestination helped them to find acceptance. The importance of being patient and expressing gratitude as part of their faith was said to have a calming effect on them when experiencing difficulties during the pandemic. Examples were given of prophets and what they endured, which made the participants express gratitude when feeling negative as Shamim explained:

> … 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 [the shared practices and beliefs of Islam] 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. (Shamim, English-speaking, mother of eight children)

Alongside the additional domestic pressures, larger household structures appeared to serve as a protective factor. Women living in larger, multigenerational households discussed how sharing caregiving and other domestic tasks helped them to cope:

> 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 thing is too much normally for people but [there are] more people in house to help in my family. (Rukhsana, English-speaking, mother of six children)

Women also highlighted the benefits of living in neighbourhoods within which they were the majority ethnicity, and how the shared culture and religion provided additional support in challenging times. Mothers who did not have any family or other support close by appeared to especially benefit from this:

> Our neighbours are all Pakistani and I don't have family here, but neighbours are so supportive and helped me so much during the pandemic and I'm really grateful for them. They fill the void I … have with my family not being here. (Fathima, non-English-speaking, mother of eight children)

Findings from this study show that although these mothers were affected by many difficulties during the pandemic, they were helped by their faith and strong family and community networks. This social and cultural support may confer protection against maternal mental health or at least provide strategies for managing it. It also affirms the COVID-19 BiB findings that living in a larger household offers protection from maternal mental health issues (Dickerson et al. 2022b). This protective factor may have been particularly enhanced during the pandemic restrictions as these women were still able to access support and socialise within their larger households, whereas other mothers could not.

The Bangladeshi population of Tower Hamlets has many similarities with, and some important differences from, the Bradford Pakistani population. Both communities are now second and third generation migrants whose relatives began to arrive in the 1950s, with the largest migration in the 1970s. Both communities share the Islamic faith. However, whereas in Tower Hamlets housing is extremely expensive and most young families live in small flats, in inner city Bradford housing is

more affordable and generous in size (mainly extended terraced housing), allowing most families to have multiple generations living either in the same house or very close by. During the pandemic, this will have offered unique protection to Pakistani families in Bradford, with large households enabling continuation of strong social support and further protection from financial insecurity (as highlighted in Figure 7.2). In addition, accessible safe outdoor spaces between neighbours permitted ongoing support to those living in smaller households.

This is not a new phenomenon – there are several studies which have highlighted that living in neighbourhoods of high social cohesion may have protective health benefits. Social cohesion is defined as the strength of the connections between residents within a neighbourhood on multiple important factors such as trust, shared values, inclusion and a sense of belonging (Kawachi and Berkman 2000). There is evidence that strong neighbourhood social cohesion is associated with better physical health and reduced symptoms of depression and anxiety (De Silva et al. 2005; Mohnen et al. 2011 and the importance of neighbourhood for children's wellbeing is discussed in Chapters 3, 4 and 12, this volume).

From insight to action: potential solutions in service provision

All mothers in England receive a number of mandated appointments with midwives in pregnancy, and then with a health visiting team from birth to aged 4; the National Institute for Clinical Excellence (NICE) recommends that women's mental health is checked at each of these visits (NICE 2019). If healthcare professionals had the capacity and training to also screen for the trio of factors we have found to be strongly associated with clinically important depression and anxiety (financial insecurity, loneliness and a lack of social support), it would be possible to identify those women at risk of maternal mental health issues, including those who are unable to disclose their mental health symptoms directly.

In addition to this, services in urban areas would need secure funding to offer appropriate, evidence-based support to those identified at risk. If this were the case, then it would be possible to protect many women and their children from the negative impacts of poor mental health. There are examples of preventative interventions that could be used to address these problems. For example, there is evidence that

providing welfare benefits that are co-located in existing services (for example, doctor surgeries, health centres) can increase financial income, and may improve both physical health and mental wellbeing (Reece et al. 2022; see Chapter 5, this volume). Recent work has also suggested that mothers who have less social support are more likely to engage in parenting intervention support if it is offered locally (Lister et al. 2024). In turn such interventions offer opportunities to meet other mothers, and many have a focus on improving mental wellbeing. Further understanding about the key aspects of the Islamic faith that help to protect against mental health in Pakistani Muslim mothers, and ways to enhance social cohesion, may further help to develop new ways to support women without a religion.

If effective, these simple steps could save NHS and local authority services millions of pounds (Bauer et al. 2022). Much of these cost savings would come from the reduction in negative effects of poor maternal mental health on children – reducing the risk of poor cognitive and socio-emotional development which, in turn, allows children to enter school more ready to learn, improve their educational attainment and life opportunities and reduce their risk of developing mental health issues in later life.

Conclusion

Babies being born today in Bradford, Tower Hamlets and Newham represent the future of these places. They bring hope of fresh starts and new horizons. Each child, and their family, tells a unique story, and each one deserves an equal chance of a future of good health, happiness and life chances. Early identification and intervention to address maternal mental health issues is crucial for the lifelong health, development and wellbeing of children in contemporary Britain's multi-ethnic, socially disadvantaged urban communities. Mothers in these places are less likely to have their mental health issues identified and treated. By giving a voice to these seldom-heard families we have highlighted the risks that inequalities have on the incidence of maternal mental health conditions, and the impact that this may have on childrens' health and opportunities. By threading these stories of struggle and hope together, we have also uncovered opportunities for solutions. We have learnt from the positive stories of Pakistani mothers in Bradford about how living in a larger household, a sense of social cohesion and a strong faith may protect against poor maternal mental health in times of

adversity. We have also learnt that financial insecurity, loneliness and social isolation are strongly associated with poor maternal mental health. These inequalities can be addressed and could create significant benefits to the health and life chances of children, as well as creating significant cost savings.

We have made an important contribution to research-based understanding of the lives of ethnic minority and disadvantaged families. These populations are often under-represented in research studies, and we run the risk of misinterpreting findings due to small sample sizes and/or by grouping different ethnicities together. Working with the community, BiB and UCL have succeeded in giving voice to a range of diverse families. By doing so, we have provided in-depth understanding of the varying experiences of families of different ethnic backgrounds living in contemporary urban communities which will allow us to provide appropriate support to address existing inequalities.

Further reading

Department of Health and Social Care. 2021. 'The best start for life: A vision for the 1,001 critical days'. Policy paper. Accessed 1 April 2025. https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days.

Department of Health and Social Care. 2024. *Improving the Mental Health of Babies, Children and Young People: A framework of modifiable factors*. Accessed 1 April 2025. https://www.gov.uk/government/publications/improving-the-mental-health-of-babies-children-and-young-people/improving-the-mental-health-of-babies-children-and-young-people-a-framework-of-modifiable-factors.

Royal College of Psychiatrists. 2023. *College Report CR238. Infant and Early Childhood Mental Health: The case for action*. Accessed 1 April 2025. https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/College-report-CR238---Infant-and-early-childhood-mental-health.pdf.

References

Agnafors, S., Sydsjö, G., Dekeyser, L. and Svedin, C. G. 2013. 'Symptoms of depression postpartum and 12 years later: Associations to child mental health at 12 years of age'. *Maternal and Child Health Journal* 17: 405–14. https://doi.org/10.1007/s10995-012-0985-z.

Anand, A. S. and Cochrane, R. 2005. 'The mental health status of South Asian Women in Britain: A review of the UK literature'. *Psychology and Developing Societies* 17 (2): 195–214. https://doi.org/10.1177/097133360501700207.

Bauer, A., Parsonage, M., Knapp, M., Iemmi, V. and Adelaja, B. 2014. *The Costs of Perinatal Mental Health Problems*. London: Centre for Mental Health.

Bauer, A., Tinelli, M. and Knapp, M. 2022. *The Economic Case for Increasing Access to Treatment for Women with Common Mental Health Problems during the Perinatal Period*. London: Care Policy and Evaluation Centre.

Cameron, C., Hauari, H., Hollingworth, K., O'Brien, M. and Whitaker, L. 2021. *The Impact of Covid-19 on Families, Children Aged 0–4 and Pregnant Women in Tower Hamlets: Wave One survey findings*. London: UCL Social Research Institute.

Darwin, Z. and 8 others. 2022. 'Addressing inequalities in the identification and management of perinatal mental health difficulties: The perspectives of minoritised women, healthcare practitioners and the voluntary sector'. *Frontiers Global Women's Health* 3. https://doi.org/10.3389/fgwh.2022.1028192.

Dennis, C. L., Falah-Hassani, K. and Shiri, R. 2017. 'Prevalence of antenatal and postnatal anxiety: Systematic review and meta-analysis'. *British Journal of Psychiatry* 210 (5): 315–23. https://doi.org/10.1192/bjp.bp.116.187179.

De Silva, M. J., McKenzie, K., Harpham, T. and Huttly, S. R. 2005. 'Social capital and mental illness: A systematic review'. *Journal of Epidemiology and Community Health* 59: 619–27. https://doi.org/10.1136/jech.2004.029678.

Dickerson, J. and 16 others. 2016. 'Born in Bradford's Better Start: An experimental birth cohort study to evaluate the impact of early life interventions'. *BMC Public Health* 16: 711. https://doi.org/10.1186/s12889-016-3318-0.

Dickerson, J., Darwin, Z., Blower, S., Nekitsing, C., Willan, K. and Masefield, S. 2022a. *Report 5. Reducing inequalities in perinatal mental health care: Recommendations on how to reduce inequalities in perinatal mental health care*. Accessed 1 April 2025. https://borninbradford.nhs.uk/wp-content/uploads/2024/11/Report-5-Recommendations-from-Expert-Panels-V1-April-22.pdf.

Dickerson, J. and 14 others. 2022b. '"When will this end? Will it end?" The impact of the March–June 2020 UK COVID-19 lockdown response on mental health: A longitudinal survey of mothers in the Born in Bradford study'. *BMJ Open* 12 (1): e047748. https://doi.org/10.1136/bmjopen-2020-047748.

Dickerson, J. and 19 others. 2023. 'Born in Bradford's Better Start (BiBBS) interventional birth cohort study: Interim cohort profile' [version 2; peer review: 2 approved]. *Wellcome Open Research* 7: 244. https://doi.org/10.12688/wellcomeopenres.18394.2.

Gilbert, P., Gilbert, J. and Sanghera, J. 2004. 'A focus group exploration of the impact of izzat, shame, subordination and entrapment on mental health and service use in South Asian women living in Derby'. *Mental Health, Religion and Culture* 7: 2. https://doi.org/10.1080/13674670310001602418.

Goldberg, D. P. and Hillier, V. F. 1979. 'A scaled version of the General Health Questionnaire'. *Psychological Medicine* 9 (1): 139–45. https://doi.org/10.1017/s0033291700021644.

Heckman, J. J. and Mosso, S. 2014. 'The economics of human development and social mobility'. *Annual Review of Economics* 6: 689–733. https://doi.org/10.1146/annurev-economics-080213-040753.

Howard, L. M. and Khalifeh, H. 2020. 'Perinatal mental health: A review of progress and challenges'. *World Psychiatry* 19 (3): 313–27. https://doi.org/10.1002/wps.20769.

Iqbal, H., Lockyer, B., Iqbal, S. and Dickerson, J. 2023. '"We lost a lot, but something good came out of it too": Exploring the impact of the COVID-19 pandemic on the mental wellbeing of British Muslim Pakistani women with family responsibilities'. *PLoS ONE* 18 (10): e0292614. https://doi.org/10.1371/journal.pone.0292614.

Kawachi, I. and Berkman, L. 2000. 'Social cohesion, social capital, and health'. In *Social Epidemiology*, edited by L. Berkman, I. Kawachi and M. Glymour, 219–319. New York: Oxford University Press.

Kingston, D., Tough, S. and Whitfield, H. 2012. 'Prenatal and postpartum maternal psychological distress and infant development: A systematic review'. *Child Psychiatry and Human Development*. 43 (5): 683–714. https://doi.org/10.1007/s10578-012-0291-4.

Kroenke, K., Spitzer, R. L. and Williams, J. B. 2001. 'The PHQ-9: Validity of a brief depression severity measure'. *Journal of General Internal Medicine* 16: 606–13. https://doi.org/10.1046/j.1525-1497.2001.016009606.x.

Lister, J., Dickerson, J. and Hewitt, C. 2024. '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 and Humanities Open* 10: 100935. https://doi.org/10.1016/j.ssaho.2024.100935.

Marmot, M. 2020. 'Health equity in England: The Marmot Review 10 years on'. *BMJ* 368: m693. https://doi.org/10.1136/bmj.m693.

McIvor, C. and 9 others. 2022. 'The impact of the pandemic on mental health in ethnically diverse mothers: Findings from the Born in Bradford, Tower Hamlets and Newham COVID-19 research programmes'. *International Journal of Environmental Research and Public Health* 19 (21): 14316. https://doi.org/10.3390/ijerph192114316.

Mohnen, S. M., Groenewegen, P. P., Völker, B. and Flap, H. 2011. 'Neighborhood social capital and individual health'. *Social Science and Medicine* 72 (5): 660–7. https://doi.org/10.1016/j.socscimed.2010.12.004.

Mudiyanselage, S. B. and 9 others. 2024. 'The impact of maternal health on child's health outcomes during the first five years of child's life in countries with health systems similar to Australia: A systematic review'. *PLoS ONE* 19 (3): e0295295. https://doi.org/10.1371/journal.pone.0295295.

National Institute of Mental Health. n.d. 'Depression'. Accessed 23 April 2025. https://www.nimh.nih.gov/health/publications/depression.

NICE (National Institute for Health and Care Excellence). 2019. *Antenatal and Postnatal Mental Health: Clinical management and service guidance*. Clinical Guideline CG192. Accessed 1 April 2025. https://www.nice.org.uk/guidance/cg192.

Nilsson, C. and 9 others. 2018. 'Definitions, measurements and prevalence of fear of childbirth: A systematic review'. *BMC Pregnancy and Childbirth* 18 (28). https://doi.org/10.1186/s12884-018-1659-7.

ONS (Office for National Statistics). 2022. 'Population and household estimates, England and Wales: Census 2021'. Accessed 20 February 2023. https://www.ons.gov.uk/peoplepopulationandcommunity/.

Prady, S. L., Endacott, C., Dickerson, J., Bywater, T. J. and Blower, S. L. 2021.'Inequalities in the identification and management of common mental disorders in the perinatal period: An equity focused re-analysis of a systematic review'. *PLoS ONE* 16 (3): e0248631. https://doi.org/10.1371/journal.pone.0248631.

Prady, S. L., Pickett, K. E., Petherick, E. S., Gilbody, S., Croudace, T., Mason, D., Sheldon, T. and Wright, J. 2016. 'Evaluation of ethnic disparities in detection of depression and anxiety in primary care during the maternal period: Combined analysis of routine and cohort data'. *British Journal of Psychiatry* 208 (5): 453–61. https://doi.org/10.1192/bjp.bp.114.158832.

Reece, S., Sheldon, T. A., Dickerson, J. and Pickett, K. E. 2022. 'A review of the effectiveness and experiences of welfare advice services co-located in health settings: A critical narrative systematic review'. *Social Science and Medicine* 296: 114746. https://doi.org/10.1016/j.socscimed.2022.114746.

Shorey, S., Chee, C. Y. I., Ng, E. D., Chan, Y. H., Tam, W. W. S. and Chong, Y. S. 2018. 'Prevalence and incidence of postpartum depression among healthy mothers: A systematic review and meta-analysis'. *Journal of Psychiatric Research* 104: 235–48. https://doi.org/10.1016/j.jpsychires.2018.08.001.

Smith, M. S., Lawrence, V., Sadler, E. and Easter, A. 2019. 'Barriers to accessing mental health services for women with perinatal mental illness: Systematic review and meta-synthesis of qualitative studies in the UK'. *BMJ Open* 9: e024803. https://doi.org/10.1136/bmjopen-2018-024803.

Spitzer, R. L., Kroenke, K., Williams, J. B. and Löwe, B. 2006. 'A brief measure for assessing generalized anxiety disorder: The GAD-7'. *JAMA Internal Medicine* 166 (10): 1092–7. https://doi.org/10.1001/archinte.166.10.1092.

UNICEF. 2021. *The State of the World's Children 2021. On My Mind: Promoting, protecting and caring for children's mental health*. Accessed 1 April 2025. https://www.unicef.org/reports/state-worlds-children-2021.

Watson, H., Harrop, D., Walton, E., Young, A. and Soltani, H. 2019. 'A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe'. *PLoS ONE* 14 (1): e0210587. https://doi.org/10.1371/journal.pone.0210587.

Wright, J. and 9 others. 2013. 'Cohort profile: The Born in Bradford multi-ethnic family cohort study'. *International Journal of Epidemiology* 42 (3): 23064411. https://doi.org/10.1093/ije/dys112.

Yildiz, P. D., Ayers, S. and Phillips, L. 2017. 'The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis'. *Journal of Affective Disorders* 208: 634–45. https://doi.org/10.1016/j.jad.2016.10.009.

Part III
Infrastructure

8

Housing and children's wellbeing in crowded inner cities: intersections with housing quality and stakeholders' perspectives in London

Marcella Ucci, Laura Nixon, Kristoffer Halvorsrud, Nicola Christie and Jessica Sheringham

> Your home is supposed to be your safe sanctuary but it's not. It's the one that's causing you all the problems. (Parent in Tower Hamlets)

Housing, inequalities and overcrowding in London: implications for children's health and wellbeing

Current discourse about child-friendly cities is often about spaces around and outside homes, with housing developments affecting 'life between buildings' such as children's play (Bornat 2016). In contrast, studies on urban childhoods from social geography emphasise the significance of 'home' as both a physical entity and a social construct, playing an important role in children's identity-making via socio-spatial mechanisms (Holloway and Valentine 2000). Indeed, housing is acknowledged as one of three pillars of family-friendly neighbourhoods, alongside services and public realm (Gill 2021). In *Bringing up Children in Disadvantaged Neighbourhoods*, Power (2007, 2) states that 'A popular neighbourhood holds onto families by offering what they need. An unpopular neighbourhood holds families back by denying them the things they need'.

This chapter illustrates the interconnections between housing and neighbourhood, demonstrating how unsuitable dwellings may 'hold back' children and their families – especially those already disadvantaged – by failing to provide a decent, risk-free environment and the means for thriving. Inequality and hope are examined via a place-based, systems-led lens, underpinned by cross-disciplinary dialogue across the

public health and built environment fields. Via a discussion on housing, we also illustrate some distinctive characteristics of urban childhoods. These include living in high-density environments with limited space and privacy, and experiencing diverse perspectives, with opportunities for enrichment but also risks of isolation or discrimination.

The UK Committee for UNICEF highlighted that 'the [COVID-19] pandemic exposed huge inequalities in housing, with many children from the most marginalised communities living in unsuitable homes, very often with no access to outside space' (UNICEF 2022, 1). They argue that a child-rights-based approach to housing at the local level is essential to ensure that children 'don't just have a roof over their heads, they have a foundation on which to thrive' (UNICEF 2022, 1). While there is a discourse around child-friendly cities (Wood 2018), much less dialogue exists around 'child-friendly homes'. This is not because this is a minor issue – far from it. In 2020, 15 per cent of households in England were living in poor quality homes classed as 'non-decent', with greatest prevalence among those on low incomes, living in poverty or belonging to some minority ethnic groups (for example, in Asian or Black households compared to White) (Health Foundation 2023).

The significance of housing for health is well documented. However, the impacts of housing on children's health, particularly their wellbeing and development, are relatively under-researched (Clair 2019). Housing affects children's health and wellbeing through various pathways, either directly or due to wider socio-economic factors. Ucci (2020) identifies three aspects of the home environment that can affect children: 'physical hazards', related to housing quality and disrepair (to which children can be especially vulnerable); 'fit to needs', that is, whether the layout, design and space meet residents' specific needs; and 'security and stability' of tenure. Intersections across these three domains are important. For example, overcrowding occurs where there is insufficient suitable space to accommodate households' needs (for example, space for playing or learning), but can also be a physical hazard, for instance by incubating infectious diseases or increasing risk of injury (Office of the Deputy Prime Minister 2004). Another important factor is affordability, which could be considered at the intersections of 'needs' and 'security/stability', since often families who need better or different and more secure accommodation cannot afford it.

In this chapter, we use household overcrowding in London to illustrate the multiple ways in which aspects of 'poor housing' co-exist, connect to neighbourhood-level factors (for example, services, infrastructure, community), and affect children's wellbeing and life chances.

Household overcrowding can increase the risk of respiratory and gastrointestinal infections, and impact mental health, behaviour and educational attainment (Block et al. 2018; Cermakova and Csajbók 2023; Marsh et al. 2019; Shannon et al. 2018). Overcrowding occurs where the 'size' of the dwelling is not suitable for the household. The 'size' could be characterised as number of rooms or floor area, but other considerations are important, including the demographic composition of the household itself (Shannon et al. 2018). One way to define overcrowding is the 'bedroom standard', which – with some variations – is used in the Census in England and Wales, as well as by local authorities to assess household occupancy and determine housing need. The measure compares the number of rooms available to a household with the number of rooms they would need to ensure sufficient privacy and space, based on age, gender and relationship status. For example, an occupancy rating of 'minus one' signifies that a household has one fewer bedroom than needed, and is thus overcrowded (Wilson 2023). In England, overcrowding is more common in urban areas and in households with dependent children, multiple disabilities, and/or from minority ethnic and religious backgrounds. It is more prevalent in social rented housing, followed by privately rented (Wilson 2023).

In this chapter we also aim to illustrate how the impact of overcrowding – and more broadly housing – on children is inextricably linked to wider local factors. Children living in overcrowded accommodation and in homes without gardens rely on the wider outside environment for opportunities to play, increasing their exposure to risks associated with hostile traffic environments (Christie 1995a; 1995b; Christie et al. 2010). Over 50 years ago, Preston's (1972) work in Manchester and Salford (some of the most deprived areas in England) showed that there were more children playing in the street and being injured per mile of road where there were houses with no garden and no safe place to play. Later, Preston (1994) argued that these areas need measures to calm the traffic to provide a less hostile environment for children. Decades on, outside environments in deprived neighbourhoods are still likely to be more hazardous than in affluent areas, especially in multi-dwelling, high-population density neighbourhoods which lack play spaces (Green et al. 2011). Children in deprived environments are more likely to be exposed to arterial roads carrying high traffic volumes (Dumbaugh et al. 2022), anti-social driving behaviour (for example, speeding), and are more likely to have to negotiate a high density of junctions, some of which are highly complex (Downey et al. 2019; Christie et al. 2010; Fleury et al. 2010).

In 2021, we set out to study the relationship between housing and children's wellbeing, focused on the interactions between housing and neighbourhood environments, through interviews with parents living in the London Borough of Tower Hamlets and Bradford, West Yorkshire (Ucci et al. 2022). We found that environmental quality issues within and outside the home, compounded by delays in repairs and maintenance, and affordability problems were 'likely to deeply affect an entire generation of disadvantaged children whose parents felt disempowered, neglected and often isolated when trying to tackle various dimensions of inequalities' (Ucci et al. 2022, 21). Overcrowding emerged as a particular concern, especially in Tower Hamlets, which is the most densely-populated borough in England, with the 4th highest rate of household overcrowding (15.8 per cent) (ONS 2021). This work emphasised that overcrowding affects children's wellbeing in multiple ways, and that current metrics to characterise overcrowding may not capture some important aspects (ActEarly Consortium 2023).

In the following sections, we reflect on further qualitative research on overcrowding in three London boroughs, drawing on the perspectives of families and relevant stakeholders (such as representatives of community organisations and council staff) in Islington, Barking and Dagenham and Tower Hamlets – areas that share some characteristics but diverge in others (Table 8.1). We then reflect on the important role of overcrowding, and of housing in general, for the wellbeing of urban children in areas with high levels of child poverty and gentrification. We also discuss opportunities for hope and interventions, alongside potential barriers, emphasising how a holistic and participatory approach is essential.

Through research and consultative activities with parents, resident representatives, community-sector professionals, and council staff we explored how overcrowding is impacting families and children. Part of the research reported in this section has formed the basis for a separate paper on the interconnections across factors influencing family health and wellbeing in overcrowded homes and points for intervention (Eveleigh et al. 2025).

Our earlier work (Ucci et al. 2022) revealed how, when asked to reflect on housing and their child's wellbeing, parents often reported how housing conditions affected them personally, and/or their family life. Accordingly, the focus of our narrative is children situated within their families, whereby parenting and activities of daily living play an important role in mediating housing impacts on children. Although our

Table 8.1 Selected area characteristics of Tower Hamlets, Islington and Barking and Dagenham.

Borough		Tower Hamlets (%)	Islington (%)	Barking and Dagenham (%)
Relevant population characteristics	**Overcrowding***	15.80	9.4	17.70
	Age profile (aged 15 years and under)	18.50	15.2	26.10
	Household deprivation** (reporting no deprivation)	46.40	48.40	37.60
	Ethnicity (White; other most prevalent group)	White: 39.4; Asian, Asian British or Asian Welsh: 44.4	White: 62.2; Black, Black British, Black Welsh, Caribbean or African: 13.3	White: 44.9; Asian, Asian British or Asian Welsh: 25.9

Source: Census 2021.

* −1 or less on the bedroom standard.

** Household deprivation measured as deprived on any of the following four dimensions: education, housing, employment and health.

research did not formally set out to capture children's views, we listened to children's perspectives at family engagement events. Table 8.2 details our research activities and participants, which included:

- focus groups and interviews to inform how councils measure and monitor overcrowding affecting family wellbeing
- expert consultation panels used to inform a review of interventions to mitigate the effects of overcrowding on family wellbeing
- interviews to identify council and resident research priorities on housing
- engagement with children and families to share and get feedback on our findings, while eliciting interest in participating in further research.

Participants were recruited by researchers, community representatives and community organisations in each borough, via engagement events with families with school-aged children and through publicity in local media and council e-noticeboards. We sought a range of backgrounds

Table 8.2 Research, consultation and engagement activities (N = number of events; n = total number of attendees).

	Tower Hamlets (%)	Islington (%)	Barking and Dagenham (%)
Activities by borough	Lived experience consultation panels, 2023/4 (N = 2, n = 6) Focus groups with residents (N = 2, n = 13) and professionals, 2023 (N = 2, n = 9). Engagement with residents to confirm findings (n = 7), 2024 Engagement event with parents and children, 2023 (~20 families)	Lived experience consultation panels, 2023/4 (N = 2, n = 6) Focus groups with residents (n = 5) and professionals (n = 8), 2023/4; and interviews with residents (n = 7) and professionals (n = 5), 2023/4. Engagement with community group to confirm findings (n = 9), 2024 Council and community representative interviews, 2022 (n = 10)	Council and community representative interviews, 2022 (n = 10)

Source: Authors.

Local/regional government staff consultation panels (N = 2, n = 12).

including those most likely to be affected and/or whose voices are seldom heard in research outputs.

In the focus groups and interviews with residents, all the parent participants were women, 95 per cent were from non-White ethnicities and almost half were from single-parent households. In the focus groups, approximately 40 per cent reported having a disability. Nearly all residents lived in social housing (from the council or a housing association). Next, we present insights from the focus groups and interviews, followed by three illustrative composite narratives and, following that, stakeholders' views on potential interventions.

Voice: experiences of overcrowding in London

> My children don't have anywhere to play so it's like the priority, is it my health [or] do they sacrifice their childhood and their fun times being silent? (Parent in Tower Hamlets)

In this section, we focus on how sharing space in overcrowded homes can affect three key aspects of family life and daily activities: 1) resting and sleeping; 2) family relationships and socialising; and 3) work, study and play. We then illustrate how overcrowding is influenced by perceptions, experiences and attributes of the neighbourhood and how, in turn, household overcrowding can affect the wider community.

Family life and daily activities

Resting and sleeping

The existence of the bedroom standard as a measure of household occupancy reflects wider recognition that having sufficient and private space to rest, sleep and dress is a key function of a home. We found that many families living in overcrowded housing did not have this space; sharing a bedroom with multiple people left little opportunity to be alone and made all members of the family feel claustrophobic and anxious. The bedroom standard also seeks to capture the differing needs of children for privacy, and for gender-specific space as they grow older. We found that teenage siblings of opposite genders were particularly affected by having to share bedrooms, some feeling uncomfortable getting changed in their own room. In overcrowded homes, not all family members had their own beds, which is a safety concern that can pose direct risks to children.

Parents frequently had to co-sleep with their infant children because rooms were too small for a cot. This increases the risk of infant mortality, particularly if not done safely. Existing guidelines recommends parents to share their room but avoid sharing their bed with their baby (Jeffrey et al. 2014). In many definitions of household overcrowding, a living room can count as a bedroom. However, families reported that using their shared living area as a sleeping space meant that there was nowhere to go in the home without being disturbed or disturbing someone else. These challenges were exacerbated where, as was common, there was an open-plan layout in the flats.

Family relationships and socialising at home

Both parents and children talked about how a lack of privacy can be stressful and a cause of arguments in the home. Limited living space also made it difficult to spend time together as a family. For example, many families could not sit down to share a meal together as there was not enough space for that. This also affected their willingness and ability to socialise with others. Parents reported that their children had birthday parties with the food laid out on the floor as there was no room for a table. Some said that they did not have room for people to come and visit at all. A lack of personal space to manage strong emotions also made managing mental health more difficult. Several families had children with autism who particularly struggled with managing living in loud and cramped conditions. A social prescriber (a paid role that connects people with activities, groups and organisations to improve health/wellbeing) told us of a 14-year-old girl with obsessive–compulsive disorder (OCD) whose mental health was deteriorating because she was having to share a room with her teenage brother. One mother said that she had no space to grieve the loss of a family member as she did not want to cry in front of her children but had nowhere to go.

Lack of privacy not only impacted mental health but could also affect personal relationships. Some couples were not able to spend time alone together, and single parents could find it difficult to forge romantic relationships. This was especially problematic for those with infants, who are expected to share a room with their child under the current bedroom standard. As a result, some community workers shared that they found that children were often aware of their parents' sexual activity and knew more details than they deemed to be age-appropriate.

Work, study, play and recreation

Since the COVID-19 pandemic, more adults are working at home; up to 40 per cent of adults reported working at home at least some of the week in 2023 compared with only 12 per cent in 2019 (ONS 2023). In early 2022, when we undertook some of the fieldwork, working at home was common. Parents described how using shared living space for work presented additional challenges to fulfilling their job obligations, as the family were playing, relaxing and doing chores in the same space as they worked.

A lack of personal space made the stresses of managing life on a low income and navigating the complexity of accessing housing support harder to bear. This had a significant effect on parents' mental health and consequently on their capacity to parent. One professional in Islington reported that they had been consulted by parents with suicidal thoughts as a result of struggling to manage their young children in very small spaces. Children's capacity to study at home was disrupted by lack of dedicated quiet space for homework. Their concentration was often disturbed by their siblings playing or family members watching television. Younger children's play was also constrained by insufficient space, and this put further pressure on shared living space. Parents worried about the impact on their children's future, especially as their children reached secondary-school age.

Relationship with communities and local amenities

Access to local amenities

Families reported they were encouraged by healthcare and other professionals to use green spaces and community centres to improve their mental and physical health, yet they faced barriers to leaving their homes. Lifts were frequently broken, and narrow corridors were difficult to navigate with prams or wheelchairs, making going out particularly challenging for families managing physical health conditions or caring for young children. Children were frequently limited to playing indoors. Many parents did not have a safe park close enough to visit regularly. Below we include further examples of the relationship between overcrowding in homes, impacts on local communities/neighbourhoods and vice-versa.

Security

Drugs, crime and anti-social behaviour were frequently reported by families as being present in and around their building. Some attributed this to adolescents and young adults feeling frustrated with their living situation and having no alternative but to socialise on the street. Shared residential spaces were often damaged and vandalised as a result, which contributed to the feeling of insecurity and limiting the places where people felt safe to spend time. Community partners also reflected on the risk of teenagers living in overcrowded housing 'going off the rails' because they had no safe space to socialise after school, with the lack of youth facilities motioned as problematic. Consequently, pressures inside the home led to pressures on the wider community.

Trust, stigma and social justice

In places where overcrowding was concentrated in pockets rather than distributed across the area, parents could feel isolated from people not in living in similar circumstances. Some parents felt guilty because they were not able to provide the life they wanted for their children. Some felt ashamed of their own home and stigmatised because of it, particularly when their children had friends living in better accommodation. Difficult living circumstances led to a mistrust of the outside world, be it towards the authorities, landlords or even others living in similar situations. As housing is scarce, a sense of competition between friends and neighbours sometimes arose, as to who should be given priority for council housing, and speculation over how and why they were given priority. This could also create tension between ethnic groups, as some were perceived as getting preferential treatment. Many parents harboured negative feelings towards local authorities and housing associations as they were perceived to hold all the power.

Stories from composite narratives

To illustrate the complexities of living in an overcrowded household we present three composite narratives (Willis 2019) using themes co-developed with community researchers and researchers, and data from several individual participants (Figures 8.1, 8.2 and 8.3). They are not about one specific case, but instead cover a combination of common experiences.

Figure 8.1 Narrative 1: Ayesha's story. *Source*: Authors.

Ayesha, Zane and their two children live in a one-bedroom council flat. They moved in six years ago when Ayesha was pregnant with their first child.

Ayesha has chronic lower back pain. Struggling to work due to her condition, she relies on Zane, who is currently unemployed, to care for their son and daughter (5 and 3 years). Their flat on the 3rd floor means that they have to share a room with their children, and their home feels even smaller since her mother-in-law moved in and they had to start using their shared space as bedroom. A broken lift makes it hard for Ayesha and her family to enter and exit the flat. Their son has autism which is often triggered by loud noises from other flats. Recent outbursts against his younger sister mean that she worries about them all sharing a room, but there is nowhere else for him to sleep.

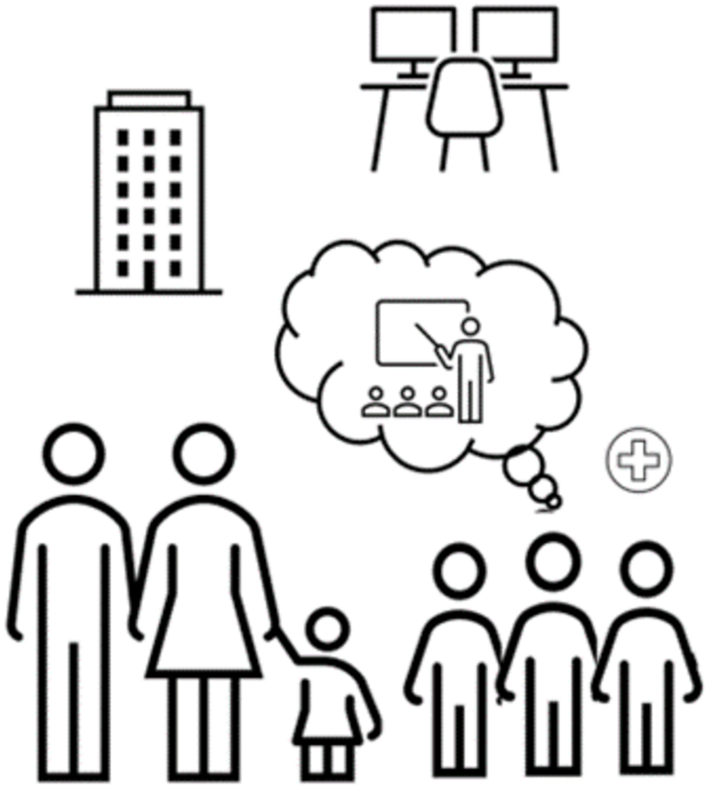


Figure 8.2 Narrative 2: Maria and Antoni's story. *Source*: Authors.

Maria and Antoni live in a two-bedroom flat with their four children. They share their room with their two-year-old son, and their three daughters (ages 10, 8, 4 years) share one room. Eight-year-old Julia has bad asthma that is getting worse because of the mould developing in their bedroom. The mould gets worse because the family have no space to dry washing other than in the bedrooms. Both parents work from home so the shared space must be used as two offices, a dining room, kitchen, play area and storage for clothes and toys. Now that Anna (aged 10) is about to start secondary school she needs more space to do her homework. They want to let the kids go outside to play, but Maria is scared they will get hurt because it is covered in broken glass and needles. The family argue a lot because of this, and Antoni and Maria's relationship is getting worse.

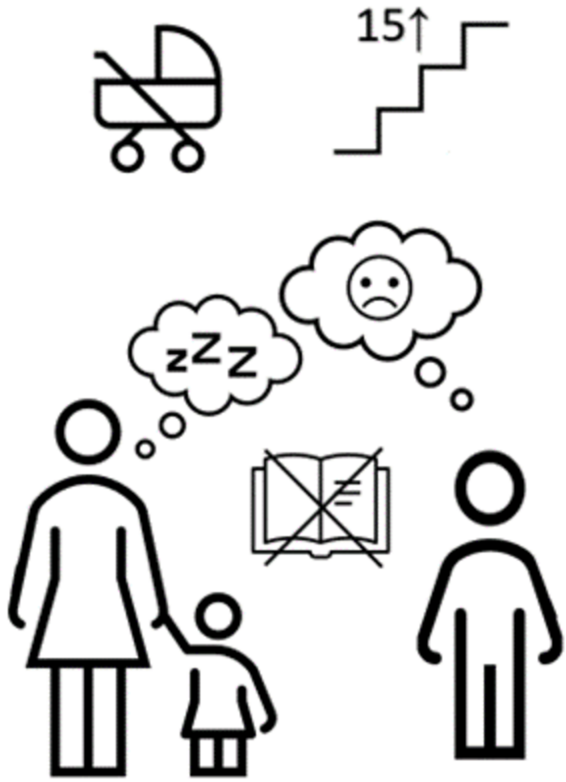


Figure 8.3 Narrative 3: Sahra's story. *Source*: Authors.

Sahra is a single working mother of two sons Max (12) and Aaden (3) and lives with them in a one-bedroom flat. They all share a bedroom; her eldest wanted to move into the living room but the sofa isn't suitable to sleep on. She used to enjoy going out and socialising with friends but is too tired and does not see how she will ever have the energy and privacy to find a partner. She avoids leaving the house as the pram does not fit through the corridor or in the lift from her 15th floor flat, but her three-year-old son does not have the room to play at home. He has a lot of excess energy, and he is constantly distracting Max from studying or relaxing. Max is getting angry at their living situation and taking it out on the family. He is spending more time on the streets with older teenagers to get out of the flat and Sahra is worried he will get involved with the wrong crowd. She bids to be rehoused every week but is starting to lose hope that her situation will change.

Hope: opportunities for action – insights from stakeholders and residents

Despite the challenges families faced, there is hope for change. Our research also examined the ways that their situation can feasibly be improved, based on stakeholders' insights: moving to bigger homes, improving living environments, policies and strategies.

Moving to bigger homes

Moving families to a bigger home can be an effective strategy for reducing levels of overcrowding (Gambaro et al. 2017; Gibson et al. 2011; Petticrew et al. 2009) but in dense urban environments this is not always feasible, especially where the number of residents on the council waiting lists to be rehoused far exceeds the number of properties available (Murray 2023). Even when rehousing is possible, study participants reported that residents can face a trade-off whereby accessing larger housing often required moving a considerable distance from London. There was the associated risk of uprooting children from their present schools and disrupting key developmental stages of their education, as well as having to consider the quality of schools in the new locations.

The potential wider loss of social networks such as family members and friends might not only impact upon children's psychosocial wellbeing and sense of belonging, but also remove access to free or affordable early childhood education and care services that previously had enabled their parents to work and secure the household's income. Furthermore, new properties were frequently felt to be substandard, meaning residents had to turn down places that were either not adequately tailored or failed to provide necessary facilities, such as for disabled children. In some cases, where there was no chance of viewing properties in advance (in person or via pictures or floor plans), families only discovered that a property was unsuitable after being rehoused. Therefore, participants' general view was that if rehousing initiatives are to work, councils must provide better signposting to other organisations that might help with the rehousing process. This insight is verified in literature, suggesting the importance of additional layers of support to facilitate a smoother transition and residents' integration into their new environments (Paisi et al. 2023).

Improving living environments

A second strategy, and one preferred by study participant residents, is to improve the current living environment, both within and beyond the home. Considering overcrowding as the amount of 'usable' space households have available, evidence suggests that retrofitting and renovations can alleviate the pressures of overcrowding without having to extend the property (Chen 2020; Durst and Ward 2014; Hopton and Hunt 1996). Indeed, the latter might not be feasible and can even be perceived as too controversial if, in a densely built-up area, extension of homes meant 'knocking-through' to someone else's space.

Our study participants and existing literature (Durst and Ward 2014; Hopton and Hunt 1996) called for a campaign of retrofitting and/or repairs to fix problems such as lack of heating and ventilation, which in turn may help free up liveable space, for example in rooms that previously could not be used due to environmental hazards such as damp or mould. However, a dwelling's inadequate standard may impact on the duration of remedial works.

Approaches such as the reorganisation of space and use of space-saving furniture offered the most practical solution to improve living environments according to both study stakeholders and earlier studies (Chen 2020; Durst and Ward 2014). Further suggestions were that councils should provide storage boxes, or that residents could be supported to add partitions, screens or moveable walls. This could help optimise living space within smaller apartments in dense urban settings (Chen 2020). For example, to enhance privacy – which can take on added importance as family members of different genders grow older – a bathroom may be split up into sections (shower, sink, toilet), thus enabling the separation of intimate spaces. A further suggestion is that storage space may be provided on estates nearby – for items such as bikes, for hanging out laundry or for socialising. Access to green space (for example, communal gardens) was considered pivotally important for children's wellbeing, especially to alleviate the worst pressures of overcrowding for children with special needs (for example, autism) or other conditions. Design principles for optimising small homes are available, drawn from work in densely built settings such as in Japan (Brown 2012). However, not all are applicable in existing UK homes, and some (for example, multi-function furniture) can be expensive.

Policies and strategies

In addition to strategies that focused on improving housing conditions or supply, expert panel members also suggested other ways in which their wellbeing could be improved. These suggestions fell into three groups: 1) communication with residents; 2) community investment; and 3) access to health services.

Communication

Residents stated that greater clarity from housing authorities about length of waiting time for rehousing or repairs, and practical help with the housing processes – such as assistance when writing applications to seek changes to living conditions – would engender trust in the system. Residents reported that since the COVID-19 pandemic, when contact with housing authorities reduced, previous overall communication levels and quality had not yet returned. Furthermore, since minority ethnic households are disproportionately affected by overcrowding across England and in London (Gleeson 2022), attention needs to be paid to potential language barriers and provision of appropriate translation services. Residents felt council staff expressed limited empathy with their housing need, potentially an unintended consequence of both high volume and quality of communication. Council staff simultaneously highlighted the pressures they were under to deliver within squeezed national and local budgets and wished they had more available resources on offer to help residents in need.

Community investment

While on waiting lists either to be rehoused or for home improvements, residents called for more community investment (albeit recognising limited council resources) in local libraries, parenting groups, youth clubs or – as previously mentioned – appropriate play spaces for children. Such community spaces and amenities offered a means for recreational alternatives to temporarily escape some of the worst experiences of overcrowding. Being able to gather in such spaces might offer emotional support from peers in similar situations as well as practical advice on how to navigate complex housing situations and legal procedures from those with prior experience.

Access to health services

Given the adverse associations between overcrowding and a range of physical and mental health outcomes (Shannon et al. 2018), improving

local access to health services holds promise (Bullen et al. 2008; Chisholm et al. 2020; Clinton et al. 2005; 2006; 2007; Jackson et al. 2011). For children experiencing asthma or other respiratory conditions, possibly as a manifestation of mould and other functional issues within overcrowded dwellings, home improvements alone may be insufficient and should be supplemented by adequate medical follow-up to prevent residents' health from deteriorating. The importance of intervening early, or at least before conditions may worsen, cannot be overstated. Jackson et al. (2011) found that housing quality and health interact over time, with health conditions becoming chronic where there are inter-generational cycles of overcrowding in the same poor-quality property. In these cases, health may have deteriorated to such an extent that any effects of rehousing or home improvements may be weakened for older compared to younger age groups with a shorter history of overcrowding.

Conclusions: housing as a key pillar of child-friendly equitable cities

> [The authorities and the lawmakers] don't seem to grasp how people are overcrowded, what they term as overcrowded is not necessarily people's realities. (Parent in Tower Hamlets)

Housing is clearly a 'wicked problem' with competing demands for housing providers and policymakers, who need to balance increasing pressures on urban density and quality against financial constraints. Our work – underpinned by evidence related to three boroughs in London and a range of participant stakeholders – clearly demonstrates the important role of housing in child-friendly cities and the multiple health, quality of life and life chances impacts of poor-quality housing, especially overcrowding, on parents and their parenting of children. Our research helps to provide much-needed insights on the significance of housing for wellbeing and life chances in urban childhoods, an area that is generally lacking in data to adequately describe and evaluate the current circumstances of families' lives.

Our data shows the importance of considering housing as a key component of urban childhoods, and as a 'system within systems'. Our research emphasises the complex nature of system-wide relationships between housing, communities and services or facilities available locally. For example, overcrowded sub-standard housing which does not meet the needs of children and their families is likely to require enhanced

provision of facilities and places for children to play, study and socialise in the local area. At the same time, our research indicates that some families may be deterred from accessing these services or face accessibility issues associated with their housing conditions or anti-social behaviour locally – thus reducing parents' ability to take children out. However, there are data gaps. We know from our discussions with local policymakers that overcrowding prevalence is not measured and monitored consistently by local authorities, with a particular gap in the private-rented sector.

On the other hand, there is evidence of how urban childhoods are at risk from exposure to hazardous environments. A complex interplay of factors, of which overcrowding is one, leads to children from the most deprived neighbourhoods being more likely to be killed or seriously injured on the roads while walking or cycling (O'Toole and Christie 2018). These considerations also highlight the need to use broader and more holistic indicators to measure and evaluate overcrowding itself, as well as the role of factors which may be directly or indirectly affected by poor housing conditions, including crime and anti-social behaviour but also other aspects such as population churn.

Our work provides insights for planning and housing design. Firstly, although overcrowding in housing may be considered a result of excessive population density, this is not necessarily an argument that cities are inherently not family friendly. US research shows that excessive urban sprawl may affect social mobility (Ewing et al. 2015). On the other hand, 'compact cities' (higher density combined with land-mix use and public transport) could increase access to jobs, services and infrastructure, as well as providing opportunities for active travel and thus being potentially more environmentally friendly (that is, less pollution from cars) and conserving surrounding natural areas. Indeed, some authors argue that compact cities – when properly designed – can be perceived as liveable, with high levels of resident satisfaction (Mouratidis 2017). Although densely built urban areas may lack play opportunities and green areas, it is possible to embed children's needs in compact cities so that they are inclusive and sustainable places with long-term prospects (Gill 2021). It is however important to engage local communities and to specifically consult children and young people when planning new housing developments or regeneration (Chapters 3 and 9, this volume, contain good examples of consultation with children). This could be done as part of Health Impact Assessments (HIA), whereby although more systematic evaluation and guidance is needed (Den Broeder et al. 2017), practical tools are being developed (Leuenberger et al. 2022). A process

evaluation of HIA policy carried out in Tower Hamlets identified some challenges related to community engagement, including the need to better understand how to engage with 'hard to reach' groups, including children and young people (ActEarly Consortium 2022).

Krysiak (2018) argued for the need to embed a 'network of play opportunities' across the city, and suggested design recommendations for supporting children's play in high-density housing. These might be flexible and multi-purpose and easily accessible shared areas, which could also be used for storage of larger items (such as prams and toys) and which are visible (thus providing 'passive surveillance'). Safe balconies should be provided, especially for larger properties – which resonates with our earlier work (ActEarly Consortium 2023). These suggestions relate to wider debates on high-rise living (Barnes et al. 2023). While most of our participants did not mention needing access to a private garden, for some families, such as those who had children with autism, access to outdoor space was essential.

Our work also points to important implications for designing and managing services to support urban childhoods, especially for those living in overcrowded accommodation, and those who are most disadvantaged. Our evidence highlights the complex and interrelated nature of the health and wellbeing impacts of housing overcrowding. In turn, this means that children living in overcrowded conditions and their families may require tailored support (that is advice and services) covering aspects ranging from housing disrepairs (for example, damp), learning (for example, difficulties with homework), specialist medical care (for example, storing medical equipment, accommodating for neurodivergence), and social exclusion (for example, stigma and barriers to socialising). Local support services are typically managed by different departments within local authorities or by different statutory services, so families may need to navigate a plethora of appointments and referrals to other services, in turn affecting their ability to benefit fully. Therefore, integrated 'one-stop' child-centred services (for example, Family Hubs) may cater better for families experiencing the many adverse effects of poor quality and overcrowded homes.

Lastly, social exclusion and social justice themes emerged quite strongly in our research. These included debates regarding fair criteria for prioritising allocation of larger and better housing, including how to balance factors such as length of registration on the council's housing list, versus the severity of needs as expressed by overcrowding metrics (for example not enough bedrooms), or existing health conditions. On the other hand, some residents felt they were particularly discriminated

against in housing allocations due to their ethnic background. More broadly, there was clear evidence of the need to consider how intersectionality – that is, overlapping and interdependent dimensions of discrimination and disadvantage – could be more specifically considered in future policies regarding housing design and allocation. Within this context, it is important to acknowledge how some of our participants believed that they were not a priority for the local area and services, that they were 'not wanted', were 'voiceless' and needed to be 'given a voice'.

Overall, our work demonstrates the interconnected nature of the health and wellbeing impacts of overcrowding and, more broadly, of 'poor housing'. Children can be especially susceptible to these, due to greater dependence on the home, increased vulnerability to hazards or because of developmental needs (for example, play, learning). The interplay between housing conditions and the social and local environments can exacerbate existing inequalities in the most vulnerable groups.

Our work also points to the following opportunities for action:

- Adopting more holistic indicators and participatory approaches to help evaluate and address housing need and its intersections with local services/places, in order to improve wellbeing and life chances of children and their families, especially those from disadvantaged groups
- Putting children themselves at the centre of engagement and participation activities concerned with housing development and regeneration, as a key requirement
- Providing connected and accessible support services for children and their families who live in overcrowded and sub-standard housing (for example, joined-up advice, quick repairs)
- Considering health needs and/or intersecting forms of disadvantage for housing allocation or upgrades
- Upgrading existing housing stock and expanding the provision of new homes in order to cater for growing families at different life stages, considering the layout and specific needs of parents and children

Our work highlighted how families are a microcosm of interconnected activities and evolving needs. Considering housing as a key pillar of child-friendly cities will help ensure they are experienced by future generations as places where all children have access to tailored and equitable opportunities to thrive.

Acknowledgements

We acknowledge the contribution of community researchers and community outreach organisations for their role in the participant recruitment, data collection and thematic coding, specifically, in Tower Hamlets, Mathilda O'Donoghue and Pratima Singh from Queen Mary University of London in collaboration with Naomi Mead at the Bromley by Bow Centre, and in Islington, in collaboration with Salma Begum and Majida Sayam, Jannaty Women's Social Society. We also thank Dr Elizabeth Eveleigh from UCL who conducted and analysed focus groups and interviews in Islington in 2023–4 and Dr Lizzie Ingram who conducted interviews in Islington and Barking and Dagenham in 2022. We thank all participants and panel members for their invaluable insights.

The research and consultations reported in this chapter were funded by the following: NIHR Public Health Research (PHR) Award: NIHR154776 and NIHR ARC North Thames (the views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care); the UCL Health of the Public Small Grants Scheme; ActEarly City Collaboratory; a grant from the UK Prevention Research Partnership (MR/S037527/1), which is funded by the British Heart Foundation; Cancer Research UK; the Chief Scientist Office of the Scottish Government Health and Social Care Directorates; the Engineering and Physical Sciences Research Council; the Economic and Social Research Council; the Welsh Government's Health and Social Care Research and Development Division; the Medical Research Council; the National Institute for Health Research; the Natural Environment Research Council; Northern Ireland's Public Health Agency; The Health Foundation; and the Wellcome Trust.

Further reading

Cooper, R. and Dunn, N. 2020. 'Designing future cities for wellbeing: A summary of implications for design'. In *Designing Future Cities for Wellbeing*, edited by R. Cooper, C. T. Boyko and N. Dunn, 213–23. London: Routledge.

Institute of Health Equity. 2025. 'Evidence to Action Reports. Housing Section'. Accessed 5 April 2025. https://www.instituteofhealthequity.org/taking-action/evidence-to-action-reports/housing. The Institute of Health Equity provides a series of policy-focused evidence briefs on different aspects of housing, with comprehensive reference lists. Overcrowding is covered in the report.

Munro, A., Allen, J. and Marmot, M. 2022. *Evidence Review: Housing and health inequalities in London*. London: Institute of Health Equity. Accessed 21 August 2024. https://www.instituteofhealthequity.org/resources-reports/evidence-review-housing-and-health-inequalities-in-london.

Samuel, F. 2023. *Housing for Hope and Wellbeing*. Abingdon: Routledge. Accessed 5 April 2025. https://www.routledge.com/Housing-for-Hope-and-Wellbeing/Samuel/p/book/9780367469030.

References

ActEarly Consortium. 2022. *Tower Hamlets Health Impact Assessment (HIA) Policy Process Evaluation*. Accessed 4 April 2025. https://actearly.org.uk/wp-content/uploads/2023/10/HIA-Process-evaluation-Policy-Brief-1.pdf.

ActEarly Consortium. 2023. *Overcrowding affects wellbeing: Finding solutions in Tower Hamlets.* Accessed 4 April 2025. https://www.actearly.org.uk/wp-content/uploads/2021/05/final-do-not-edit-Overcrowding-brief-24March-3.pdf.

Barnes, J., Beharrell, A., Robinson, D. and Scanlon, K. 2023. *What is the Future of High-Rise Housing? Examining the long-term social and financial impacts of residential towers*. Accessed 4 April 2025. https://www.levittbernstein.co.uk/research-writing/what-is-the-future-of-high-rise-housing-examining-the-long-term-social-and-financial-impacts-of-residential-towers/.

Block, E. P., Zimmerman, F. J., Aguilar, E., Stanley, L. and Halfon, N. 2018. 'Early child development, residential crowding, and commute time in 8 US states, 2010–2017'. *American Journal of Public Health* 108 (11): 1550–7. https://doi.org/10.2105/AJPH.2018.304680.

Bornat, D. 2016. *Housing Design for Community Life*. London: ZCD Architects. Accessed 4 April 2025. https://issuu.com/zcdarchitects/docs/housingdesignforcommunitylife.

Brown, A. 2012. *Small Spaces: Stylish ideas for making more of less in the home*. New York: Kodansha.

Bullen, C., Kearns, R. A., Clinton, J., Laing, P., Mahoney, F. and McDuff, I. 2008. 'Bringing health home: Householder and provider perspectives on the healthy housing programme in Auckland, New Zealand'. *Social Science and Medicine* 66 (5): 1185–96. https://doi.org/10.1016/j.socscimed.2007.11.038.

Cermakova, P. and Csajbók, Z. 2023. 'Household crowding in childhood and trajectories of depressive symptoms in mid-life and older age'. *Journal of Affective Disorders* 340: 456–61. https://doi.org/10.1016/j.jad.2023.08.056.

Chen, L. 2020. 'Discussion on optimization design of interior space of transitional housing'. *2020 International Conference on Intelligent Design*. https://doi.org/10.1109/ICID52250.2020.00049.

Chisholm, E., Pierse, N., Davies, C. and Howden-Chapman, P. 2020. 'Promoting health through housing improvements, education and advocacy: Lessons from staff involved in Wellington's Healthy Housing Initiative'. *Health Promotion Journal of Australia* 31 (1): 7–15. https://doi.org/10.1002/hpja.247.

Christie, N. 1995a. *The High-Risk Child Pedestrian: Socio-economic and environmental factors in their accidents*. Transport Research Laboratory Report No. 117. Accessed 4 April 2025. https://trl.co.uk/uploads/trl/documents/PR117.pdf.

Christie, N. 1995b. *Social, Economic and Environmental Factors in Child Pedestrian Accidents: A research overview*. Transport Research Laboratory Report No. 116. Accessed 4 April 2025. https://trl.co.uk/uploads/trl/documents/PR116.pdf.

Christie, N., Ward, H., Kimberlee, R., Lyons, R., Towner, E., Hayes, M., Robertson, S., Rana, R. and Brussoni, M. 2010. *Road Traffic Injury Risk in Disadvantaged Communities: Evaluation of the Neighbourhood Road Safety Initiative*. Road Safety Web Publication No.19. London: Department for Transport. Accessed 4 April 2025. https://discovery.ucl.ac.uk/id/eprint/1507918/1/nationalroadsafetyinitiativenc.pdf.

Clair, A. 2019. 'Housing: An under-explored influence on children's well-being and becoming'. *Child Indicators Research* 12: 609–26. https://doi.org/10.1007/s12187-018-9550-7.

Clinton, J., Mahony, F., Irvine, R., Bullen, C. and Kearns, R. 2006. *The Healthy Housing Programme: Report of the outcomes evaluation (year two)*. Prepared for Housing New Zealand Corporation. Accessed 4 April 2025. https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=db175e75c9f462f710b351b4a3dbade21ae589c5.

Clinton, J., Mahony, F., Broadbent, R., Bullen, C. and Kearns, R. 2007. *The Healthy Housing Programme: Report of the outcomes evaluation (year three)*. Prepared for Housing New Zealand Corporation. Accessed 4 April 2025. https://thehub.sia.govt.nz/assets/documents/Healthy%20Housing%20Evaluation%20(Year%20Three)%20July%202007.pdf.

Clinton, J., McDuff, I., Bullen, C., Kearns, R. and Mahony, F. 2005. *The Healthy Housing Programme: Report of the outcomes evaluation (year one)*. Prepared for Housing New Zealand Corporation. Accessed 4 April 2025. https://thehub.sia.govt.nz/assets/documents/Healthy%20Housing%20Evaluation%20(Year%20One)%20August%202005.pdf.

Den Broeder, Lea, Uiters, Ellen, Ten Have, Wim, Wagemakers, Annemarie and Jantine Schuit, Albertine. 2017. 'Community participation in Health Impact Assessment: A scoping review of the literature'. *Environmental Impact Assessment Review* 66: 33–42. https://doi.org/10.1016/j.eiar.2017.06.004.

Downey, L. T., Saleh, W., Muley, D. and Kharbeche, M. 2019. 'Pedestrian crashes at priority-controlled junctions, roundabouts, and signalized junctions: The UK case study'. *Traffic Injury Prevention* 20 (3): 308–13. https://doi.org/10.1080/15389588.2019.1574972.

Dumbaugh, E., Li, Y., Saha, D. and Marshall, W. 2022. 'Why do lower-income areas experience worse road safety outcomes? Examining the role of the built environment in Orange County, Florida'. *Transportation Research Interdisciplinary Perspectives* 16: 100696. https://doi.org/10.1016/j.trip.2022.100696.

Durst, N. J. and Ward, P. M. 2014. 'Measuring self-help home improvements in Texas colonias: A ten year "snapshot" study'. *Urban Studies* 51 (10): 2143–59. https://doi.org/10.1177/0042098013506062.

Eveleigh, Elizabeth Rose, Nixon, Laura, O'Donoghue, Mathilda, Singh, Pratima, McDonald, Rose, Ucci, Marcella and Sheringham, Jessica. 2025. 'Interconnected factors influencing family health and wellbeing in overcrowded homes and points for intervention: A qualitative study in London'. *Wellbeing, Space and Society* 8: 100250. https://doi.org/10.1016/j.wss.2025.100250.

Ewing, R., Hamidi, S., Grace, J. B. and Wei, Y. D. 2016. 'Does urban sprawl hold down upward mobility?'. *Landscape and Urban Planning* 148: 80–8. https://doi.org/10.1016/j.landurbplan.2015.11.012.

Fleury, D., Peytavin, J. F., Alam, T. and Brenac, T. 2010. 'Excess accident risk among residents of deprived areas'. *Accident Analysis and Prevention* 42 (6): 1653–60. https://doi.org/10.1016/j.aap.2010.04.004.

Gambaro, L., Joshi, H. and Lupton, R. (2017) 'Moving to a better place? Residential mobility among families with young children in the Millennium Cohort Study'. *Population, Space and Place* 23 (8): 2072. https://10.1002/psp.2072.

Gibson, M., Thomson, H., Kearns, A. and Petticrew, M. 2011. 'Understanding the psychosocial impacts of housing type: Qualitative evidence from a housing and regeneration intervention'. *Housing Studies* 26 (4): 555–73. https://doi.org/10.1080/02673037.2011.559724.

Gill, T. 2021. *Urban Playground: How child-friendly planning and design can save cities*. London: RIBA. https://doi.org/10.4324/9781003108658.

Gleeson, J. 2022. *Housing Research Note 8. Housing and race equality in London: An analysis of secondary data*. London: Greater London Authority. Accessed 4 April 2025. https://data.london.gov.uk/housing/research-notes/hrn-08-2022-housing-and-race-equality-in-london/.

Green, J., Muir, H. and Maher, M. 2011. 'Child pedestrian casualties and deprivation'. *Accident; Analysis and Prevention* 43 (3): 714–23. https://doi.org/10.1016/j.aap.2010.10.016.

Health Foundation. 2023. 'Inequalities between groups of people living in non-decent homes'. Accessed 16 May 2024. https://www.health.org.uk/evidence-hub/housing/housing-quality/inequalities-in-who-lives-in-non-decent-homes.

Holloway, S. L. and Valentine, G. (eds). 2000. *Children's Geographies: Playing, living, learning*. London: Routledge.

Hopton, J. and Hunt, S. 1996. 'The health effects of improvements to housing: A longitudinal study'. *Housing Studies* 11 (2): 271–86. https://doi.org/10.2105/AJPH.2008.143909.

Jackson, G., Thornley, S., Woolston, J., Papa, D., Bernacchi, A. and Moore, T. 2011. 'Reduced acute hospitalisation with the healthy housing programme'. *Journal of Epidemiology and Community Health* 65 (7): 588–93. https://doi.org/10.1136/jech.2009.107441.

Jeffrey, D., Colvin, V., Collie-Akers, C., Schunn, R. and Moon, Y. 2014. 'Sleep environment risks for younger and older infants'. *Pediatrics* 134 (2): e406–12. https://doi.org/10.1542/peds.2014-0401.

Krysiak, Natalia. 2018. 'Where do children play? Designing child-friendly cities'. Australian Institute of Architects. Accessed 23 April 2025. https://issuu.com/citiesforplay/docs/child_friendly_cities_natalia_krysiak.

Leuenberger, Andrea, Winkler, Mirko S., Lyatuu, Isaac, Cossa, Herminio, Zabré, Hyacinthe R., Dietler, Dominik and Farnham, Andrea. 2022. 'Incorporating community perspectives in health impact assessment: A toolbox'. *Environmental Impact Assessment Review* 95: 106788. https://doi.org/10.1016/j.eiar.2022.106788.

Marsh, R., Salika, T., Crozier, S., Robinson, S., Cooper, C., Godfrey, K., Inskip, H., Baird, J. and SWS Study Group. 2019. 'The association between crowding within households and behavioural problems in children: Longitudinal data from the Southampton Women's Survey'. *Paediatric Perinatal Epidemiology* 33 (3): 195–203. https://doi.org/10.1111/ppe.12550.

Mouratidis, K. 2017. 'Is compact city livable? The impact of compact versus sprawled neighbourhoods on neighbourhood satisfaction'. *Urban Studies* 55 (11): 2408–30. https://doi.org/10.1177/0042098017729109.

Murray, J. 2023. '"I was like 500th on the list": Life inside Britain's affordable housing crisis'. *The Guardian*, 21 November. Accessed 17 May 2024. https://www.theguardian.com/society/2023/nov/21/i-was-like-500th-on-the-list-life-inside-britain-affordable-housing-crisis.

Office of the Deputy Prime Minister. 2004. 'Housing health and safety rating system: Enforcement guidance'. Housing Act 2004. Part 1: Housing Conditions. Accessed 5 April 2025. https://assets.publishing.service.gov.uk/media/5a7960d9e5274a3864fd6822/safetyratingsystem.pdf.

ONS (Office for National Statistics). 2021. *Census 2021*. Accessed 17 May 2024. https://www.ons.gov.uk/census.

ONS (Office for National Statistics). 2023. 'Characteristics of homeworkers, Great Britain: September 2022 to January 2023'. Accessed 17 May 2024. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/characteristicsofhomeworkersgreatbritain/september2022tojanuary2023.

O'Toole, S. E. and Christie, N. 2018. 'Deprivation and road traffic injury comparisons for 4–10 and 11–15 year-olds'. *Journal of Transport and Health* 11: 221–9. https://doi.org/10.1016/j.jth.2018.08.003.

Paisi, M., Allen, Z. and Shawe, J. 2023. 'New home, new you: A retrospective mixed-methods evaluation of a health-related behavioural intervention programme supporting social housing tenants'. *Health Expectations* 26 (2): 752–64. https://doi.org/10.1111/hex.13700.

Petticrew, M., Kearns, A., Mason, P. and Hoy, C. 2009. 'The SHARP study: A quantitative and qualitative evaluation of the short-term outcomes of housing and neighbourhood renewal'. *BMC Public Health* 9: 1–4. https://doi.org/10.1186/1471-2458-9-415.

Power, A. (2007) *City Survivors: Bringing up children in disadvantaged neighbourhoods*. Bristol: Bristol University Press. https://doi.org/10.2307/j.ctt9qgx8r.

Preston, B. 1972. 'Statistical analysis of child pedestrian accidents in Manchester and Salford'. *Accident Analysis and Prevention* 4: 323–32. https://doi.org/10.1016/0001-4575(89)90020-1.

Preston, B. 1994. 'Child pedestrian fatalities: The size of the problem and some suggested countermeasures'. *Journal of Advanced Transportation* 28 (2): 129–40. https://doi.org/10.1002/atr.5670280203.

Shannon, H., Allen, C., Dávila, D., Fletcher-Wood, L., Gupta, S., Keck, K., Lang, S., Ludolph, R. and Kahangire, D. A. 2018. *WHO Housing and Health Guidelines: Web annex A. Report of the systematic review on the effect of household crowding on health*. Geneva: World Health Organization. Accessed 5 April 2025. https://iris.who.int/handle/10665/275838.

Ucci, M. 2020. 'Future-proofing residential environments for children's wellbeing: A review of evidence and design implications'. In *Designing Future Cities for Wellbeing*, edited by C. T. Boyko, R. Cooper and N. Dunn, 105–21. New York: Routledge. https://doi.org/10.4324/9780429470684.

Ucci, M., Ortegon-Sanchez, A., Meadu, N. E., Godward, C., Rahman, A., Islam, S., Pleace, N., Albert, A. and Christie, N. 2022. 'Exploring the interactions between housing and neighbourhood environments for enhanced child wellbeing: The lived experience of parents living in areas of high child poverty in England, UK'. *International Journal of Environmental Research and Public Health* 19 (19): 12563. https://doi.org/10.3390/ijerph191912563.

UNICEF. 2022. *Children's Rights in the New Normal. 5. Housing*. UNICEF United Kingdom. Accessed 5 April 2025. https://www.unicef.org.uk/child-friendly-cities/wp-content/uploads/sites/3/2022/02/5.-Housing_UNICEF-UK-New-Normal-series.pdf.

Willis, R. 2019. 'The use of composite narratives to present interview findings'. *Qualitative Research* 19 (4): 471–80. https://doi.org/10.1177/1468794118787711.

Wilson, W. 2023. 'Overcrowded housing (England)'. Research briefing. London: House of Commons Library. Accessed 5 April 2025. https://researchbriefings.files.parliament.uk/documents/SN01013/SN01013.pdf.

Wood, J. 2018. 'Urban planning is failing children and breaching their human rights – here's what needs to be done'. *The Conversation*, 12 December. Accessed 16 May 2024. https://theconversation.com/urban-planning-is-failing-children-and-breaching-their-human-rights-heres-what-needs-to-be-done-107824.

9

Inequalities on a plate? Children's voices from urban school food environments

Natalia Concha, Meredith K. D. Hawking, Liina Mansukoski, Carol Dezateux and Maria Bryant

With energy rising, I conquer the day,
Challenges met in every which way.
No empty stomach, no weary soul,
A good school lunch makes me whole.

(Zara, Secondary school student, Netherhall Learning Campus, Huddersfield, Food Foundation 2023)

Introduction

Between 20 and 25 per cent of children in England experience hunger on a daily basis. This reflects rapidly rising levels of food insecurity that affect not only people living in the margins of society but also those working families where household income is not sufficient to purchase enough food. Further, well-documented inequalities in availability and accessibility mean that poorer families consume less fruit and vegetables, fibre and micronutrients than wealthier households, with evidence consistently demonstrating that dietary intake in children and young people does not meet government guidelines (Bryant et al. 2023). The negative effects of poor diet are not constrained to the present day or, even to the near future. Being unable to provide children with enough, sufficiently nutritious food has multiple negative long-term consequences for health and wellbeing, including higher risks for obesity, poorer growth, other forms of malnutrition, dental decay and poorer mental health.

Given that children consume approximately 30 per cent of their diet at school (Nelson et al. 2007), this setting has often been seen as an ideal place to provide healthy food, while simultaneously supporting food education and nurturing appropriate food and eating behaviours. Recent research has explored the 'micro' school food system and proposed a number of key principles that could be considered by schools to meet children's needs (Bryant et al. 2023). Central to these key principles is a well-grounded acknowledgement that schools provide pastoral care to children and their families through free school meals. The school food research reported in this chapter presents three case studies, two from Bradford in Yorkshire and one from Tower Hamlets in London. These case studies argue that research and policy can benefit immensely from foregrounding children and young people's perspectives and experiences in shaping free school meals and school food environments.

The provision of free school meals to eligible pupils in England is a longstanding policy aimed at addressing socio-economic inequalities and promoting educational attainment. There is a wealth of research that highlights the significant role that school meals have on academic achievement (Schwartz and Rothbart 2020; CDC 2019), childhood food insecurity (Ralston et al. 2017), childhood overweight and obesity (Terry-McElrath et al. 2015), dietary quality (Au et al. 2018), school attendance (Ruffini 2022) and behavioural problems (Gordon and Ruffini 2018).

Under the Education Act 1996, publicly funded schools in England have an obligation to offer free school meals to disadvantaged pupils (DfE 2024). However, eligibility criteria for means-tested free school meals entitles only those families with an average household income of less than £7,400. Despite this, around a quarter of all children in England are deemed eligible for means-tested free school meals (DfE 2024). In secondary schools in England, this equates to a daily allowance of £2.53 to purchase food and drinks, though this may vary across schools. Schools in the highest areas of deprivation (mainly those in urban areas) often have a substantially higher proportion of children whose families are entitled to free school meals and therefore often have a considerable role to play in supporting families. Linked funding (via the Pupil Premium, which is additional government funding aimed at improving educational outcomes for disadvantaged pupils in state-funded schools in England) is allocated to schools based on the number of children eligible for free school meals; thus, funding is intended to support a broad range of school activities for children and families. Schools located

within urban settings therefore have the potential to receive more policy investment than those in more rural areas.

The role of schools in providing free school meals and support to children and young people needs to be understood as part of the broader socio-economic landscape in which these policies operate. There have always been inequalities in access and quality of food but, for a long time, historical trends largely highlighted an improving picture in the UK, similar to other democratic European societies. Compared to early Industrial Britain, most measures related to social and environmental determinants of health, including those related to food such as growth in height, started to show positive trajectories over time (see Treme and Craig 2013, s132). This is no longer the case, with children from the UK now being, on average, 7 cm shorter than their European peers by the age of 5 years (NCD-RisC 2020).

In the 1940s, many initiatives were launched to support families, including the National School Meals Policy in 1944, which required local authorities to provide school food and milk for all children. Since then, there has been a shift in policy priorities and increasing economic constraints, such that childhood diet is viewed as an individual choice and family responsibility, not something where the government has a major role (Abbasi 2024). Governing bodies in schools in England have a statutory responsibility to monitor compliance with school food standards (DfE 2023). The effect of this is that while the policy enables schools to deliver services that are more locally contextualised, it may also exacerbate inequalities, whereby schools in disadvantaged areas may struggle with competing financial and other priorities.

In conversation with the critical sociology of childhood

As we confront the stark reality of food insecurity and the limitations of the UK means-tested free school meals policy, the critical sociology of childhood offers an informative theoretical lens to unpack the social construction and structural inequalities surrounding the lives of urban children in school food environments (Christensen et al. 2018). As discussed in Chapter 2, this volume, the 'traditional' view of childhood as a linear, developmental and universal trajectory disregards the nuanced and diverse social realities experienced by children, including those who are living in urban contexts experiencing inequalities. We thus join childhood scholars in challenging the idea that using age as a neutral marker of development often overlooks children's capabilities to act

and participate in social life. Instead, we should value human learning and experiences occurring throughout the life course, where children, despite their years, have a major contribution to make (Christensen and James 2005; James and Prout 1997; 2015; Corsaro 2005; 2011; Mayall 1998; 2000). This sociological lens aligns with the wider programme of social science research underpinned by a social constructionist, post-structuralist, intersectional and decolonial framing, which largely argues that many under-represented groups and communities around the world have been agglomerated into 'WEIRD' (Western, Educated, Industrialised, Rich and Democratic) contexts (Apicella et al. 2020; Henrich et al. 2010).

Applied to childhood, sociologists working in the 'new' paradigm have established how childhood has been devalued in its present, as a transitional phase with potential implications for the future (James and Prout 1997; 2015). This objectification of children negates the complexity of their lives in the here-and-now and particularly impacts children who come from non-WEIRD contexts, including migrant and minority ethnic children living in urban environments in both the global North and South. In our urban school food research, this means exploring children's lifeworlds through their diverse voices and experiences as they face systemic barriers around food insecurity and healthy food, thereby contributing towards the research programme of societal childhood inclusion (Corsaro 2005; 2011; James and Prout 1997; 2015).

Voice: system complexity and the role of children and young people

Building upon this framework, our research investigates the complexity of school food systems and the role of children and young people within them. Consistent with all complex problems, the factors that influence food insecurity and inequalities in access to healthy diets are difficult to disentangle (Parsons and Hawkes 2019). Various models have been proposed to describe the wider food system, including those that give rise to health issues such as obesity, those describing the sustainability of food sources, and the school food system. Although there is no single universally accepted model that captures the complexity fully, understanding and acknowledging that multiple systems interlink, and that the causes of negative outcomes are multifactorial, is essential if we are to transform food systems so that they provide nutritious and sustainable food for all.

In the UK, the National Food Strategy (Dimbleby 2021) proposes 14 actions needed to make a radical change to the food system. It advocates change measures spanning from reductions in intensive farming to extension of the school holiday food provision. In the time between its launch in 2021 and a UK policy paper (the then government's Levelling Up White Paper: Department for Levelling Up, Housing and Communities 2022), there was a growing sense of the need to continue to build momentum via strengthening the evidence and through advocacy. The speed of change requires research evidence gathering to keep pace to inform decision-making. In parallel, youth activism on climate and food justice has gained momentum worldwide, with young people increasingly calling for transformations to protect the planet in which they will grow up (Delgado 2015, 154–63; Harper et al. 2017; Kwan 2014; Tsui et al. 2012). This has inspired school-led campaigns where young people are making their voices heard on issues about inequalities, food sustainability, climate change and food poverty, and often demonstrate a commitment to build a better world. Within school food, campaigns led by young people such as Christina Adane, a prominent UK youth activist advocating for food justice, have sparked conversations about the need for children to have access to healthy food outside of school term time. Adane's activism was amplified by Marcus Rashford, a professional footballer for Manchester United and the England national team, who campaigned extensively for increasing food support for children living in poverty. Rashford, who grew up experiencing food insecurity himself, has used his public platform to speak out, leading a high-profile campaign which urged the government to extend free school meal vouchers during the school holidays and the COVID-19 lockdown periods. These campaigns were a key part of the initial pledge for additional UK government funding for the Holiday Activities and Food (HAF) programme (DfE 2022) to support families in receipt of free school meals when schools were closed. Other groups of young people, with the support of opportunities such as the Food Foundation's Young Food Ambassadors scheme, have intensified their call for food justice, and celebrity TV chef Jamie Oliver's Bite Back campaign relentlessly highlights the need to improve policies for children's right to food.

In addition to encouraging advocacy, we argue that working alongside young people and other actors to support decision-making in research and policy enables our findings to be relevant and useful (Altares et al. 2022; Tsui et al. 2012). This should move beyond a simple level of involvement or engagement, to a model which fosters innovation and systems transformations; from priority setting to development of

new curricula. However, it is important that adults do not overly burden young people with the responsibility for change, and be mindful that, if we truly want to transform our food systems, we need political leaders to step up. Empowerment of young people plays a vital role in decision-making, but children and young people are ultimately bearing the brunt of the crisis and therefore cannot also be expected to fix it.

Ensuring that children's voices are included when developing, evaluating and sustaining policies is a key ambition of Article 12 of the United Nations Convention on the Rights of the Child (UNCRC). Drawing on Lundy's (2007) model of child participation, which emphasises self-expression, facilitation of voice, listening and acting on children's views to conceptualise Article 12, the British Academy Childhood Policy Programme sought to reframe the ways in which children engage with policymaking processes (Berkley and Wright 2022). Its report, 'Reframing Childhood', highlighted the fragmented nature of current policymaking on childhood and proposed seven evidence-informed principles to guide future policymaking. In a related piece, Kraftl (2020, paragraph 2) draws our attention to the fact that 'children and young people are among the most marginalised groups in any urban place' and that they are 'routinely excluded from decision-making and planning processes designed to make those places better'. Hence assuring the participation of the urban child in policy development is a key challenge which we have sought to address in a variety of ways, as highlighted in the case studies below.

Case study 1: prioritising school food with children and young people in Yorkshire

'Engagement' sits at the heart of understanding current food systems and what is needed to navigate to a preferred system. 'FixOurFood' in Yorkshire is a wider partnership programme that seeks to transform food systems by centring on children and young people through participatory, citizen science methods and systems thinking (Doherty et al. 2022). A cornerstone of FixOurFood is the 'Leaders for Change' (L4C) initiative, a collective of children and young people from diverse schools across Yorkshire. These young leaders mobilise peers and directly drive the programme's activities and outputs, by co-creating solutions to food system challenges. The L4C engaged 465 children and young people to identify research priorities and provided a platform from which the young participants could be part of local decision-making within their

own schools (Rose et al. 2021; Thomas et al. 2003). As part of this work, young people from L4C were invited to rank the importance of 11 school food interventions at the L4C launch event in 2021. Options included the introduction of policies at the school, local and national level, as well as guidance, growing (and learning about) food, changing menu options, free school meals, school food committees and recycling/composting. Young people were also given the opportunity to say how their decisions were relevant to their lives via live recordings and debates. The top five ranked priorities after this event were:

- plastic free wrapping
- vegetarian/vegan options
- drinking water always available
- recycling/composting
- free school meals for all.

These options were used as the basis for future events to help children and young people in school food prioritisation within the FixOurFood programme, including a prioritisation activity within an event hosted by the Yorkshire Agricultural Society in 2022. In this, 229 children from 11 primary schools were asked to rank the options proposed by the L4C. Children also identified new priorities, including provision of trips to learn more about food, free breakfast and incorporating children's voices in decision-making in school. The top ranked priority at this event was 'free school meals for all'. The third event to gain insights from children and young people was part of the University of York's 'Festival of Ideas' in 2022. The prioritisation categories that were proposed by the L4C were used in a dot-marking exercise in which children and young people were asked to put a dot next to the category that they would prioritise. This exercise was completed 146 times, with the highest ranked priority being 'free school meals for all'. Combined, these three ranking exercises with input from 465 children and young people led to a 'Top 5 prioritised school food areas'. This information was shared with all Yorkshire Members of Parliament, in addition to forming the basis of research within FixOurFood. The L4C continue to engage in this space, with many participants campaigning locally on a variety of the topic areas, including provision of free drinking water, food packaging and free school meals.

FixOurFood also applied frameworks like the Three Horizons (3H) model to support long-term changes in the food system (Doherty et al. 2022). The Three Horizons (3H) model is designed to co-create strategic insights to support complex transformation grounded in

'futures methods' – approaches integrating human agency (that is, people's ability to make choices and take actions), and addressing uncertainty – with systems thinking (Sharpe et al. 2016). Researchers within the FixOurFood programme have delivered 3H workshops with young people, in addition to adult partners (including school leaders, teachers, governors, caterers, national experts, as well as food producers and retailers) to provide an understanding of the challenges faced and the perception of critical actions needed to support food system transformation (FixOurFood 2022), including: making better use of initial grassroots initiatives, monitoring school food standards, overcoming poor practices that have been introduced as a result of wider contextual influences (for example, use of 'grab bags' during COVID-19) and improving mechanisms to avoid disjointed processes for funding. By engaging with young people in thinking about these complexities, the project gained insights into the systemic challenges they face as social actors. Through this process, the programme facilitated the meaningful participation of young people to shape research priorities, policy advocacy and local campaigns. The L4C shows how place-based systems thinking applying participatory methods integrates children and young people's contributions to food systems transformations.

Case study 2: Food Improvement Goals in Schools project – children's voices and agency in school food environments in Tower Hamlets

This focused ethnography placed children's voices at the heart of our inquiry. The Food Improvement Goals in Schools (FIGS) project involved working with primary school-aged children in Tower Hamlets. It carried out a qualitative evaluation of the council's initiative to improve school food and children's healthy eating. We focused on recognising children as active agents through their lived experiences in context, exploring free school meals, school food and eating practices. Since 2014, Tower Hamlets Council has provided free school meals universally in primary schools, extending the government-funded offer beyond Reception–Year 2 (aged 4–6 years) to include children in Years 3–6 (aged 7–11 years) (Tower Hamlets 2021). Yet uptake is not universal, and our research explored the reasons through first-person experiential perspectives.

Situating children's voices at the core of our research meant designing creative methods to engage children in mini-groups which

enabled children to express abstract ideas through symbols, such as drawings and stories. We used techniques that encourage participants to project their thoughts and feelings onto external objects or scenarios, like drawings, to help them communicate experiences that may be difficult to express verbally. These are regarded as valuable meaning-making tools for child communication in research (Brooks 2005), providing access to non-verbal 'knowledges' (Campbell and Jovchelovitch 2000, 258–9) and symbolic worlds (Jovchelovitch et al. 2013; Yuen 2004). We validated these methods prior to our fieldwork with local children. Based on their feedback, we merged a short vignette (Barter and Renold 2000) with a drawing activity, creating a form of visual storytelling. The purpose was to have tools enabling a familiar, entertaining and flexible encounter where children could voice critical and grounded daily perspectives around school food and healthy eating. We conducted 12 mini-groups with 43 children (Years 3–6, aged 7–11 years) and observed activities and the school environment across all primary school years (from age 4–11 years) in six schools. We worked closely with the head-teachers and teaching staff to engage with boys and girls from diverse backgrounds, that reflected the schools' demographics.

Children's voices and ownership of food preferences

Creating opportunities for children to voice meal preferences in mini-groups and intervention activities (such as voting at cooking 'TV-style' activities and tasting sessions) meant children felt included and valued. Using a hands-on approach, children were encouraged to experience food in a way that engaged all their senses. This meant children could explore different flavours, textures and smells, which helped expand their understanding and appreciation of healthy foods and of eating as a larger, more holistic experience (Earl 2022; Pink 2004) from tasting interventions. Children expressed their preferences for homemade food, revealing a connection many of them shared with cultural and faith-based traditions and practices (such as Eid, Diwali, Christmas). While views on school food varied, 'Fishy Fridays' stood out as popular. Frustration about limited dietary options and quality were expressed, with some calling for a diverse array of choices and/or culturally authentic meal preparation. Projective techniques such as using a third actor who was a friendly but hungry child alien named Zippy who landed at their school, allowed for the elicitation of responses on what mattered to them: 'If he [Zippy] has just one meal it's not going to fill him up, he's still going to be very hungry. Because the portion sizes

are very small, like, the portion sizes we get' (Girl, Year 5). Re-assessing portion sizes was a common theme.

Capabilities and agency

Children's capabilities surfaced not only in their suggestions to improve school food, but also in narratives describing active contributions of preparing meals at home. One Year 6 girl proudly indicated, 'I can cook anything. I can cook rice and dal. Dal is just like lentils. I can cook like chicken, fried rice, stir fry, anything!' Recognising children's agency, understood as their capacity to act and make choices (James and Prout 2015), by incorporating their real-life experiences as first-person perspectives in research, contributes to practices upholding UNCRC principles. It enables children's participation to shape their lives and the lives of those who form their immediate networks. We found children can play a pivotal role in improving eating practices at home. This offers pathways for policymakers to consider wider engagement through children's connection to their lifeworld of school–home, extending child and family health. However, as we have noted throughout this chapter, children face structural constraints in their everyday lives. When they bring healthy eating advice from school to home, families may find it difficult to actualise this, particularly for those experiencing food insecurity and poverty in the UK. Given that many children place relationality as central in their lives (Mayall 2000; see also Chapter 1, this volume) our findings highlight the need to continue addressing the power imbalances and structures that limit their potentialities; yet, we recognise these as important pathways to continue building blocks for social change.

Case study 3: Free school meal allowance project – working with young people as citizen scientists and advocates of change in Yorkshire

> I love food. It was one of the reasons I was so excited to move to secondary school.
>
> (Lara, Bedale High School, North Yorkshire, Food Foundation 2023)

Citizen science entails a collaboration between scientists and members of the public that has the potential to transform science and society (Bonney

et al. 2009). Not only does this increase public awareness of science, it also allows us to gather data that would otherwise be meaningless, difficult or expensive to collect. For children and young people, citizen science is also believed to promote scientific literacy (Bonney et al. 2009; Bonney et al. 2016), foster a sense of community (Bender et al. 2017; Frazer et al. 2024) and develop critical thinking skills (Schusler and Krasny 2014). This case study describes work that was co-delivered by researchers at the University of York, the Food Foundation and young people from seven schools across Yorkshire in 2023, aimed at exploring the value of free school meals (Connolly et al. 2023). It applied a citizen science framework developed by Shirk et al. (2012), including guidance on how to engage members of the public in research in a way that is meaningful and effective.

Campaigning organisations have been advocating for improved access to school food for many years, with 'Young Food Ambassadors' revealing that the limited budget of the free school meal allowance forced them to choose less healthy options to satisfy their appetite, and healthier options were often scarce in many schools (Inquiry Committee and Young Food Ambassadors 2019). To investigate this further, we worked with young citizen scientists to explore their school food environment and gather data to provide evidence on the ability of food to meet the needs of young people who are entitled to means-tested free school meals.

Forty-two young people, aged 11–16, from seven schools with higher than national average rates of free school meals eligibility were invited to become study citizen scientists. They attended a research training day and were provided with a daily budget equivalent to the free school meal allowance at their school (£2.15–2.70) and were challenged to buy healthy, tasty and sustainable meals over five school days with this amount. Young citizen scientists completed daily record diaries and lunch-time observation forms, indicated how full they felt after eating and recorded the cost of what they purchased. They were also asked to audio record their daily thoughts around school meals, and later participated in group discussions about their findings with other young citizen scientists from their school.

Through this work, the researchers learnt that those on free school meals had restricted choices with regards to the timing and types of foods that were available to them. In most schools, young citizen scientists could only choose a 'meal deal' option, with a set cost for a meal including a sandwich, a dessert and a drink. In some instances, non-meal-deal items offered healthier alternatives and did not come with the

unnecessary need to purchase a drink in a plastic bottle. Unlike others who were able to pay for their food, young people enrolled as study citizen scientists were often not allowed to use their free school meal allowance at break times, and many expressed hunger due to having to wait for lunch to eat (often past 1 p.m.). This type of restriction is most pertinent to children and young people experiencing food insecurity, who are also most likely to have missed breakfast (Kudsia 2021).

The young citizen scientists also reported that the lack of pricing on items meant that they would often have to make quick decisions and/or feel embarrassed at the till when they were asked to put back foods that were beyond their budgets. They also shared findings, including a lack of fruit and vegetables available to buy (in four out of seven schools, no fruit was purchased over the entire week by any of the young researchers), rushed and short lunch breaks (30 minutes) in which the majority of time was spent in a queue, which was compounded by the fact that those on free school meals were often not able to access the quicker queuing option (selling snacks/paninis). Finally, young citizen scientists from all schools reported a lack of access to free and clean drinking water.

The role that young citizen scientists played in this work continued beyond data collection, as they all contributed to producing a study report and to presenting the findings in front of an audience of key decision-makers in Parliament. At this event, study citizen scientists shared their findings in multiple ways, including as poems. Importantly, they led the production and the delivery of the event. To further highlight the power and importance of the voice of young people, the event was well attended, with attendees including 16 Members of Parliament and four Lords. Key recommendations called for an amendment to the school food standards to include two portions of vegetables with every meal; ensure schools have sufficient funding to provide access to free, clean and maintained drinking water; and to extend free school fruit and vegetable provision to all year groups.

Hope: reframing collective agency

The three case studies presented in this chapter highlight the value of including children and young people's voices to inform policies and practices related to school food environments. Case study 1 addressed priority-setting efforts through directly engaging with children and young people in decision-making processes regarding school food

provision in Yorkshire. Children and young people called for the need to focus on sustainability and on prioritising 'free school meals for all'. The study showed how their voices can put pressure on shaping school food policy, giving weight to wider efforts calling for universal provision (Rose et al. 2021; Thomas et al. 2003). Case study 2 explored children's lived experiences and agency within school food environments in Tower Hamlets. By applying creative methodologies in children's mini-groups and sensorial self-reports, the study revealed the nuanced ways in which children interact with, perceive and experience free school meals. Their preferences, rooted in cultural and experiential contexts, provided evidence for adopting a critical childhood sociology lens to tailor interventions that reflect children's diverse backgrounds in urban environments (Christensen et al. 2018). Case study 3 adopted a citizen science approach to look at the influence of the free school meal allowance on young people's dietary choices and the impact this has on their wellbeing. Through active participation in all aspects of the research process, young citizen scientists gathered grounded insights on the structural barriers and inequalities inherent in school food systems. In this distinctive example, we saw how children and young people's voices can be lifted to a platform that matters, where they took their findings to key decision-makers in the UK Parliament in line with the UNCRC's articles on Rights to Participation and Freedom of Expression (Articles 12 and 13), and puts into practice Lundy's (2007) model, relevant for the UK context in which they live. However, fundamental changes to the food system requires strong and durable political leadership as well as young people's voices. As young people in our research have shown, we need to revolutionise food production, trading decisions, marketing and planning policies and welfare systems. It is through this long-term and integrated vision that we can hope to deliver a food system in which healthy, affordable, tasty food is the default for all children and young people. Without this, the chances of meeting our UN Global Food Sustainability goals for ending malnutrition, addressing nutritional needs throughout the life course, and providing access to safe, healthy and sustainable food are very low.

Our empirical work not only aligns with the UNCRC, but also goes further in joining scholars critiquing essentialist human developmental and universal frameworks that conceptualise childhood solely from a WEIRD perspective (Apicella et al. 2020; Henrich et al. 2010) and as potency-in-transition to reach adulthood (James and Prout 1997; 2015). This goes beyond binary representations of children as either active/passive or powerful/vulnerable, and aligns with those arguing that

focusing solely on children's agency may risk overlooking the impact of structural inequalities, adult power dynamics and social normativity affecting children's lives (Corsaro 2005; 2011; Taft 2019). Although our research calls for the need to continue challenging age-based hierarchical definitions of capabilities by giving a platform to children's voices, we see how intersecting inequalities and adult power dynamics have failed to protect and provide the care and support that millions of children still require across the globe (UNICEF 2019). Our case studies show children as active participants who contest these notions, but also as human beings who require care, support (from parents, families, teachers, peers), provision and recognition (from policymakers, politicians). We thus propose the adoption of a more nuanced perspective, where we balance children's agency with an understanding of their needs and positioning in society. Through this lens, calls by children and young people for policies to extend universal free school meals provision are a key pathway to address some of the inequalities.

Our case studies provide evidence of the transformative potential of placing children and young people's voices at the centre of school food programmes. This builds upon the recommendations set out in the UK's National Food Strategy (Dimbleby 2021) by adding the voice of young people (particularly Recommendation 4, to extend free school meals, and Recommendation 13, to strengthen government procurement to ensure that taxpayers' money is spent on healthy, sustainable food). Involving children and young people in decision-making fosters a sense of democratic participation, setting up foundations which are key for social development and participation in the here-and-now, applicable to the UK urban context (James and Prout 1997; 2015). Our citizen science project on free school meal allowance (Case study 3) enabled children and young people to engage in dialogue with those in power calling directly for policy reform. Such active leadership means that findings centred on issues that matter to young people can lay the ground for more responsive policies when policymakers choose to engage in prioritisation processes through democratic and civic participation principles. As researchers committed to navigating the complexities of food system transformation, our work shows how their perspectives are indispensable in sculpting a healthier, more inclusive, diverse and equitable pathway for a healthier society for all, providing a more democratic way of influencing political leaders as children do not have a vote.

Improving the translation of health inequalities research

In a final reflection, we touch upon the processes that make our research and engagement with children and young people possible. In recent years there has been an increasing requirement that publicly funded health research must demonstrate meaningful social impact. However, it can be challenging to translate research evidence into policy-related action to tackle health inequalities. Often, the impact of research findings has, at best, indirect effects on local policy contexts, alongside other prioritised factors, such as time, financial restraints and personal experience (Elliott and Popay 2000). Moving from evaluating interventions towards finding 'what works' locally is an important part of this process for which collaborative working between partners within the system is key. These projects are enabled by partnerships that bring the research right into the conversation with policymakers – without the local authority's interest, it is less likely that research projects would receive the necessary support to generate impact. The ActEarly collaborative (Wright et al. 2019) is one such example of an effective partnership between local policymakers, health and social science researchers and community members, including children and young people, and local institutions. Conceptualised as 'knowledge encounters' (Aveling and Jovchelovitch 2014), the collaborative partnership model allows for different forms of 'knowledges' and makes use of a shared pool of *insider-on-the-ground experience* with *outsider-conceptual-evidence-based knowledges* to enrich our understanding of the impact of a given policy within the system. Importantly, this form of partnership gives voice to all actors within the complex system, including children and young people. Returning to Lundy's (2007) model of child participation, we have shown how the work of our partnership provides both space and facilitation for children to voice their views, as well as a listening audience and appropriate follow up policy-related action. From the examples we have discussed in this chapter, we have shown that effective partnership working and local policy change can lead to social value and health-related impact that goes beyond the local community.

Acknowledgements

This chapter reflects the invaluable contributions of colleagues, organisations and participants whose support, insights and collaboration have

been essential to our work. We would like to extend our gratitude to: Sundus Mahdi, Wendy Burton, Georgia Irving, Rob Oxley (University of York), Grace Gardner (Newcastle HDRC), Maddie Sinclair (Glasgow University), Annie Connolly (Trussell Trust) and ActEarly Community Researchers Mathilda O'Donoghue and Pratima Singh (Queen Mary). Our local authority partners have been central in supporting and enabling the research. In Bradford, we are particularly grateful to Tim Howells and Lisa Dowling and in Tower Hamlets to Katy Scammell, Rab Brownell and Simon Twite. The Food Foundation and Bremner & Co have also provided advocacy, resources and guidance. Our funders UKPRP, UKRI and the Global Food Security Programme have all been instrumental in making this research possible. Finally, we express our deepest gratitude to the schools, parents, carers and particularly to all the children and young people who participated in our research. Thank you for enriching our understanding with your voices and insights.

Further reading

Lister, R. (ed.). (2020–2). 'Multidisciplinary perspectives on the child's voice in public policy'. *Journal of the British Academy* 8 (s4). https://www.thebritishacademy.ac.uk/documents/4142/JBA-8s4-00-FULL.pdf.

References

Abbasi, K. 2024. 'Child health: A multisectoral and multidimensional betrayal'. *BMJ* 384: q317. https://doi.org/10.1136/bmj.q317.

Altares, A., Hobbs, S., Sobel, D., Nelson, T., Serpa, M. and Bellows, L. L. 2022. 'Cultivating community change to promote food access and healthy eating through participatory action research with youth'. *Journal of Community Practice* 30 (4): 378–94. https://doi.org/10.1080/10705422.2022.2139035.

Apicella, C., Norenzayan, A. and Henrich, J. 2020. 'Beyond WEIRD: A review of the last decade and a look ahead to the global laboratory of the future'. *Evolution and Human Behavior* 41 (5): 319–29. https://doi.org/10.1016/j.evolhumbehav.2020.07.015.

Au, L. E., Gurzo, K., Gosliner, W., Webb, K. L., Crawford, P. B. and Ritchie, L. D. 2018. 'Eating school meals daily is associated with healthier dietary intakes: The Healthy Communities Study'. *Journal of the Academy of Nutrition and Dietetics* 118 (8): 1474–81.e1. https://doi.org/10.1016/j.jand.2018.01.010.

Aveling, E. L. and Jovchelovitch, S. 2014. 'Partnerships as knowledge encounters: A psychosocial theory of partnerships for health and community development'. *Journal of Health Psychology* 19 (1): 34–45. https://doi.org/10.1177/1359105313509.

Barter, C. and Renold, E. 2000. '"I wanna tell you a story": Exploring the application of vignettes in qualitative research with children and young people'. *International Journal of Social Research Methodology* 3 (4): 307–23. https://doi.org/10.1080/13645570050178594.

Bender, K., Barman-Adhikari, A., DeChants, J., Haffejee, B., Anyon, Y., Begun, S., Portillo, A. and Dunn, K. 2017. 'Asking for change: Feasibility, acceptability, and preliminary outcomes of a manualized photovoice intervention with youth experiencing homelessness'. *Children and Youth Services Review* 81: 379–89. https://doi.org/10.1016/j.childyouth.2017.08.028.

Berkley, N. and Wright, A. 2022. *Reframing Childhood: Final report of the Childhood Policy Programme July 2022*. London: The British Academy. Accessed 7 April 2025. https://www.thebritishacademy.ac.uk/documents/4213/BA1117_Childhood_Policy_Programme_V4-Digital_130722.pdf.

Bonney, R., Cooper, C. B., Dickinson, J., Kelling, S., Phillips, T., Rosenberg, K. V. and Shirk, J. 2009. 'Citizen science: A developing tool for expanding science knowledge and scientific literacy'. *BioScience* 59 (11): 977–84. https://doi.org/10.1525/bio.2009.59.11.9.

Bonney, R., Phillips, T. B., Ballard, H. L. and Enck, J. W. 2016. 'Can citizen science enhance public understanding of science?'. *Public Understanding of Science* 25 (1): 2–16. https://doi.org/10.1177/0963662515607406.

Brooks, M. 2005. 'Drawing as a unique mental development tool for young children: interpersonal and intrapersonal dialogues'. *Contemporary Issues in Early Childhood* 6 (1): 80–91. https://doi.org/10.2304/ciec.2005.6.1.11.

Bryant, M., Burton, W., O'Kane, N., Woodside, J. V., Ahern, S., Garnett, P., Spence, S., Sharif, A., Rutter, H., Baker, T. and Evans, C. E. L. 2023. 'Understanding school food systems to support the development and implementation of food based policies and interventions'. *International Journal of Behavioral Nutrition and Physical Activity* 20 (1): 29. https://doi.org/10.1186/s12966-023-01432-2.

Campbell, C. and Jovchelovitch, S. 2000. 'Health, community and development: Towards a social psychology of participation'. *Journal of Community and Applied Social Psychology* 10 (4): 255–70. https://doi.org/10.1002/1099-1298(200007/08)10:4%3C255::AID-CASP582%3E3.0.CO;2-M.

CDC (Centre for Disease Prevention and Control). 2019. 'Health and academics'. Accessed 7 April 2025. https://archive.cdc.gov/#/details?url=https://www.cdc.gov/healthyschools/health_and_academics/index.htm.

Christensen, P. M., Hadfield-Hill, S., Horton, J. and Kraftl, P. 2018. *Children Living in Sustainable Built Environments: New urbanisms, new citizens*. Abingdon: Routledge.

Christensen, P. M. and James, A. (eds). 2017. *Research with Children: Perspectives and practices* (3rd edition). Abingdon: Routledge.

Connolly, A., Bryant, M., Brinsden, H., Feree, T., Mahdi, S. and McIntyre, Z. 2023. *A Better Deal for Free School Meals: A research project by secondary school students*. London: The Food Foundation. Accessed 7 April 2025. https://foodfoundation.org.uk/sites/default/files/2023-11/TFF_FSM%20Allowance_Report_FINAL.pdf.

Corsaro, W. A. 2005. *The Sociology of Childhood* (2nd edition). Newbury Park, CA: Pine Forge Press.

Corsaro, W. A. 2011. *The Sociology of Childhood* (3rd edition). Thousand Oaks, CA: Sage/Pine Forge.

Delgado, M. 2015. *Community Practice and Urban Youth: Social justice service-learning and civic engagement*. Abingdon: Routledge.

Department for Levelling Up, Housing and Communities. 2022. 'Levelling up the United Kingdom'. Policy paper. https://www.gov.uk/government/publications/levelling-up-the-united-kingdom.

DfE (Department for Education). 2022. 'Holiday activities and food programme'. Accessed 7 April 2025. https://www.gov.uk/government/publications/holiday-activities-and-food-programme/holiday-activities-and-food-programme-2021.

DfE (Department for Education). 2023. 'School food: Guidance for governors'. Accessed 7 April 2025. https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/school-food-guidance-for-governors.

DfE (Department for Education). 2024. *Free School Meals: Guidance for local authorities, maintained schools, academies and free schools*. Accessed 7 April 2025. https://assets.publishing.service.gov.uk/media/65fdad5965ca2f00117da947/Free_school_meals.pdf.

Dimbleby, H. 2021. *National Food Strategy. Independent Review: The Plan*. Accessed 7 April 2025. https://www.nationalfoodstrategy.org/wp-content/uploads/2021/07/National-Food-Strategy-The-Plan.pdf.

Doherty, B. and 21 others. 2022. 'Transformations to regenerative food systems: An outline of the FixOurFood project'. *Nutrition Bulletin* 47 (1): 106–14. https://doi.org/10.1111/nbu.12536.

Earl, L. 2022. 'The *doing* of ethnographies of eating: Writing, observing, and eating chip butties during ethnographic research in primary schools in England'. *International Journal of Qualitative Studies in Education* 35 (1): 32–47. https://doi.org/10.1080/09518398.2020.1761476.

Elliot, H. and Popay, J. 2000. 'How are policy makers using evidence? Models of research utilisation and local NHS policy making'. *Journal of Epidemiology and Community Health* 54 (6): 461–8. https://doi.org/10.1136/jech.54.6.461.

FixOurFood. 2022. *Transforming Food Culture in Yorkshire's Schools and Early Years Settings: Summary report of the co-creative Three Horizons process*. York: University of York, FixOurFood research programme. Accessed 7 April 2025. https://fixourfood.org/wp-content/uploads/2022/11/Transforming-Yorkshires-school-food-culture.pdf.

Food Foundation. 2023. *A Better Deal for Free School Meals: A booklet of poems by secondary school students as part of a project on food in schools*. University of York and The Food Foundation. https://foodfoundation.org.uk/sites/default/files/2023-12/TFF_FSM%20Allowance_Poems.pdf.

Frazer, M. T., Creaser, A., Tatterton, M. J., Daly-Smith, A. and Hall, J. 2024. 'Exploring children and young people's experience of participating in citizen science: A qualitative evidence synthesis'. *PLoS ONE* 19 (7): e0304976. https://doi.org/10.1371/journal.pone.0304976.

Gordon, N. E. and Ruffini, K. J. 2018. 'School nutrition and student discipline: Effects of schoolwide free school meals'. National Bureau of Economic Research. Working Paper 24986. https://doi.org/10.3386/w24986.

Harper, K., Sands, C., Angarita Horowitz, D., Totman, M., Maitín, M., Rosado, J. S., Colon, J. and Alger, N. 2017. 'Food justice youth development: Using photovoice to study urban school food systems'. *Local Environment* 22 (7): 791–808. https://doi.org/10.1080/13549839.2016.1274721.

Henrich, J., Heine, S. J. and Norenzayan, A. 2010. 'The weirdest people in the world?'. *Behavioral and Brain Sciences* 33 (2–3): 61–83. https://doi.org/10.1017/S0140525X0999152X.

Inquiry Committee and Young Food Ambassadors. 2019. 'Children's Future Food Inquiry report'. The Food Foundation. Accessed 7 April 2025. https://foodfoundation.org.uk/sites/default/files/2021-09/Childrens-Future-Food-Inquiry-report.pdf.

James, A. and Prout, A. 1997. *Constructing and Reconstructing Childhood*. Abingdon: Falmer Press.

James, A. and Prout, A. (eds). 2015. *Constructing and Reconstructing Childhood: Contemporary issues in the sociological study of childhood*. Abingdon: Routledge.

Kraftl, P. 2020. 'Including children and young people in building cities'. British Academy. Accessed 7 April 2025. https://medium.com/reframing-childhood-past-and-present/including-children-and-young-people-in-building-cities-3964f0c1c832.

Kudsia, L. 2021. 'The Association Between Habitual Breakfast Consumption, Psychological Wellbeing and Food Insecurity in Children and Adolescents'. D.Clin.Psychol thesis, University of Leeds. https://etheses.whiterose.ac.uk/29729/.

Kwan, A. 2014. 'Youth food activism'. In *Encyclopedia of Food and Agricultural Ethics*, edited by P. B. Thompson and D. M. Kaplan, 1850–6. Dordrecht: Springer. https://doi.org/10.1007/978-94-007-0929-4_431.

Jovchelovitch, S., Priego-Hernández, J. and Glăveanu, V.-P. 2013. 'Constructing public worlds: Culture and socio-economic context in the development of children's representations of the public sphere'. *Culture and Psychology* 19 (3): 323–47. https://doi.org/10.1177/1354067X13489320.

Lundy, L. 2007. '"Voice" is not enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child'. *British Educational Research Journal* 33 (6): 927–42. https://doi.org/10.1080/01411920701657033.

Mayall, B. 1998. 'Towards a sociology of child health'. *Sociology of Health and Illness* 20 (3): 269–88. https://doi.org/10.1111/1467-9566.00102.

Mayall, B. 2000. 'The sociology of childhood in relation to children's rights'. *The International Journal of Children's Rights* 8 (3): 243–59. https://doi.org/10.1163/15718180020494640.

NCD-RisC (NCD Risk Factor Collaboration). 2020. 'Height and body-mass index trajectories of school-aged children and adolescents from 1985 to 2019 in 200 countries and territories: A pooled analysis of 2181 population-based studies with 65 million participants'. *The Lancet* 396 (10261): 1511–24. https://doi.org/10.1016/S0140-6736(20)31859-6.

Nelson, M., Lowes, K. and Hwang, V. 2007. 'The contribution of school meals to food consumption and nutrient intakes of young people aged 4–18 years in England'. *Public Health Nutrition* 10 (7): 652–66. https://doi.org/10.1017/S1368980007382519.

Parsons, K. and Hawkes, C. 2019. *Connecting Food Systems for Co-Benefits: How can food systems combine diet-related health with environmental and economic policy goals?* Policy Brief No. 31. Copenhagen: European Observatory on Health Systems and Policies. Accessed 7 April 2025. http://www.ncbi.nlm.nih.gov/books/NBK545695/.

Pink, S. 2004. 'Guest editor's introduction: Applied visual anthropology social intervention, visual methodologies and anthropology theory'. *Visual Anthropology Review* 20 (1): 3–16. https://doi.org/10.1525/var.2004.20.1.3.

Ralston, K., Treen, K., Coleman-Jensen, A. and Guthrie, J. 2017. *Children's Food Security and USDA Child Nutrition Programs*. United States Department of Agriculture. Economic Information Bulletin No. (EIB-174). Accessed 7 April 2025. https://www.ers.usda.gov/publications/pub-details?pubid=84002.

Rose, K., O'Malley, C., Eskandari, F., Lake, A. A., Brown, L. and Ells, L. J. 2021. 'The impact of, and views on, school food intervention and policy in young people aged 11–18 years in Europe: A mixed methods systematic review'. *Obesity Reviews* 22: e13186. https://doi.org/10.1111/obr.13186.

Ruffini, K. 2022. 'Universal access to free school meals and student achievement: Evidence from the Community Eligibility Provision'. *Journal of Human Resources* 57 (3): 776–820. https://doi.org/10.3368/jhr.57.3.0518-9509R3.

Schusler, T. M. and Krasny, M. E. 2014. 'Science and democracy in youth environmental action: Learning "good" thinking'. In *EcoJustice, Citizen Science and Youth Activism: Situated tensions for science education*, edited by M. P. Mueller and D. J. Tippins, 363–84. Cham: Springer.

Schwartz, A. E. and Rothbart, M. W. 2020. 'Let them eat lunch: The impact of universal free meals on student performance'. *Journal of Policy Analysis and Management* 39 (2): 376–410. https://doi.org/10.1002/pam.22175.

Sharpe, B., Hodgson, A., Leicester, G., Lyon, A. and Fazey, I. 2016. 'Three horizons: A pathways practice for transformation'. *Ecology and Society* 21 (2): art47. https://doi.org/10.5751/ES-08388-210247.

Shirk, J. L. and 10 others. 2012. 'Public participation in scientific research: A framework for deliberate design'. *Ecology and Society* 17 (2): art29. https://doi.org/10.5751/ES-04705-170229.

Taft, J. K. 2019. *The Kids are in Charge: Activism and power in Peru's movement of working children*. New York: New York University Press.

Terry-McElrath, Y. M., O'Malley, P. M. and Johnston, L. D. 2015. 'Potential impact of national school nutritional environment policies: Cross-sectional associations with US secondary student overweight/obesity, 2008–2012'. *JAMA Pediatrics* 169 (1): 78–85.

Thomas, J., Sutcliffe, K., Harden, A., Oakley, A., Oliver, S., Rees, R., Brunton, G. and Kavanagh, J. 2003. *Children and Healthy Eating: A systematic review of barriers and facilitators*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

Tower Hamlets. 2021. *London Borough of Tower Hamlets: Poverty review*. Accessed 7 April 2025. https://www.towerhamlets.gov.uk/lgnl/community_and_living/Poverty-Review.aspx.

Treme, J. and Craig, L. A. 2013. 'Urbanization, health and human stature'. *Bulletin of Economic Research* 65 (s1): s130–41. https://doi.org/10.1111/j.1467-8586.2011.00425.x.

Tsui, E., Bylander, K., Cho, M., Maybank, A. and Freudenberg, N. 2012. 'Engaging youth in food activism in New York City: Lessons learned from a youth organization, health department, and university partnership'. *Journal of Urban Health* 89: 809–27. https://doi.org/10.2307/j.ctvjf9vz4.

UK Government. 2023. 'Academic year 2022/23: Schools, pupils and their characteristics' [dataset]. Accessed 7 April 2025. https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics/2022-23.

UNICEF. 2019. *The State of the World's Children 2019: Growing well in a changing world: Children, food and nutrition*. New York: UNICEF.

Vygotsky, L. S. 1980. *Mind in Society: Development of higher psychological processes*, edited by M. Cole, V. Jolm-Steiner, S. Scribner and E. Souberman. Cambridge, MA: Harvard University Press. https://doi.org/10.2307/j.ctvjf9vz4.

Wright, J. and 36 others. 2019. 'ActEarly: A City Collaboratory approach to early promotion of good health and wellbeing'. *Wellcome Open Research* 2019 (4): 156. https://wellcomeopenresearch.org/articles/4-156.

Yuen, F. C. 2004. '"It was fun … I liked drawing my thoughts": Using drawings as a part of the focus group process with children'. *Journal of Leisure Research* 36 (4), 461–82. https://doi.org/10.1080/00222216.2004.11950032.

10

Sharing early education and care of under threes: an invisible group?

Claire Cameron, Siew Fung Lee, Eva Lloyd and Dea Nielsen

Introduction

In 2005, a General Comment on the implementation of the United Nations Convention on the Rights of the Child (UNCRC) (1989), a statement of children's rights to which nearly all countries in the world are a signatory, emphasised that children's rights applied to all children, 'even very young children'. The commentary argued that young children, by which they meant from birth to eight years of age, were frequently invisible in states' policies and should, rather, be recognised as active members of families, communities and societies (UNCRC 2006).

In making this statement, the Committee on the Rights of the Child was reflecting a growing evidence base acknowledging young children as rights holders, social actors and competent human beings (Christensen and James 2000) that was not regularly or consistently translated into states' policies and programmes. Arguably, this is still the case for the youngest urban children in England; there is a gap between knowledge of what is optimum and what is available for them. While three- and four-year-old children are largely visible through entitlement to, and near universal attendance at, early childhood education and care (ECEC) settings (DfE 2023a; 2023b), knowledge of the day-to-day experience of babies and one- and two-year-olds is much more limited. This age group is largely known, in policy terms, through the status of their parents (for example, in need of financial or other support).

The aim of this chapter is to explore what is known about the urban childhoods of children under three, with a focus on Bradford and Tower Hamlets. We will argue that at the level of both policy and experience

in urban areas, this age group is largely either ignored as participating citizens because they are the province of parents, assumed to be immature, or are seen as a barrier to parents' employment (DfE 2024). A positive concept of very young children as rights bearers as envisaged by the General Comment is hard to find.

In this chapter we will first review relevant policy frameworks in England, under the three pillars of the UNCRC – provision, protection and participation. We will show that most policy is directed to provision and protection, and very little to participation in society. We will also employ the Marmot framework of universal and targeted provision to illustrate the ways in which disadvantaged under threes are addressed in policy. Marmot et al. (2010) argued that health inequalities can best be ameliorated or reduced by policy actions of 'sufficient scale and intensity to be universal but also proportionately targeted … [known as] proportionate universalism' (Marmot et al. 2010, 41). However, policy implementation is under severe stress, as we demonstrate, limiting the impact on health inequalities.

Next, we address an existing gap in the literature (Oppenheimer and Archer 2021) by examining what is known about how children under three spend their time in inner city areas where young children might be at especial risk of poverty and disadvantage (UNCRC 2006). Then we turn to the details of accessing ECEC, and the many barriers in the system design, that make it difficult for children's rights to be realised, with especial reference to Tower Hamlets and Bradford. Finally, we consider some ways forward for improving the visibility of young children, through policy and programmes, and so improved hope for young children's urban childhoods. Our data sources are from the ActEarly umbrella of studies and include:

- Family survey in Tower Hamlets (2021): second wave of a survey of 992 parents of children under five. Achieved sample of 620 (Cameron et al. 2022).
- Uptake of Early Learning at 2 (EL2) post-pandemic (2022): interviews with service providers (8), community organisations (6) and parents (21) in Tower Hamlets. Latter recruited via their participation in informal or formal child-related services and events (Albert and Cameron 2022).
- Inequalities of Access to ECEC in Tower Hamlets and Bradford (2023–4): mapping provision, interviews and focus groups with parents and practitioners.

Inequality and invisibility: the policy environment

Provision, protection and participation rights

The clearest example of universal provision for young children is the child health monitoring carried out by health visitors. An essential safety net around all families, in theory all newborn babies have five health checks between birth and age two. Most of these occur before the age of one, and they cover routine vaccinations as well as physical health and developmental reviews at age two to two and a half. Health visitors are instructed to enquire about factors in the home environment that may pose a risk to children's wellbeing (NICE 2016), act as conduits to other service provision (and so offer some protection rights) and gather considerable intelligence on issues of importance to young families. For example, nearly all health visitors surveyed in 2023 reported that families they had visited were more likely to experience poverty and hardship than in previous years (IHV 2023).

However, there are major health visitor workforce shortages, with the result that, in 2022–3, 434,553 checks were missed in England (IHV 2023). More than a quarter (26.4 per cent) of two-year-olds did not have their developmental review (IHV 2023). A combination of the lack of mandated checks for one-year-olds and workforce difficulties means that this universal service is not reaching a substantial proportion – perhaps 25 per cent – of relevant children (Fraser et al. 2022).

There are various policies that target provision for some groups of very young children. Given that parents are children's first educators, and arguably the most formative, time spent with very young children is supported via parental leave policy. There is a clear public health aspect to parental leave as parenthood is a 'social risk', especially for women; paid leave in a child's first year will help address child and maternal health and maternal employment retention, and was a key policy recommendation from the Marmot Review (Marmot et al. 2010). Parental leave has three goals: to support (1) mothers' rights to employment, (2) fathers' rights to time to care and (3) very young children's right to be cared for by both parents. In the UK, statutory paid leave for new parents is short, weighted towards mothers rather than fathers and parents must be in employment in order to receive it. However, another maternity benefit (maternity allowance) does not require pre-birth continuous employment and has a lower income threshold (£123 per week) to enable low earners to qualify for up to 39 weeks (Bonoli 2005; UK Parliament 2024). If taken in its entirety, paid and unpaid leave can amount to 52 weeks leave, and some employers offer enhanced (financial

or time) benefits. While short periods of unpaid parental leave remain possible until a child reaches the age of 18 years (Blum et al. 2023), in general, while paid maternity leave supports mothers' job security (see Chapter 6), the provisions of parental leave do not allow for time with infants after the age of 12 months.

Financial support for families has reduced and become more targeted since 2010 (Griffiths et al. 2022). Child benefit payments, which were once universal and aimed at mothers, are now targeted on parents with income below a ceiling of £60,000, and, for those on low income and claiming Universal Credit, child benefit is included as part of this and not paid in addition. Families with more than two children do not receive any child element of Universal Credit funding for the third or further children, which has pushed around a million families into further low-income circumstances over five years; over half of these families were in work (Church of England and CPAG 2022, and see Chapter 5, this volume).

There is financial support in the form of a subsidy: parents in paid work and claiming Universal Credit for reasons of low income can claim 85 per cent of costs charged by nurseries and other forms of early childhood education and care (referred to hereafter as 'childcare'), but this comes with administrative constraints that inhibit take up (Farquharson and Olorenshaw 2022). Approximately 67,000 households with a youngest child aged under the age of three and on Universal Credit also received childcare support in 2021–3 (41 per cent of the total claimants of childcare support) (DWP 2024). While not specifically targeted at young children, it is worth noting that the system of Universal Credit for supporting the income of families whether in work or not is clearly dysfunctional and inadequate, adding stress and precarity to parents' lives which inevitably affects parents' and children's health and wellbeing (Cheetham et al. 2019) especially during health emergencies such as the COVID-19 pandemic (Griffiths et al. 2022; Pybus et al. 2021).

Finally, there is tax-free childcare for working families, which is aimed at households where all adults are working at least 16 hours a week and who have children aged 0–11 years (or up to age 16 years if a child has a disability), pay for childcare and meet income criteria. But take-up has persistently fallen below expectations due to misperceptions of eligibity on grounds of income or child age, lack of awareness, lack of need and off-putting lengthy application processes (Farquharson and Olorenshaw 2022). In all, financial help for bringing up children under the age of three years is contingent. Both the benefits system and the tax system have multiple rules in place that constrain take-up and diminish

the sense that young children are independently entitled to support that is easy to access by their parents.

Turning to parenting support policies, the universal and neighbourhood-based children's centres of the New Labour era (1997–2010) have reduced in number and become focused on targeted help aimed at rectifying problems in child development. In 2021, the government announced its 'Family Hubs and Start for Life' programme focused on 1,001 days from conception to age two. Family Hubs are sited in 75 disadvantaged local authorities, with additional 'transformation' funds in another 23 (98 of a total of 317 local authorities in England; Sanford 2022). Family Hubs coordinate and/or provide support for 0–25-year-olds, while the related Start for Life programme has, among its aims, to provide welcoming, seamless support along with accessible information (HM Government 2023). Findings from an initial evaluation of England's Family Hubs suggests that their services are predominantly used by parents of children under the age of five (Ecorys UK, Clarissa White Research and Starks Consulting 2023). Start for Life services are baby focused. They include parent–infant relationships and perinatal mental health, support for infant breastfeeding and generic 'parenting support to help families care for their babies', alongside advice and activities for children of all ages and 'educational support … to help young children recover from the pandemic' (HM Government 2023, 19).

The Family Hub and Start for Life model – only funded until 2025 – is replacing the network of children's centres, using the same arguments about the value of prevention but now with a highly specified offer, targeted geographically (by area characteristics), in age (babies for intervention, all of childhood for advice) and type of need. As the progress review states 'Start for Life support must be focused on the right things' (HM Government 2023, 13) regardless of its relevance for a local area. One of the 'things' is breastfeeding support, but in Tower Hamlets, one of the funded areas, breastfeeding rates are well above median levels, at 98.5 per cent (OHID 2023). There is little specific attention to education and care of under-threes in the remit of Family Hubs and Start for Life.

There are variable supplies of other organised provision for young children, but little one could point to in the way of policy underpinning them. Play is included as a right under the UNCRC (Article 31), but policy governing the provision of spaces for play is not part of national government, despite a statement that the remit of the Department for Levelling Up, Housing and Communities is to support 'communities across the UK to thrive, making them great places to live' (DLUHC 2024). In the capital, the London Assembly has a plan that 'all children and

young people have safe access to good quality, well-designed, secure and stimulating play and informal recreation provision, incorporating trees and greenery' and calls on local boroughs to audit, assess and produce strategies to improve access to play opportunities outdoors (London Assembly 2016). There is nothing specific for under-threes (or any other age group). Other provision to support children who are in need of help to prevent escalating prospects of state intervention (S.17, Children Act 1989) are non-statutory, at the discretion of local authorities, subject to cuts in financial resources and have not had the same priority as children at risk (Cooper 2023).

Policy for young children has become more oriented to family support programmes that help parents with parenting problems rather than general prevention support (Cooper 2023). This trend suggests a move to a more targeted approach, possibly at the expense of more universal long-standing voluntary sector provision for parents of young children such as stay and play, and one o'clock clubs – a 'godsend and sanity saver' for urban parents with no gardens of their own (Silva 2017). Informal, non-statutory provision is 'rarely recognised' in policy and under financial strain (Early Years Alliance 2023, 4) but is strongly recommended as family support, coupled with high-quality formal provision when children turn two (Sylva and Eisenstadt 2024).

Finally, moving on to ECEC policy, there is patchy provision for children under the age of three years (La Valle et al. 2024). As we will discuss in more detail later in the chapter, the impact of a fragmented ECEC offer that suffers from poor implementation and organisation affects child participation rates, particularly by children growing up with disadvantage (NAO 2020). The policy in England is one of supporting working parents by subsidising the cost of providing ECEC, which is very largely situated in the private (for-profit) and voluntary sector. To date the subsidy (or 'free hours') has applied to disadvantaged two-year-olds, and three- and four-year-olds, on a part-time, term-time basis. Only 27 per cent of two-year-old children are eligible for support via this route, which applies to those children whose parents meet low-income criteria, have a disability or are in foster care (Drayton and Farquarson 2023). The policy originally intended to target 40 per cent of two-year-olds (Farquharson 2023).

In March 2023, the Conservative Government (2010–24) announced proposals for a radical extension to entitlements for children with employed parents (DfE 2023c) further reinforcing the purpose of ECEC as 'childcare' rather than 'education'. Starting in 2024, and by September 2025, all children aged 9 months up to compulsory school age, and in

working families, will be entitled to up to 30 hours of funded provision a week. This investment represents the largest and fastest increase in public spending on ECEC ever (Drayton et al. 2023) but will exclude children in families where parents are not employed, who stand to gain the most from attendance (NAO 2024). The policy marks a shift from a child's entitlement to education to some parents' eligibility for an employment-related subsidy. However, at the time of writing, it is unclear whether these proposals will be fully implemented.

Current ECEC workforce retention and recruitment crises render successful implementation unlikely (Haux et al. 2022). Approximately 40,000 new staff will be needed (DfE 2024), which is at odds with a continuing trend of decreasing numbers of registered childcare providers (HM Government 2023). Workforce and deliverability issues build on growing concerns about chronic underfunding of ECEC, leading to a decline in provision, and viability worries. The effect of government subsidy and investment via the private for-profit sector has been to amplify the market share of larger scale 'chains' rather than nurseries run as small businesses (Simon et al. 2022). The system of ECEC is arguably broken and needs firm regulation to better support children with diverse needs (Penn 2024).

Overall, provision policies for the health, education and care of young children are fragmented and contingent on family circumstances. Embedded within these policies are rights to protection: health visitors, family support workers and early childhood educators are all responsible for alerting social work services if there are signs of physical, emotional or sexual abuse or severe neglect of young children, although thresholds for intervention have risen with diminishing local authority resources (NAO 2019). Participation rights are often interpreted as 'talking, thinking and deciding' (Alderson 2008, 79) and rely on attuned, skilled adults to acknowledge, hear and act on young children's communication abilities. Alderson argues that, too often, processes of participation are too formal and managerial to accommodate young children's skillsets, with the result that children's participation rights are too often invisible.

Voice: what do we know about under-threes in our urban areas?

Although little is known about how young children spend their time in urban areas specifically, a glimpse is available from the first national birth cohort study in two decades, reporting on daily life for children

aged, on average, 9.5 months (Bernardi et al. 2023). Of the 8,628 participating families, 25 per cent were experiencing financial hardship, which is likely to adversely affect longer term outcomes for children (Villadsen et al. 2023), and around 25 per cent had at least one health condition such as allergies, or skin, digestion or breathing problems.

In terms of the dimensions of wellbeing of importance to children (see Chapter 1; relationships with others, play outdoors, and having a say), Bernardi et al. (2023) found that the vast majority of primary caregivers taking part in the Children of the 2020s study cuddled, played with and talked to their child several times a day – activities which are likely to build a relationship. Between half and three-quarters of caregivers reported play activities several times a day including singing, turn-taking, physical, pretend and noisy play. About 80 per cent of children were taken to an outdoor green space at least twice a week, most often a park or playground, or a private garden or balcony. There was no data in this survey on 'having a say'. There was a strong social gradient in the findings: primary caregivers who had higher levels of education themselves, were in higher income brackets and were of White ethnicity were associated with higher levels of child wellbeing activities. There was no difference reported by whether children lived in urban or rural areas (Bernardi et al. 2023).

In 2021, just before the babies in the Bernardi et al. study were born, our family survey in Tower Hamlets (Cameron et al. 2022) found that most caregivers reported helping their children aged under five to learn the alphabet (88 per cent) and learn to count (84 per cent). About half were reading to children on a daily basis (51 per cent) and a third on 'most days' (34 per cent). Daily reading was much more frequently reported among White British/Irish parents than South Asian parents (63 per cent versus 31 per cent). Among children under two, 54 per cent of parents reported singing to their child once a day or more (60 per cent White British/Irish; 45 per cent South Asian). Caregivers reported taking children outside for 'any kind of physical activity' daily or most days (71 per cent) but this was much more likely among White British/Irish than South Asian families (89.5 per cent versus 47.8 per cent) and lower among low-income (56 per cent) compared to middle- and higher-income families (84.3 per cent; 86.7 per cent). Overall, 98 per cent of parents of children under two said they enjoyed looking after their baby.

By 2021, fewer children from lower-income and South Asian backgrounds had returned to or started attending nurseries and childminders than before the COVID-19 pandemic lockdowns (low-income: 38.7 per cent during versus 59.9 per cent before; South Asian:

20.3 per cent during versus 48 per cent before). Parents reported concerns about virus transmission in the context of vulnerable household kin, and, at the same time, they had concerns about delays in children's development and acquiring social skills. As one parent said: 'for a whole year and a half [she's been] kept in … I think that's going to have a dramatic effect on her'. And a mother of a one-year-old noted: 'the baby literally screams every time someone walks into my house that he's not familiar with. Even down to his nan'.

Although somewhat limited by an inability to disentangle responses of parents of children under three years of age from those of three- and four-year-old children, overall the Tower Hamlets data reflects the national picture as described by Bernardi et al. (2023), with a pronounced social gradient in terms of income and ethnicity. This suggests many young children in Tower Hamlets are likely to benefit from family support and ECEC services.

Using informal and formal services

According to the government's survey of parents in 2023 (DfE 2023a), around half of children under three years old receive 'formal childcare': representing 7 per cent of children under one year old, 40 per cent of one-year-olds and 57 per cent of two-year-olds (89 per cent of children aged 3 and 4 do so). Most children registered to receive directly funded ECEC hours in England do so with private providers, excluding child-minders. The provider split is roughly two-thirds private day nurseries and other group provision compared to one-third public – that is, school-based – ECEC providers. Access is more problematic, though, for children growing up with disadvantage, or living in disadvantaged areas, with some areas akin to 'childcare deserts' (Pollard 2023).

In the Children of the 2020s study (Bernardi et al. 2023), using family support services and being cared for outside the immediate family was a reality for many young children. By the age of 9 months, children were using baby classes (38 per cent), playgroups (37 per cent) and children's centres (15 per cent), while just 36 per cent had not used any of this type of service. In addition, over 40 per cent of children had started to use formal childcare such as nurseries (13 per cent) and informal care such as grandparents (37 per cent), while 57 per cent had not used any care without parents/carers present. Again, there was a social gradient to service use. Higher-income families used formal, fee-paying (23 per cent) and informal (40 per cent) childcare much more often than lower income families (4 per cent and 31 per cent,

respectively). There were also variations in use by ethnicity, which is likely to be relevant to urban neighbourhoods: non-White groups were less likely than White ethnic background parents to use both informal and formal ECEC services.

In 2023, in Bradford, although uptake of the early education places by two-year-olds was only slightly lower than nationally (69.9 per cent versus 74 per cent), this figure still suggests that nearly one-third of disadvantaged two-year-olds were missing out on social and learning opportunities. Furthermore, within-city variation means that in some neighbourhoods the figures were much higher (Bradford District 2023).

Our Uptake of Early Learning at 2 (EL2) study responded to similar concerns in Tower Hamlets (Albert and Cameron 2022). As noted in Chapter 1, Tower Hamlets residents are highly ethnically diverse and around one in six cannot speak English well or at all (ONS 2021). Study participants (service providers, community organisation representatives) reported that many families with whom they came into contact did not speak or had limited English language, making it difficult to understand and access help for complex issues like ECEC provision. While an array of services existed, navigating these opportunities was often difficult for parents, particularly those facing language or financial barriers. Furthermore, 87.8 per cent of Tower Hamlets residents lived in flats, about four times the national average (ONS 2021). Dense urban living, often overcrowded and with no private outside space, can lead to 'spillover' effects in support services, as one provider explained (see also Chapter 8):

> I had this issue with an Ofsted inspector who was complaining about a child running up and down. I said he's one of 13 children living in a flat, and he's just got out of it, and he's 2. Leave him alone!

Voice: addressing structural barriers in an urban context

Evidence firmly supports the importance of accessing family support services from infancy and formal ECEC from the age of two years, for all children, with attention to the particular needs of socially disadvantaged children (Sylva and Eisenstadt 2024; Marmot et al. 2010). The evidence reviewed in this chapter suggests that access to early education and care provision is weighted toward the socially advantaged rather than those for whom it would have most benefit, which is likely to exacerbate health and other inequalities both now and in future.

One important factor is policy framing. Where ECEC has been positioned as a universal right or entitlement from a certain age, this promotes the idea that it is normal and expected (OECD 2016; Family and Childcare Trust 2024). Conversely, where access is conditional (for example on paying fees, demonstrating financial hardship or employment status), there is the risk that urban parents think it's 'not for them'. In our Inequalities of Access to ECEC (2023–4) project in Tower Hamlets and Bradford, structural barriers were uppermost. In just one example, a focus group participant mother explained that she had a job interview, and the employer said 'you need to give us full-time availability' but the ECEC provider could not promise a place was available until she took up the job; caught in a cycle of eligibility conditions, she said 'I didn't get the opportunity … so it would be nice if they had the 30 hours free if one parent was working and not the other because at the minute they are saying both parents need to be working'.

A second important factor is that entitlement does not equate with access. The observed social gradient in access to services is still present even when there is an entitlement, suggesting that further policy levers are required to address barriers to access. One potential policy lever is improving access to information. In Bradford, one practitioner said:

> It's about parents knowing what's out there and where to look. Did they know that there's a calculator to check to say, 'Here you're eligible'? Do they know that they can contact their local Family Hubs? The Stronger Practice Hub at the Council, you know? Do they know what's out there without falling down a massive mine to childcare providers and all. You might be entitled to this: Do this massive form.

Finding provision within a reasonable distance from home is an informational challenge. To take the example of Bradford, the council website includes a search function that can be used to identify ECEC within a specific distance of a postcode but provides no additional information about settings, aside from contact details. An inventory of the total list of ECEC providers on this website revealed that many did not have any online presence, meaning that parents would need to call or email the provider directly to find out basic information such as opening times, whether there is provision for specific ages and availability of funded places. For example, although all 91 school-based nurseries had a website, only 11 per cent of these catered to children under three years old, and none of these provided cost information on the website.

Similarly, just 76 per cent of day nurseries had any online presence, and only 11 per cent of those with a website provided cost information online. While it is likely that many of these settings accepted funded hours as per the child's entitlement, and therefore wouldn't necessarily have additional costs, this information was also not provided. Almost no childminders in the city had any online presence. Even for those families who can engage with information online, there is a lack of readily available information to support their decision-making process, leaving the burden on them to contact providers individually and directly. This level of information scarcity would not be tolerated within other contexts, such as public transport, and represents a modifiable barrier to ECEC access.

Barriers in the application process

In the urban, ethnically and linguistically diverse population of Tower Hamlets, similar information and navigation barriers were present (Albert and Cameron 2022). The EL2 study participants reported that many families required additional help to make sense of the system, and new arrivals (for example, refugees and asylum seekers) in particular faced day-to-day isolation and precarity, and were uneasy about seeking help:

> They can't work and must stay home with their children all day. Some of them get nursery for the younger children. But they're very isolated, and many don't speak English. I think it's quite tricky for them to trust the system. The children may not get the best experience or opportunities because their parents either don't know what's available or are scared to send them anywhere. (Community organisation)

A service provider drew attention to a cultural chasm between urban London and countries of origin, and between the specificity of families' needs and knowing what services were available: 'it's about the vast difference in how life is back home versus how it is here in England'. Being unable to speak the language, seek help or know what to expect constituted barriers to EL2 take-up.

Second, once families knew about ECEC services, a further hurdle was the complexity of operating both a paper-based process and the digital mode of application (see Figure 10.1). A service provider explained how her nursery staff, with limited resources, tried to help families struggling with the forms, and pointed out the delays with paper-based forms:

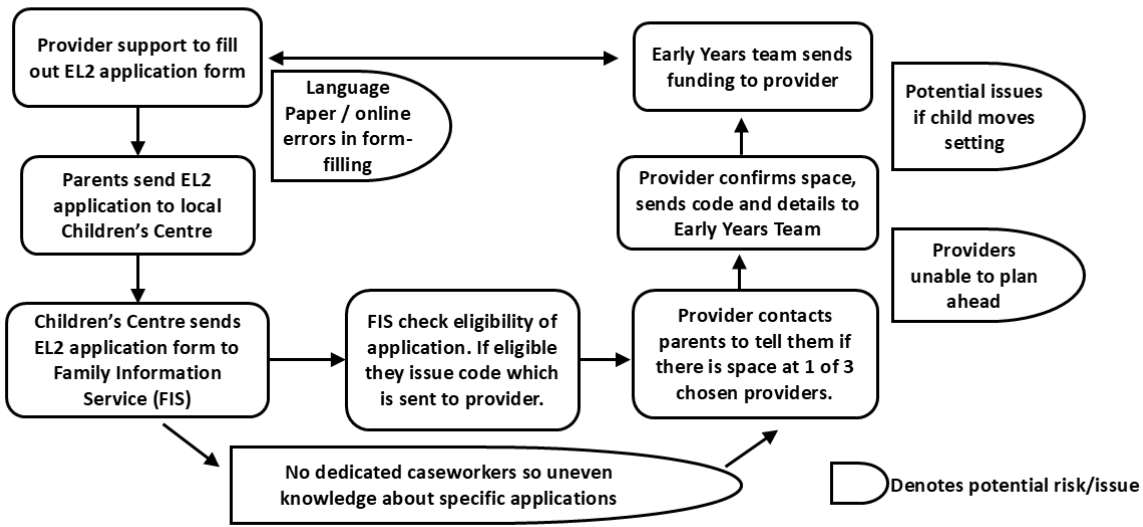


Figure 10.1 A map of the Early Learning at 2 (EL2) application process (Tower Hamlets, 2022). *Source*: Adapted from Albert and Cameron 2022.

> … if the staff [member] takes the form, I process it and realise something is missing. I then go upstairs for one of my translators to phone the parents, get the information, and start the process again. We need to get away from paper systems.

However, online applications also have challenges, particularly for those with limited online data; as one provider explained, 'filling in the forms is arduous for some people. Some people don't have the credit on their phones to do it over the phone'. Online applications also require chasing:

> … they haven't called to follow up, and even if they do call, no one answers the phone. So I tell parents who say they've applied online to fill in a paper form at the nursery and to let me do it for them.

A third obstacle was the processing time at the council. A service provider explained that some applications went unanswered, with implications for their business: 'no one had gotten back to them – It's not fair! It's our livelihood and my staff's jobs'. Providers reported offering children trial sessions while waiting for confirmation of funding, but sometimes delays in processing applications negatively impacted relationships with parents:

> We let parents have a few sessions with us while we wait for the funding confirmation to come through, but we can't do that constantly as it's not viable … if we let parents settle their child with us and then a few weeks down the line, we have to tell them that their funding hasn't come through and they can't stay with us, it doesn't set the best tone, does it? (Service provider)

A fourth barrier in the application process was that accurate information was not always readily available: 'it's fantastic if the information is up to date, but the email address isn't. If parents email and get no response, it can be quite disheartening. They're not going to try again'. These providers highlighted the barriers to ECEC access inherent in a system driven by individual applications in an area with high and complex needs. Similar system design issues were found in a national study (Family and Childcare Trust 2024).

EL2 study participants argued for local and collaborative solutions. They thought communication between providers would improve coordination and enable better planning and prevent children from missing out on places. As one provider said: 'If we've got a list of two-year-olds

coming in who are eligible, we can call the parents and ensure they don't miss out because they didn't know they were eligible'. Often, according to another, the process can be 'longwinded', go 'round and round in circles, taking four weeks for an application to go through'. It would be more streamlined, said a third, if the Family Information Service coordinated between parents and their needs, and the settings. Reducing the length of time applications take could address so-called 'double funding', which could happen when communication was delayed between the borough and the setting when children transferred between ECEC settings. In this case, each provider got half of the funding; as this provider explained:

> I've got a phone call saying he's still attending another setting in the mornings and then attending yours in the afternoons, so you're only getting 50 per cent of the funding. If there was a system that was better coordinated, it couldn't happen.

The role of word-of-mouth communication about ECEC provision was said by one provider to be very important: 'a lot of information is shared verbally', which, when it worked well, was appreciated. As one parent said: 'I didn't really have to do anything. I could give them all the information and fill up a form – they did everything. And they did let us know if we were eligible for the 15 hours because I didn't know'.

Overall, the EL2 study and the Inequalities of Access study both highlight system design difficulties rather than parental lack of enthusiasm for early childhood education and care.

A hopeful conclusion?

This chapter has mapped the near invisibility of children under the age of three in national policy and in service provision to date. We really know very little about how this age group spends its time, what these children are learning, how they are occupying public space and what their perceptions might be about their lives. As a nation, we are only meeting the rights of very young children, as set out in the UNCRC, via parental responsibilities to care for and protect their children. In England, there is no statutory child right to a place in ECEC services comparable to the precedent of Nordic countries. There are a range of parental 'entitlements', but these have a lower level of enforcement than legal rights and are conditional on parental status. In terms of child health provision, parental leave policy, family support provision and play policy, we have observed

a lack of specificity for very young children. Addressing fragmentation in family policy has been noted at a European level (Serapioni 2023).

Alongside absence from policy, provision is often beset with problems of delivery. Acute workforce difficulties mean that some children are inevitably missing out on preventive services; health visiting is a key case in point. In terms of access to learning and play outside the home, one of the most substantial losses in recent years has been the dismantling of most of the 3,500 well-funded children's centres, since 2010 (Smith et al. 2018). A longer-term evaluation of the impact of well-funded children's centres has emphasised their positive role in helping children succeed in school, especially those from socially disadvantaged backgrounds, and highlights both individual and societal benefits (Carneiro et al. 2024). There is a substantial case for bringing back universal and well-funded children's centres (see Moss 2023); this model meets the evidence in terms of family support and early learning and the Family Hubs model developed to date (Lewing et al. 2020, 48) is a very poor substitute

This chapter has focused in some detail on the problems of delivery of the funded entitlements for two-year-olds, in the context of a dramatic scaling up of government financial support for children aged nine months and over. An additional 85,000 places will be needed, but parental employment conditions are attached. We found that in urban areas with complex populations, system design issues, specifically around the information and application process, make accessing and providing ECEC extremely difficult. The new entitlements policy does not appear to address these challenges. This risks exacerbating the inequalities of access that are already very apparent, with the very group of young children standing to gain the most from ECEC – those living in disadvantaged areas with parents out of work, on low incomes, digitally impoverished and with little English language competence – largely unable to experience it. System design issues are particularly critical to resolve given that a substantial cohort of children, including those from minority ethnic and disadvantaged backgrounds and those with special educational needs and disabilities, were more likely to have missed out on formal early learning during and after the COVID-19 pandemic (La Valle et al. 2024).

One very clear challenge to policy delivery in the early years is the unavailability of reliable data. Although families are likely to come into contact with numerous different services (for example, maternity services, Family Hubs, ECEC settings), data is very rarely shared between these providers, meaning that information on families' needs is disjointed

and inaccessible (Wilcock, Elliott and Symons 2022). Greater integration and secure availability of data would meaningfully increase not only the scope for appropriate support for individual children but also the ability to monitor need at a population level. The findings in this chapter further highlight the power of understanding more about families' lives with very young children; without more information on how these children live, it is difficult to plan for how best to share early education and care with parents.

The last policy decade has seen a clear shift in the allocation of public funds from children's centres to investment in funded hours (Drayton and Farquharson 2023), which has stimulated the profits of private sector providers and not led to an expansion of provision. Arguably the benefits system has lost out, with cuts to the income of families of more than two children, impoverishing younger children. Local authorities have cut their financial support for informal provision like 'stay and play' sessions and outdoor-based 'one o'clock clubs', but these, and other forms of family support, are much valued (Action for Children 2021) and such 'two generation' (children's development and parents' support) services can effectively support the transition to formal ECEC (Sommer et al. 2024).

We have not, in this short chapter, been able to take in all the risks and opportunities that urban environments offer to children under three years old. But, looking forward, with a changing policy environment on the horizon, there is a clear opportunity to raise the profile of very young children's wellbeing and inclusion in urban places through service provision. With hope in mind, we would recommend learning from a wealth of evidence around the world: nothing short of societal transformation is needed for the nation's young children.

Transformation starts with policy visibility of young children's rights as active participants, in families, communities and societies. The UNCRC comment, with which we started this chapter, reminds us that services should be coordinated, multi-sectoral and rights-based; that the right to education, closely linked to maximum development, begins at birth, and that working with children should be properly valued, to reflect the value of children themselves (UNCRC 2006).

Such a mission implies universal and unconditional access to provision, whether organised for the purposes of health, care, family support or education. In an era of considerable public funding for children's care, there is a strong case for diverting this into well-funded and multi-purpose neighbourhood-based children's centres as the centrepiece of an integrated public system of early childhood education

(Cameron and Moss 2020). Such a system would be complemented with well-paid maternity and parental leave, and centres would be open to parents with children from birth, offering opportunities for health care and family support in infancy, and children starting to attend without parents in their second year. As a public system, parents would have a role in the running of the centres, alongside well-qualified leaders and staff. This would help ensure good quality of provision. Having a centre in every neighbourhood would help ease proximal barriers, childcare 'deserts' and the search for 'childcare' that meets parents' needs. Furthermore, centres could have a role in driving up the quality of privately run nurseries by coordinating local plans as to how to spend resources allocated for children experiencing social disadvantage, as has been adopted in Ireland (Lloyd 2023). The return of local collaboration between providers was asked for in our 2022 study in Tower Hamlets; much preferable to isolated practice and marketised competition. Finally, this model of children's centres, as embedded in the local landscape as primary schools, would remove much of the informational barriers and the complexity of the application access identified in our studies. Parents should not have to do all the research themselves.

Acknowledgements

We are grateful to Professor Peter Moss for his review of this chapter. We would like to acknowledge all the co-investigators and researchers who contributed to the Families in Tower Hamlets study (ESRC funded ES/V004891/1): Margaret O'Brien, Andrew Hayward, Josie Dickerson, Marcella Ucci, Helen Bedford, Hanan Hauari, Katie Hollingworth, Lydia Whitaker, Charlie Owen, Francisco Zamorana. We would like to acknowledge ActEarly and Tower Hamlets Council for funding the Uptake of Early Learning at 2 (EL2) post-pandemic (2022) study and the Inequalities of Access to ECEC in Tower Hamlets and Bradford (2023–4) study. We thank all the researchers involved: Alex Albert, Pratima Singh, Deniz Arzuk, Natalia Concha, Kimon Krenz, Mathilda O'Donoghue, Naomi Mead, and the study participants, for their expertise.

Further reading

Cameron, C. and Moss, P. (eds). 2020. *Transforming Early Childhood in England: Towards a democratic education*. London: UCL Press. Accessed 11 April 2025. https://uclpress.co.uk/book/transforming-early-childhood-in-england/.

Waddell, S., Sorgenfrei, M., Freeman, G., Gordon, M., Steele, M. and Wilson, H. 2022. *Improving the Way Family Support Services Work for Minority Ethnic Families*. Accessed 20 June 2024. https://www.eif.org.uk/report/improving-the-way-family-support-services-work-for-minority-ethnic-families.

References

Action for Children. 2021. *Beyond Reach: Barriers to accessing early years services for children*. Accessed 19 June 2024. https://media.actionforchildren.org.uk/documents/Beyond_Reach_-_Barriers_to_accessing_early_years_services_for_children.pdf.

Albert, A. and Cameron, C. 2022. *Take up of Early Childhood Education and Childcare (ECEC) in Tower Hamlets*. Unpublished report to Tower Hamlets Public Health, 30 September.

Alderson, P. 2008. *Young Children's Rights: Exploring beliefs, principles and practice*. London: Jessica Kingsley.

Bate, A. and Foster, D. 2017. Sure Start (England). House of Commons Briefing Paper no 7257, 9 June. https://commonslibrary.parliament.uk/research-briefings/cbp-7257/.

Bernardi, M. and 16 others. 2023. *Children of the 2020s: First survey of families at age 9 months. Research Report*. London: Department for Education. Accessed 19 June 2024. https://assets.publishing.service.gov.uk/media/65b11dbb160765000d18f7fb/Cot20s_age_9_months_research_report.pdf.

Blum. S., Dobrotić, I., Koslowski, A. and Moss, P. (eds). 2023. *19th International Review of Leave Policies and Related Research 2023*. Accessed 19 June 2024. https://www.leavenetwork.org/fileadmin/user_upload/k_leavenetwork/annual_reviews/2023/Blum_etal_LPRN_full_report_2023.pdf.

Bonoli, G. 2005. 'The politics of new social policies: Providing coverage against new social risks in mature welfare states'. *Policy and Politics* 33 (3): 431–49. https://doi.org/10.1332/030557305432576.

Bradford District. 2023. *Early Education and Childcare Sufficiency Assessment 2023*. Accessed 27 June 2024. https://www.bradford.gov.uk/media/yuwnc2tj/bradford-early-education-and-childcare-sufficiency-assessment-2023.pdf.

Cameron, C., Hauari, H., Hollingworth, K., O'Brien, M., Whitaker, L., Owen, C. and Zamorana, F. 2022. *Young Children's Lives During the Pandemic: Families in Tower Hamlets survey and panel findings*. Families in Tower Hamlets study: Briefing 1. Accessed 11 April 2025. https://discovery.ucl.ac.uk/id/eprint/10151264/1/FTH%20Briefing%201%20Children%27s%20lives.%20FINAL%208%20June%202022.pdf.

Cameron, C. and Moss, P. (eds). 2020. *Transforming Early Childhood in England*. London: UCL Press. https://doi.org/10.14324/111.9781787357167.

Carneiro, P., Cattan, S. and Redpath, N. 2024. *The Short- and Medium-Term Impacts of Sure Start on Educational Outcomes*. IFS Report R307. London: Institute for Fiscal Studies. Accessed 19 June 2024. https://ifs.org.uk/sites/default/files/2024-04/SS_NPD_Report.pdf.

Cheetham, M., Moffatt, S., Addison, M. and Wiseman, A. 2019. 'Impact of Universal Credit in North East England: A qualitative study of claimants and support staff'. *BMJ Open* 9: e029611. https://doi.org/10.1136/bmjopen-2019-029611.

Christensen, P. and James, A. 2000. *Research with Children: Perspectives and practices*. London: Falmer Press.

Church of England and Child Poverty Action Group (CPAG). 2022. *'It's Heart-Breaking That I Feel I Cannot Fully Provide for my Youngest Without Struggling': The impact of five years of the two-child limit policy*. Accessed 11 April 2025. https://cpag.org.uk/sites/default/files/2023-08/The%20impact%20of%20five%20years%20of%20the%20two-child%20limit%20policy.pdf.

Cooper, J. 2023. 'In need of what? Section 17 Provision under the Children Act 1989'. *Children and Society* 37: 674–88. https://doi.org/10.1111/chso.12519.

DfE (Department for Education). 2023a. 'Childcare and early years survey of parents'. Official statistics. Accessed 11 April 2025. https://explore-education-statistics.service.gov.uk/find-statistics/childcare-and-early-years-survey-of-parents/2023.

DfE (Department for Education). 2023b. 'Main findings: Childcare providers and inspections as at 31 August 2023'. Official statistics. Accessed 11 April 2025. https://www.gov.uk/government/statistics/childcare-providers-and-inspections-as-at-31-august-2023/main-findings-childcare-providers-and-inspections-as-at-31-august-2023#providers-registers.

DfE (Department for Education). 2023c. 'Early education entitlements and funding update March 2023'. Accessed 9 May 2025. https://www.gov.uk/government/publications/early-education-entitlements-and-funding/early-education-entitlements-and-funding-update-march-2023#:~:text=from%20September%202024%2C%20all%20working,hours%20free%20childcare%20per%20week.

DfE (Department for Education). 2024. 'Spring Budget 2023 Childcare Expansion. Policy costing information note: update'. Accessed 11 April 2025. https://assets.publishing.service.gov.uk/media/66221ba8252f0d71cf757d2b/Spring_budget_2023_childcare_expansion_costing_note_information.pdf.

DLUHC (Department for Levelling Up, Housing and Communities). 2024. 'What we do'. Accessed 19 June 2024. https://www.gov.uk/government/organisations/department-for-levelling-up-housing-and-communities.

Drayton, E. and Farquarson, C. 2023. *Early Years Spending Update: Budget reforms and beyond*. IFS Report R274. London: Institute for Fiscal Studies. Accessed 19 June 2024. https://ifs.org.uk/sites/default/files/2023-09/IFS-R274-Early-years-spending-update-Budget-reforms-and-beyond.pdf.

Drayton, E., Farquharson, C., Ogden, K., Sibieta, L., Tahir, T. and Waltmann, B. 2023. *Annual Report on Education Spending in England: 2023*. IFS Report R290. London: Institute for Fiscal Studies. Accessed 19 June 2024. https://ifs.org.uk/sites/default/files/2023-12/IFS-Annual-report-on-education-spending-in-England-2023-new.pdf.

DWP (Department of Work and Pensions). 2024. 'Universal Credit childcare element statistics, November 2021 to November 2023'. Official statistics. Accessed 11 April 2025. https://www.gov.uk/government/statistics/universal-credit-statistics-29-april-2013-to-11-january-2024/universal-credit-childcare-element-statistics-november-2021-to-november-2023.

Early Years Alliance. 2023. *Hidden Gems: An overview of the challenges and opportunities facing baby and toddler groups*. Accessed 19 June 2024. https://www.eyalliance.org.uk/sites/default/files/hidden_gems_baby_and_toddler_report_-_june_2023_final_1.pdf.

Ecorys UK, Clarissa White Research and Starks Consulting. 2023. *Family Hubs Innovation Fund Evaluation. Final research report*. Accessed 19 June 2024. https://assets.publishing.service.gov.uk/media/6567764dcc1ec5000d8eef10/Family_Hubs_Innovation_Fund_Evaluation_Ecorys_Final_Report.pdf.

Family and Childcare Trust. 2024. 'Supporting take-up of the early education entitlements: Local authorities' views and experiences'. Accessed 19 June 2024. https://www.familyandchildcaretrust.org/sites/default/files/Resource%20Library/Early%20Education%20Entitlements%20LA%20survey%20findings%20Jan%202024.pdf.

Farquharson, C. 2023. 'Why take up of the two-year-old offer has really fallen'. Opinion. *Nursery World,* 1 August. Accessed 19 June 2024. https://www.nurseryworld.co.uk/content/opinion/christine-farquharson-why-take-up-of-the-two-year-old-offer-has-really-fallen.

Farquharson, C. and Olorenshaw, H. 2022. *The Changing Cost of Childcare*. IFS Report E210. London: Institute for Fiscal Studies. Accessed 19 June 2024. https://ifs.org.uk/sites/default/files/output_url_files/R210-The-changing-cost-of-childcare.pdf.

Fraser, C., Harron, K., Barlow, J., Bennett, S., Woods, G., Shand, J., Kendall, S. and Woodman, J. 2022. 'Variation in health visiting contacts for children in England: Cross-sectional analysis of the 2–2½ year review using administrative data (Community Services Dataset, CSDS)'. *BMJ Open* 12: e053884. https://doi.org/10.1136/bmjopen-2021-053884.

Griffiths, R., Wood, M., Bennett, F. and Millar, J. 2022. 'Families navigating Universal Credit in the COVID-19 pandemic'. In *COVID-19 Collaborations: Researching poverty and low-income family life during the pandemic*, edited by K. Garthwaite, R. Patrick, M. Power, A. Tarrant and R. Warnock, 44–55. Bristol: Policy Press.

Haux, T., Butt, S., Rezaian, M., Garwood, E., Woodbridge, H., Bhatti, S., Woods Rogan, R. and Paull, G. 2022. *The Early Years Workforce: Recruitment, retention and business planning*. London: Department for Education. Accessed 11 April 2025. https://assets.publishing.service.gov.uk/media/626a7b1a8fa8f57a39974184/SCEYP_thematic_report-_April_2022.pdf.

HM Government. 2023. *The Best Start for Life: A progress report on delivering the vision*. Accessed 11 April 2025. https://assets.publishing.service.gov.uk/media/641841068fa8f55568784e62/DHSC-The-Best-Start-for-Life-A-progress-report-on-delivering-the-Vision-web-corrected.pdf.

IHV (Institute of Health Visiting). 2023. *State of Health Visiting, UK survey report. Millions supported as others miss out*. Accessed 11 April 2025. https://bit.ly/48W6TcE.

La Valle, I., Lewis, J., Crawford, C., Hodges, L., Castellanos, P. and Outhwaite, L. 2024. *Early education for disadvantaged children: How local action can support take-up of the 15 hours entitlement*. Centre for Evidence and Implementation. https://www.familyandchildcaretrust.org/sites/default/files/Resource%20Library/Early%20education%20for%20disadvantagted%20children%20Oct%202024.pdf.

Lewing, B., Stanford, M. and Redmond, T. 2020. *Planning Early Childhood Services in 2020*. Early Intervention Foundation. https://www.eif.org.uk/report/planning-early-childhood-services-in-2020-learning-from-practice-and-research-on-childrens-centres-and-family-hubs.

Lloyd, E. 2023. 'A public good approach: Learning from Ireland's Early Education and Childcare reform'. Early Education and Childcare Coalition. Accessed 11 April 2025. https://www.earlyeducationchildcare.org/ireland-reforms.

London Assembly. 2016. 'Policy 3.6 Children and young people's play and informal recreation …'. Accessed 11 April 2025. https://www.london.gov.uk/programmes-strategies/planning/london-plan/past-versions-and-alterations-london-plan/london-plan-2016/london-plan-chapter-three-londons-people/polic-0.

Mann, G. Drayton, E., Cattoretti, G., Hall, A. and Wills, E. 2022. *Implications of COVID for Early Childhood Education and Care in England*. London: Centre for Evidence and Implementation. Accessed 11 April 2025. https://www.nuffieldfoundation.org/wp-content/uploads/2022/06/Implications-of-Covid-for-ECEC-in-England-June-2022-.pdf.

Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. and Geddes, I. 2010. *Fair Society, Healthy Lives*: *The Marmot Review*. London: UCL Institute of Health Equity. Accessed 19 June 2024. https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf.

Moss, P. 2023. 'Jack Tizard and Children's Centres: Visions for policy-relevant social research and transforming early childhood services'. In *Social Research for our Times*, edited by C. Cameron, A. Koslowski, A. Lamont and P. Moss, 29–46. London: UCL Press.

NAO (National Audit Office). 2019. *Pressures on Children's Social Care*. Report by the Comptroller and Auditor General. Department for Education. HC 1868 SESSION 2017–2019. Accessed 11 April 2025. https://dera.ioe.ac.uk/id/eprint/32780/1/Pressures-on-Childrens-Social-Care.pdf.

NAO (National Audit Office). 2020. *Supporting disadvantaged families through free early education and childcare entitlements in England*. Report by the Comptroller and Auditor General. Department for Education. Accessed 11 April 2025. https://www.nao.org.uk/wp-content/uploads/2020/03/Supporting-disadvantaged-families-through-free-early-education.pdf.

NAO (National Audit Office). 2024. *Preparations to extend early years entitlements for working parents in England*. https://www.nao.org.uk/wp-content/uploads/2024/04/preparations-to-extend-early-years-entitlements-for-working-parents-in-england.pdf.

NICE (National Institute for Clinical Excellence). 2016. 'Early years: Promoting health and wellbeing in under 5s'. Quality standard [QS128]. Accessed 11 April 2025. https://www.nice.org.uk/guidance/qs128/chapter/Quality-statements.

O'Brien, M., Atkinson, J. and Koslowski, A. 2023. United Kingdom Country Note. In *19th International Review of Leave Policies and Related Research 2023*, edited by S. Blum, I. Dobrotić, G. Kaufman, A. Koslowski and P. Moss, 568–79. International Network on Leave Policies and Research. Accessed 11 April 2025. https://www.leavenetwork.org/fileadmin/user_upload/k_leavenetwork/annual_reviews/2023/Blum_etal_LPRN_full_report_2023.pdf.

OECD (Organisation for Economic Co-operation and Development. 2016. 'Who uses childcare? Background brief on inequalities in the use of formal early childhood education and care (ECEC) among very young children'. https://web.archive.org/web/20240502073809/https://www.oecd.org/els/family/Who_uses_childcare-Backgrounder_inequalities_formal_ECEC.pdf.

OHID. 2023. 'Child Health Profile Tower Hamlets'. https://fingertips.phe.org.uk/static-reports/child-health-profiles/2023/E09000030.html?area-name=Tower%20Hamlets.

ONS (Office for National Statistics). 2021. *Census 2021*. Accessed 20 June 2024. https://www.ons.gov.uk/census.

Oppenheimer, C. and Archer, N. 2021. *The Role of Early Childhood Education and Care in Shaping Life Chances*. The Changing Cace of Childhood in the UK series, 4. London: Nuffield Foundation. Accessed 20 June 2024. https://www.nuffieldfoundation.org/wp-content/uploads/2021/10/Role-early-childhood-education-care-life-chances-Nuffield-Foundation.pdf.

Penn, H. 2024. *Who Needs Nurseries? We do!* Bristol: Policy Press.

Pollard, T. 2023. *A Fair Start for All*. London: New Economics Foundation.

Pybus, K., Wickham, S., Page, G., Power, M., Barr, B. and Patrick, R. 2021. '"How do I make something out of nothing?" Universal Credit, precarity & mental health: A Covid Realities Rapid-Response Report'. Briefing paper. Accessed 11 April 2025. https://www.nuffieldfoundation.org/wp-content/uploads/2020/04/COVID-Realities-mental-health-briefing-paper.pdf.

Sanford, M. 2022. *Local Government in England: Structures*. House of Commons Library Research Briefing. Accessed 11 April 2025. https://researchbriefings.files.parliament.uk/documents/SN07104/SN07104.pdf#:~:text=Local%20government%20restructuring,authorities%20in%20England.

Serapioni, M. 2023. *Towards greater family policy integration across Europe*. European Observatory on Family Policy, Brussels. https://coface-eu.org/wp-content/uploads/2023/11/Towards-greater-integration-in-family-policy-across-Europe.pdf.

Silva, L. 2017. 'One o'clock clubs are a godsend for parents, don't cut them'. *Brixton Blog*, 17 March. Accessed 20 June 2024. https://tinyurl.com/mtdfy54a.

Simon, A., Penn, H., Shah, A., Owen, C., Lloyd, E., Hollingworth, K. and Quy, K. 2022. *Acquisitions, Mergers and Debt: The new language of childcare*. UCL Social Research Institute. Accessed 20 June 2024. https://discovery.ucl.ac.uk/id/eprint/10142357/7/Childcare%20Main%20Report%20010222.pdf.

Smith, G., Sylva, K., Smith, T., Sammons, P. and Omonigho, A. (2018) *Stop Start: Survival, decline or closure? Children's Centres in England*. Accessed 9 May 2025. https://www.suttontrust.com/wp-content/uploads/2018/04/StopStart-FINAL.pdf.

Sommer, T. E., Franchett, E., Yoshikawa, H. and Lombardi, J. 2024. 'A global call for two-generation approaches to child development and caregivers' livelihoods'. *Child Development Perspectives* 18 (4): 204–14. https://doi.org/10.1111/cdep.12516.

Sylva, K. and Eisenstadt, N. 2024. *Transforming Early Childhood: Narrowing the gap between children from lower- and higher-income families*. Nesta. Accessed 20 June 2024. https://www.nesta.org.uk/report/transforming-early-childhood-narrowing-the-gap-between-children-from-lower-and-higher-income-families/.

UK Parliament. 2024. 'Maternity Allowance: Question for Department of Work and Pensions', 14 October. https://questions-statements.parliament.uk/written-questions/detail/2024-10-14/HL1570/.

UNCRC (United National Committee on the Rights of the Child). 2006. *General Comment No. 7 (2005). Implementing child rights in early childhood*. Geneva: United National Committee on the Rights of the Child. Rev. 1. Accessed 20 June 2024. https://www.refworld.org/legal/general/crc/2006/en/40994.

Villadsen, A., Asaria, M., Skarda, I., Ploubidis, G., Williams, M., Brunner, E. and Cookson, R. 2023. 'Clustering of adverse health and educational outcomes in adolescence following early childhood disadvantage: Population-based retrospective UK cohort study'. *The Lancet Public Health* 8 (4): e286–93. https://doi.org/10.1016/S2468-2667(23)00029-4.

Wilcock, R., Elliot, H. and Symons, T. 2022. 'Unlocking the potential of early years data'. Nesta [Blog]. Accessed 8 January 2025. https://www.nesta.org.uk/blog/unlocking-the-potential-of-early-years-data/.

11

Community-centred asset-based approaches towards 'a happy and healthy childhood'

Naomi Mead, Jamie Eastman, Pratima Singh, Sultana Begum Rouf and Kelda Holmes

Introduction

In this chapter we explore the role of community-centred approaches to support child wellbeing from the perspective of an embedded research and evaluation team within an inner-urban community centre. Community-centred approaches to health and wellbeing are those that start from the observation that good health and health equity is often garnered through social connections and active participation in local communities (South 2015). In this view, community life and good health are intertwined. Where individual skills, knowledge and time can be harnessed for community benefit, and local leadership and representation nurtured, these constitute community assets that can be deployed to enhance the health and wellbeing, especially in inner-urban areas, of marginalised groups of residents (South 2015). Community-centred approaches seek to reduce health inequalities and provide hope for communities by strengthening social resources, mobilising volunteering, creating collaborations and partnerships and improve social and practical connections across communities, and are a key tenet of public health (South 2015). In this chapter we document two examples of community-centred approaches that took place at Bromley by Bow Centre, a unique community centre adjacent to and working in partnership with General Practices, which serves a Primary Care Network area of 54,000 residents of Tower Hamlets, East London.

We argue that these two examples of community-centred approaches, namely community research with families with children under 11 about what makes the Best Start in Life (Project 1) and

an evaluation of participatory budgeting for its impact on wellbeing (Project 2), confirm and extend the ideas, specifically those about child wellbeing, discussed in Chapters 1 and 2 of this volume. As noted in Chapter 1, an urban child's individual wellbeing is supported by feelings of safety, social support, activity, places and green spaces to meet and play, as well as a sense of community identity (Chawla 2016). Drawing on critical childhood sociology concepts discussed in Chapter 2 that challenge a binary between children's present and future, we argue that the commonly made distinction between 'wellbeing' – as the qualities which enable children to thrive in their environment in the present – and 'well-becoming' – developing the conditions and capacities which can support future wellbeing (Husbands et al. 2024) – can also be challenged.

As an embedded research and evaluation team working with community-centred approaches we were guided by mapping the concept of 'population health' to wellbeing: thus, we consider wellbeing that is more than the sum of many individuals' wellbeing, instead requiring consideration of patterns across the community, seeking both an improvement in outcomes across a group and reduced inequality of outcomes within the group (Kindig and Stoddart 2003). The implications for children's wellbeing at a community level are understanding differences and divergences, such as who is well within a group, inequalities of distribution and attention to the variety of stories about what makes wellbeing and when the primary focus might be on parents, not children. A second useful concept from this literature is 'health creation'. Health creation is 'the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their own lives and immediate environment, [leading to enhanced] health and wellbeing' (New NHS Alliance 2017, 2). Comparing health creation to well-becoming implies that supporting children's well-becoming at a community level would involve processes for community ownership for groups to shape their environment, and/or individuals and families developing new capacities and confidence to control their own lives.

As a community anchor organisation the Bromley by Bow Centre is a campus offering a wide range of person-centred and integrated programmes such as health-and-wellbeing-related advice and participation opportunities. Its research and evaluation team employs community research methods to find out what matters to local residents, and directs change to the programmes where indicated. The centre has developed into a mature, place-based community centre with a reservoir of facilitation skills, networks, cross-sectoral working and accreted trust, and with a premium placed on building local relationships, which can also be

found in flourishing community organisations across the UK (cf. Stocks-Rankins et al. 2018; Henderson et al. 2018) and therefore offer useful ingredients to explore the implications of community infrastructure for children's wellbeing more broadly.

Underpinning the Bromley by Bow Centre approach to research, and that of community-centred approaches more generally, are three concepts: community, inequality and voice (South 2015). After a brief discussion of these three concepts, this chapter presents study methods and findings for Projects 1 and 2 that exemplify different facets of community wellbeing, and which invoke resourcefulness and hope for families and for urban childhood.

Community

Community implies a shared stake in a place, service or culture (South 2015). In this chapter, the community is largely Bromley by Bow, an area within the borough of Tower Hamlets bordered by a major road, a canal and a park. Compared with the borough as a whole, Bromley by Bow residents are more likely to be Bangladeshi or British Bangladeshi (41.4 per cent versus 34.6 per cent in the borough), have English as a second language (27.1 per cent versus 26.9 per cent) and live in households where inhabitants speak more than one language (38.7 per cent versus 37.1 per cent) (ONS 2021).

Bromley by Bow's community infrastructure includes shared green spaces, highly rated schools, access to retail, transport and a high number of voluntary organisations supporting a range of health and wellbeing activities. Further assets identified by local people are the skills and activities available locally (BBBH 2023; LBTH 2024).

Inequality

Inequalities in Bromley by Bow, even compared with the wider borough of Tower Hamlets, are stark. They are particularly acute in four areas: income, housing, health and skills. Figure 11.1 presents the average figures for the Bromley by Bow area, Tower Hamlets as a whole, the lowest and highest areas in Tower Hamlets (as indicated by Lower Super Output Area (LSOA) or Primary Care Network (PCN) statistics) and comparisons with London and England. In terms of relative child poverty, the chart shows that residents in the Bromley by Bow area

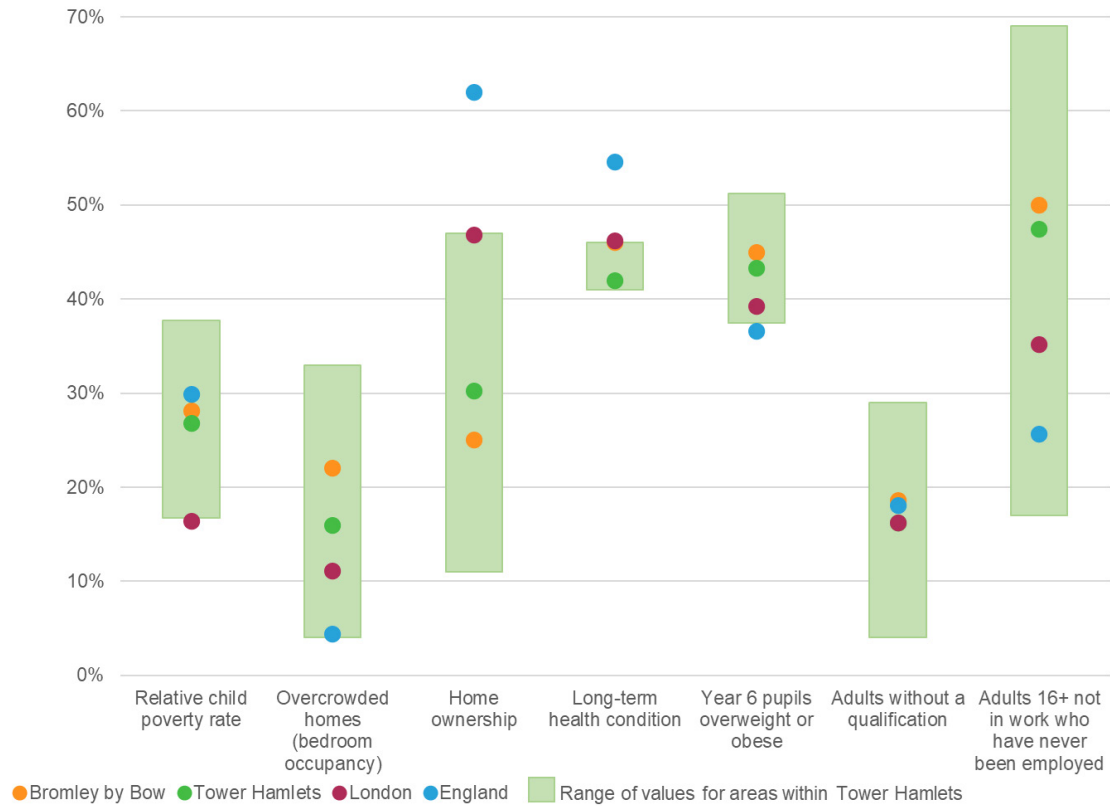


Figure 11.1 Comparison of income, housing, health and skills statistics within and beyond Tower Hamlets. *Source*: Authors.

are more likely to be low waged and in poverty than elsewhere in the borough or in London. Homes are more likely to be overcrowded and less likely to be owner-occupied than elsewhere. Prevalence of long-term health conditions, albeit in a younger-than-average population, is on a par with elsewhere. Rates of childhood obesity at age 11 are higher than the average for the borough, and higher than London or England. A high proportion of adults do not have a qualification (18.6 per cent), but this is about the same as in England as a whole. Finally, half the adults in the area who are not in work have never been employed, which is slightly more than average for the borough, and on this indicator the borough is the second-highest local authority in England, after neighbouring Newham.

These inequalities shape childhood experience both directly and indirectly. Poverty affects children's wellbeing (Main 2014; see Chapters 5 and 6); so does growing up in a poor neighbourhood (Pebley and Sastry 2011) and in a society with large inequalities in income (Cabieses et al. 2016).

Voice

Enabling residents to express their views or 'voice' is a key concept in community-centred approaches and a core principle of Bromley by Bow Centre research. Research methods seek to engage community residents around a research topic or question in ways that mean participating residents can shape their own skills, and build social connections and a sense of belonging to a community. Also called co-production, this approach to community research employs participatory methods that aim to fully engage participants in decision-making and sense-making (Albert et al. 2021).

Project design and method

Project 1

For Project 1, the key question was 'What makes the best start in life?'. The project took place under the aegis of the ActEarly programme during 2020–1 when the COVID-19 pandemic restrictions meant research methods had to quickly pivot away from planned in-person data collection towards online and remote methods (Twamley et al. 2022; Garthwaite et al. 2022). Questions had to adapt to new circumstances

and focus on challenges families faced during lockdown, their dreams about what would represent the best start in life for their children and changes that would be needed to achieve happier and healthier children (Holmes et al. 2021). Eventual research methods were:

- an online survey achieved through purposive sampling that invoked community researcher contacts and snowball sampling from Bromley by Bow centre contacts (158 participants)
- an online engagement tool called Family Playrooms that acted as a support community for isolated parents and children (250 participating families but data not analysed)
- a series of summer activity workshops and playpacks creating participatory art projects, culminating in a dream village (397 contributing families).

This initial data collection was supplemented with 18 in-depth interviews with parents, and two workshops to discuss findings and develop recommendations, leading to a Families Action Plan. In total, 573 families submitted a response to the research question. Nearly 80 per cent of adult participants were female carers (overwhelmingly, mothers) of children under the age of 11 years old, 21 per cent of adult participants were male and the average household size was just over 4. Children's responses were collected alongside that of their parents/carers. Initial analysis was carried out by the community research team, working in pairs to identify themes within each lens of challenge, dream and change. Subsequently, reflective research group discussions of each theme were used to formulate interview protocols, expand analysis and revisit themes and conclusions.

Project 2

Project 2 was a mixed-methods evaluation of wellbeing groups for families proposed and led by volunteer members of the community, using participatory budgeting. Participatory budgeting is a community-centred approach that enables local residents to direct and design the activities available to them and has been run in many different forms across the world (cf. Williams et al. 2017). The data used to assess this work is based on qualitative adult participant observations of their own family and networks and quantitative pre- and post-self-reporting; a staff focus group; in-depth interviews with five group leaders; written reflections from a sixth group leader.

In both projects, in-house evaluation and research principles formed part of the governance of the project. These were: valuing each person; using creative and inclusive methods; attaining high quality and rigour; connection to practical action and learning. Reflection points and processes were created to establish and review commitments that fitted each of these principles. The overarching synthesis of this chapter is drawn from the experience of the community research team (Pratima, Kelda, Sultana and Naomi) and the observations of the embedded evaluation team (Jamie and Naomi).

Project 1: what makes the best start in life?

Whilst the COVID-19 pandemic context disrupted study plans, it served to elucidate some pre-requisites of urban childhood wellbeing. Four themes emerged from data analysis, which were amplified but not fundamentally altered by the timing of the research.

The first and most prominent theme was how families inhabited and used the indoor and outdoor environments around them. Domestic homes were the first reference points for mothers, usually in terms of tasks and labour, and, in lockdown, the intensity of all family members spending all their time together. However, both children and adult carers referred to spaces outside the home as offering places for socialising, developing skills, exploring and having fun. The urban offering of community centres, cafes, libraries, children's centres and mosques all 'helped me learn more skills, making more friends … it makes me go out and take off my routine and have my relax time' (mother). Green spaces were particularly valued, for 'getting outside and enjoying nature' and 'helping the mind' (mother). One child said that for their Best Start Village they 'made a pond where children can feed ducks. The pond will have weeds, flowers, grass and ducks and lily pads'. According to these participants, outdoor spaces should be safe, clean and green.

The second and related theme was play and opportunities for play. Many participants felt that children needed more options for socialising and learning together, particularly in the form of youth centres. As one mother said, 'youth centres were more than just a space for young people to go, they were the hub of the community where all the family became engaged and got involved'.

Underpinning these two priorities were two further themes: providing a firm foundation of security for a flourishing childhood,

across emotional, mental, financial and physical needs; and the opportunities for connection and support within families' wider network, in particular for caregivers. As one mother said, 'connection for me is socialising, sharing your feelings, sharing your joys. Whenever you think of happiness you've always shared it with other people … sharing and connection goes hand in hand'.

A community for urban childhood

The four themes were brought to life in one collective creation – a 3D installation and video of a 'dream village' (see Figure 11.2). Over 150 responses to the question 'If it takes a village to raise a child, what would you put in the village?' created a poignant picture of the community needed for children to thrive. By the end of the summer workshops, the village contained nearly as many animals as people, ever-present nature and homes for the homeless. One child summarised these desires as living with greenery and being welcoming to others: 'I built an eco-friendly house for people because I think it would be nice to live in a green place with flowers. The person could be homeless or a refugee so I wanted to welcome someone into our community.'

Figure 11.2 The collected dream village. *Source*: Bromley by Bow Centre.

A number of superheroes (from children) were introduced to the village alongside other expressions of psychological security and an environment of encouragement (from adults and children), such as 'a school of feelings' (child). As one mother and child put it, to 'have more safe areas for children to play and some more fun ways for kids to learn, for example showing them more things to make them understand and we could also have a club anyone could join and socialise' (mother and child).

Places to play were emphasised often, both as spaces for action – which was sometimes combative (such as wrestling or karate) and creative (such as music or art) – and as spaces for learning and interaction, as well as a range of other submissions which, as one participant said, were 'to guide, to nurture, to educate and to care' (father).

Urban childhood wellbeing, in this community research, was about space, activities and feeling safe in a community. This is similar to wider discussion of children's understandings of wellbeing but gives additional emphasis to the role of community and social connections within communities.

Connecting places, activities and relationships in a pandemic

In the pandemic experience of closure and pivot to virtual delivery, two elements fundamental to families' perceptions of 'a best start in life' were highlighted as missing: the ability (especially for parents/carers) to build and connect to wider community networks, and a space for activities providing opportunity and learning, rather than just meeting need.

Parents participating in the Best Start in Life project in urban East London emphasised that their and their children's wellbeing thrives when they can make use of community facilities. Learning, socialising, and being active rely on being able to access high-quality children's activities, especially when their indoor spaces are cramped. For parents, such activities were sometimes connected to securing future educational attainment for their children and hence also connected to a sense of well-becoming. For them, and children, it was important that spaces were inclusive, as in this child's wish for: 'A space for kids to hang out together where everyone is included'.

Moreover, for parents, having to communicate via online tools during the pandemic served to illuminate its disadvantages: as one mother said, 'online doesn't feed the soul'. Parents and carers missed intermediate spaces, or social infrastructure, such as libraries, cafes and community centres, as places to meet other adults, to socialise, learn and participate in events. As one said:

(a)

(b)

Figure 11.3 Communities and places supporting an urban childhood: an event at the Bromley by Bow Centre; the online Family Playrooms. *Source*: 11.3a photo by Sylvie Belbouab; 11.3b The Bromley by Bow Centre.

> For me, the local library was a main kind of connection because I would go there and I would meet parents of similar aged children … I would meet new faces, some familiar faces and over time you start sharing. And even resources that I could take from community centres and bring them home and do stuff. (Mother)

These findings have implications for community organisations themselves, which may be more used to focusing on adult rather than child wellbeing: first, that communal spaces are needed to support a range of tasks towards children's wellbeing, as places to learn and play, reinforce networks, or host events (see Figure 11.3a); second, that when focusing on childhood wellbeing for a community or population, relationships between adult carers, between children themselves and across generations gain significance both in families' picture of an ideal community and in their desire for support for their children's wellbeing; and third, that through the opportunism of co-location and activity communal spaces support building relationships, particularly those that are characterised by weak ties (cf. also Franklin and Tranter 2022), in a specifically valuable way.

Reflections on community-centred approaches in a pandemic

Conducting community research during the COVID-19 pandemic presented a clear challenge to established methods and required a substantial period of iteration and learning to successfully engage with families. First, we lost a central foundation of the community-centred approach, which was the 'place', and had to establish trust and supportive relationships in a different 'place'. The pragmatic response was the Family Playrooms Facebook page and web platform as a way to connect people with each other and the research (see Figure 11.3b). These methods quickly diversified and incorporated more in-person engagement activities as restrictions allowed. As noted by our participants, online settings seemed less effective for building new, informal but rich, opportunity-based connections.

The success of Project 1 in reaching as many residents as it did during lockdown conditions was due, in some part, to its connection to a trusted community anchor organisation with longevity. It also affirmed the importance of creative methods as we sought to find different ways to connect with families. Highlighting aspiration and play brought joy and engagement into the research process, but also seemed to bring adults into children's worlds to be able to include both perspectives in dialogue with each other, and enabled us to break out of predictable responses.

Focusing on visual methods and physical play packs reduced the barrier of language and navigated some of the (newly heightened) challenges of digital exclusion.

The community-centred approach implies a reciprocity with participants: the research team were aware that they held an important responsibility, at a time when families were coping with extreme adversity, to offer immediate usefulness and relevance in any solutions proposed as a result of the project. Two outcomes from the work were that the Bromley by Bow Centre convened local stakeholders to create a Families Action Plan, organised around the research recommendations, and sought additional funding to develop a Parent Power magazine with local parents and carers, itself a product of collaborations that took place during Project 1.

In sum, Project 1 findings point towards building a collective understanding of wellbeing through connections, safety and trusted spaces and it is perhaps not surprising that the research approach that was effective incorporated the elements identified as supportive of children's wellbeing: inclusive, relational and creative engagement. Siting this research in a supportive place was similarly crucial to the method, which was partially achieved online but only flourished in an offline setting.

Project 2: participatory budgeting for children's health and wellbeing

Project 2 explored how a participatory budgeting approach might unlock new resources and capacities for individuals and groups to aid community well-becoming. It took place in 2022–3, in the recovery phase from COVID-19 restrictions. Here we focus on the group leaders' experience, collected through in-depth interviews, to understand and interpret the quantitative improvements for adult participants shown across a range of wellbeing measures and to explore the implications for childhood wellbeing.

A supportive structure

The participatory budgeting project sought to reach anybody who had an idea to improve child health and wellbeing. It involved a programme of training and support to develop the application and build potential group leaders' confidence and then a Community Voting Day which invited all applicants to pitch their ideas to over 150 local residents. The winning

applicants received a budget to realise activities and were assigned a member of staff as a mentor and administration support, particularly important to the programme design as many of the applicants had not led groups previously. In the event, 13 groups were funded, with foci ranging from dramatherapy to exercise. Of these, eight groups were deliberately mixed groups of children and adults experiencing an activity together, often run over several months – such as baking and healthy eating, art, baby yoga, dads' stay and play, positive growth mindset activities, a project embracing diversity and museum trips. In total, these groups involved eight group leaders, over 96 adults and 167 children.

Leadership supporting community well-becoming

The most common motivation for group leaders (all volunteers) starting a group was providing 'encouragement' for people to socialise and form new connections – as a way of going 'back to normal' after COVID-19 as this group leader explains:

> I always wanted to make sure that we come in, we connect, we build trust, and then our culture gets built from there. And it seems like it's a little family away from the initial family, if that makes sense. You know, they can lean on us at any time for the good, the bad, and the ugly, you see what I'm saying? And that's always, always a big thing with communities … when it's good, we can be good together and experience memories and moments. When it's bad then those moments and memories are about coming together and support … And anything in between, it's just happy days. (Group leader – Fathers' Stay and Play)

The second strand of motivation came from observing and reflecting on their own positive experience – whether this was to go on educational trips, use cooking to support mental health and interaction, or bond in a supported way with their children – and the desire to 'pass it forward' to the next generation or set of interests. Leaders discussed designing their sessions and invitations in a way to reach people who might not have those opportunities (such as those who were in homeschooling groups, or were in intergenerational families, or in a similar position, such as other fathers).

Improved wellbeing outcomes

Project 2 showed a range of positive outcomes for adult participants. Questionnaires showed improved wellbeing, confidence, social connection and community participation (contribution) – factors which are understood to support health and wellbeing creation (Baciu et al. 2017). Table 11.1 shows group results (n = 45) compared with results in brackets from all participatory budgeting questionnaire respondents (n = 89) who provided matched data against pre- and post-indicators. The outcomes of the 45 compared favourably with the full sample: the group self-reported initially more positively than the mean but made the same or larger changes across most measures and particularly large gains in connection and confidence. All differences were statistically significant.

Improved social connections and confidence

When asked about the impact of the activity for the participants, group leaders focused on improved connection and confidence. Group leaders' observations revealed new connections made between the children and the adults, and across the generations. Through thematic analysis, these were categorised as bonding (building social ties), helping others, intergenerational connections and long-lasting relationships. These changes were sometimes seen to affect the whole group behaviour and for this to continue into the networks and relationships outside the sessions. In one example, the group leader referred to growing both intergenerational relationships and relationships built between people from diverse backgrounds:

> Children and parents got to connect on a different level and work together. The benefit of this is also building a relationship with our community, respecting, accepting different cultures and background. (Group leader – Diversity Club)

In another example, the leader of the healthy cooking group talked about promoting social interactions after sessions had finished, and building bridges across communities:

> I've built some good friendships along the way … I've got a WhatsApp of chat. So we chat [to] each other through that … even [when] those sessions are over. They still like asking me questions

Table 11.1 Changes in means and percentages of adults responding positively to the intergenerational group activities, compared to the wider group of participants engaged in the participatory budgeting programme (comparison in brackets).

Indicators (Scale 0 'strongly disagree' to 4 'strongly agree')	Mean			Percentage positive rating			Sample size
	Pre	Post	Difference	Pre	Post	Difference	
Strengthened personal resources							
I feel confident in my abilities	2.6	3.1	0.5	60%	80%	20%	45
	(2.6)	(2.9)	(0.3)	(55%)	(70%)	(15%)	(89)
Connection to others							
I feel connected to other people	2.6	3.1	0.5	60%	87%	27%	45
	(2.5)	(2.9)	(0.4)	(56%)	(74%)	(22%)	(88)
Connection to place and community							
I know about what's going on in my community	2.2	2.9	0.7	38%	71%	33%	45
	(2.0)	(2.7)	(0.7)	(34%)	(61%)	(27%)	(89)
I feel part of my community	2.6	3.1	0.5	62%	71%	9%	40
	(2.4)	(2.9)	(0.5)	(51%)	(68%)	(17%)	(81)
Contribution							
I regularly help people in my community	2.1	2.6	0.5	24%	56%	32%	45
	(2.0)	(2.5)	(0.5)	(24%)	(51%)	(26%)	(89)
General wellbeing – MyCAW							
(Scale 6 'as bad as it can be' to 0 'as good as it can be')	2.3	1.4	0.9	47%	76%	29%	44
	(2.5)	(1.7)	(0.8)	(43%)	(66%)	(23%)	(88)

Source: Authors.

> … Cooking and healthy versions of stuff … I still find my role beyond the sessions are still continuing as should I say an instructor or a friend … It has helped a lot of people come out. They cocoon … Come, come out, socialise, make new friends. It's built a lot of bridges between neighbours and communities.

Group leaders witnessed adults grow in confidence through a change in outlook and evidence of self-assuredness; increased capability and evidence of skills developed; and building social and technical confidence and independence for child participants. Many of the activities were based on building a particular set of skills (for example, cooking, a growth mindset or play) or exploring a specific theme (such as diversity). Participants were invited to share their histories with their group and worked problems out together. In the art group for families with a disabled child, the group leader found that childhoods and cultural backgrounds provided the materials for exchange:

> People brought their experience into making the artwork and their cultural background as well, because you could see some of the techniques they were using. It was like something we'd learnt from our childhood … Sewing and doing patchwork things. The kids are like 'why are you doing this?' and the parents are like 'look, this is how we did it when we were little'. And the kids are like 'ah, okay'.

In the family baking group, the leader declared that the biggest change was 'the independence for the kids. Really. And the way that parents were happy to … be in the kitchen more independently as well'. This confidence was also linked to change outside the sessions:

> They enjoyed it especially when the parents would come back and like [in their] feedback say, 'oh, you know what? My child is eating this vegetable now', or 'They need to try this tomato now'. Yeah. That's when they feel like it has achieved something.

A subtler but perhaps more significant change was in perception or possibility within family relationships: it might be a child realising that their father is 'cool' because he knows the organiser of a community day, or enjoying the reading time they were having or referring proudly to their mother leading the group; or it might be parents and carers experiencing their children socialising in new ways, or planning and delivering tasks independently. Future project work could usefully explore how this

type of perception shift supports children's changing sense of wellbeing or well-becoming.

Gentle growth

Several group leaders described the experience of seeing one moment encapsulate their hope for the group. For example, the group leader for the families art group said:

> It started off … like different families, six, seven families on separate tables, and then at the end they were in the one big table, you know, doing the artwork and chatting away … talking to each other's kids and looking out for each other's kids as well … [as in] 'come here, let me feed you' this, or that. It was really nice. So this is what I wanted, that community togetherness.

These moments suggest how change within these groups is supported: through providing conditions for new experiences and relationships. In interviews, leaders introduced the idea of gentle growth, and how building rapport deliberately, in a supported space, could open up new possibilities for the group, as described here: as expressed by a leader in the Fathers' Stay and Play group, 'There has to be someone that can connect with people and bring them in and then have that trust within and then open them up gradually and organically.'

Throughout the conversations, group leaders approached the activities by building connection and sharing lived experience. In turn, group leaders particularly mentioned the one-to-one support and connections provided for them to run the project as being fundamental: 'they gave me the boost I needed … like when I was at difficult times, I knew I could go to them' said one group leader, while another said the biggest support was 'developing networks, and the encouragement from Bromley by Bow Centre staff that this was a much needed idea, who [are] also now helping to signpost fresh opportunities' (group leader, Father's Stay and Play).

Changes for group leaders

When asked about their own experience of the project, most group leaders stressed their similarity to other parents or carers within the group, albeit with additional responsibility. Some were proud of their achievement and spoke about how it had changed their own relationship

and habits with their children or with others'. The family baking group leader talked about the greater confidence they had gained in their own abilities, allowing them to participate more effectively in their local community:

> It's definitely helped boost my confidence in my own abilities and it's allowed me to connect with my community in a different way … It gave me something to talk about to others and it also, just helped me to be a bit more open and just speak to people randomly … like people in my local area and about all aspects of mental health and even disabilities … and give them advice … It's allowed me … [to] start my own things off and gave me a bit of more motivation to be more active in my community.

Others spoke of the experience as a stepping stone onto other projects, helping them explore what was possible or solidify future plans. Across the interviews, each group leader's prior experience varied widely, but all remained involved in facilitating community activities subsequently.

Facilitating well-becoming

Supporting parents and carers to lead activities in their local area, especially if this is something they had not expected to do or experienced before, can engender a range of positive outcomes, including self-reported wellbeing, connection and confidence, as seen in the Project 2 participants (Table 11.1). Whilst there is currently limited evidence around health and wellbeing impacts of participatory budgeting, with much more conclusive evidence concerning increased community engagement and empowerment (Williams et al. 2017; Campbell et al. 2018), a recent qualitative study of a participatory budgeting project in Haringey, North London, following a similar design and process to Project 2, explored mechanisms for improvements for individuals' health and wellbeing. This study identified changes in community participation and confidence, as well as changes in behaviour, ethos, collective action and partnership working, as all facilitating wellbeing improvements (Dan-Ogosi 2023).

In Project 2, 'well-becoming' was characterised by developing skills, changes in perceptions and also unexpected outcomes among participants. Socialising, developing confidence and skills were identified as core components supporting children's wellbeing, which is consistent with other research (cf. Chawla 2016; Husbands et al. 2024). Group leaders'

observations during interviews suggest that an explanation for the self-reported increase in connection, skills and confidence lies in the democratic and inclusive process and ethos of participatory budgeting. These findings could be pursued further with more comprehensive evaluative data collection and, most importantly, including children's own reflections. What is most clear from group leaders' reflections is that these outcomes are fostered gently, develop within the positive shared experiences of the group and may not necessarily be predicted in advance in any predetermined way.

There were several mechanisms that suggest how these effects were translated into other aspects of the families' lives. First, having children and parents engaged together offered fertile ground for creating changes experienced by both generations. Second, drawing from lived experience as well as perceived need seemed to foster confidence and credibility for the group leader. Third, targeted outreach absorbed into the group leaders' existing network seems to have enabled the groups to keep in touch and reinforce the connections made within the project – whilst also reaching groups of people who leaders identified might most benefit.

Building the capacity and confidence of group leaders was central to the project's operation as their facilitation, modelling and relationship-holding was crucial to the success of the group. Whilst group leaders were supported by Bromley by Bow staff, the approach shows that community anchors do not need to provide a direct solution for community need, although their place-based and networking or hub role can be a site for development and facilitative capacity for a community's social fabric (Poland et al. 2021).

Conclusion

Developing urban childhood wellbeing, or healthy and happy childhoods, in the experience of participants in these two examples of community-centred and asset-based approaches, means, as a starting point, building social connections between, and purposeful activities for, parents, carers and children. While the projects were conducted during and in the shadow of a public health emergency, this context serves only to more sharply illustrate what is valued about place and the connections between people by inner-urban families and children. The role of the community anchor organisation as facilitator of the projects, setting the ethos of both delivery and evaluation in community-centred methods, is significant.

Few traditional research entities could have reached so many families with creative methods during a time of national mobility restrictions.

Through documenting Projects 1 and 2, we found that the community anchor context and community-centred approaches drew particular attention to the reliable physical space and facilitative relationships needed to support children's wellbeing. Children (and their parents) valued places to play outdoors and spaces to come together underpinned by a sense of security and dependability of people and place. These dimensions of wellbeing map onto the wider literature on children's understandings of their own wellbeing (see Chapter 1). Furthermore, study participants wanted spaces that were welcoming, inclusive and not wholly reliant on digital interfaces. The community-centred approach, relying as it did on shared ownership of projects, generated some unexpected outcomes that were long-lasting: for instance, in changing not only internal family dynamics and decisions but also a family's engagement in their community. Being together and working on participatory budgeting projects showed one route to well-becoming, through building skills and confidence for both parents and children, which potentially developed children's resources for wellbeing. We now return to the core concepts of community wellbeing, inequality and voice to further explore the implications of our findings.

Implications for child wellbeing in community

The community-centred approaches adopted have illuminated that, firstly, child wellbeing was clearly multi-layered, and intrinsically connected to parents' support and resources, as well as their networks and community. Second, the methods adopted allowed for a focus on families interacting with other families, rather than children interacting with their own age group. Third, we were able to identify the role of wider networks in the family support system and potential for targeted support for particular groups. And fourth, the scope of activity, which may reflect a more granular sense of community than at local authority or district level, which have much larger populations. The projects explored, repeated over time, have the potential to scale in numbers and networks; further investigation could identify at what point concerted civil society support and collective effort could make a difference in changing the character of a local area as well as the experience of smaller networks or communities of individuals within it.

There are implications for community wellbeing supports. Both projects juggled possibility and reality, working simultaneously with

the present and future, through challenging and changing perceptions, building skills and involvement and generating positive experiences. In the end, building capacities for well-becoming looked very similar to supporting in-the-moment wellbeing, so questioning this conceptual distinction (see Chapter 2). In particular, we have seen that social connection and confidence, two running themes supporting collective wellbeing and well-becoming, happen in multifaceted and non-linear ways. Building the conditions for these changes requires subtle facilitation, a willingness to tolerate uncertainty and a stable, trustworthy, base.

Responding to inequality

We have documented practices of supporting wellbeing with families who live with the hardship and insecurity of inequality in East London. The projects' methods deliberately provided space for families' aspirations and resourcefulness, which grew alongside and in the face of this inequality and hardship. Importantly, these projects are set within a context where support which is designed to address crises is also available and where there is potential for targeted reach to people who might be facing the most barriers for involvement.

Certain qualities of a community anchor organisation mean that it is well placed to challenge health and economic inequalities, particularly through breadth of engagement, networked relationships and longstanding community trust and credibility (Baciu et al. 2017). Community-centred approaches could further challenge and respond to inequality. For example, Project 2 allowed the concerns, ideas and skills of parents and carers (substantial community assets) to respond to community-identified need post-COVID.

Building voice through participation

While adults were the primary focus for Projects 1 and 2, we can go much further with asset-based and community-centred approaches for and with children, in particular supporting children themselves to be actors and decision-makers and encouraging more spaces where children are part of multi-generational communities.

Increased participation, co-production and children's ownership has 'demonstrable value' for collective understanding (Camfield et al. 2009, 3) – examples from Camfield and colleagues' research are accompanied by projects within schools and children's clubs (for example, Clark 2010;

Sousa 2020). Could a more radical example of community well-becoming be realised if younger residents took charge of a participatory budgeting process? What would be the effect on outcomes in settings where adults and children are learning and interacting together? These examples provide a challenge to community anchors to include children as important stakeholders in planning and creating activities and priorities.

Concluding with hope

Hope firstly comes from the Tower Hamlets residents who have contributed to these projects. In a variety of ways, adult (parent/carer) and children's voices have expressed their dreams, reflections and concerns about wellbeing and well-becoming. The powerful imaginary of articulating 'the best start in life' and the community that is needed to support this dream was developed in one of the most uncertain and pressurised contexts for families in living memory, when national longitudinal records of self-reported wellbeing fell (ONS 2021). Families were able to build their visions, share their knowledge with other families and benefit positively from the experience, leaving a dream village and other resources to express their priorities.

We also offer pragmatic hope through methods of engagement which provide different ways of families being and becoming well together: these methods specifically focused on community anchors as sites for families to connect, creative community research as a tool for shared understanding and participatory budgeting processes as a vehicle to respond to changing priorities. This chapter has identified a range of roles for community infrastructure to extend conceptions of children's wellbeing and therefore to enable its better facilitation. Post-COVID-19 and in the midst of a cost-of-living crisis, where community and individual resources are stretched to their limit, community anchor institutions could play a fundamental role in facilitating these changes, unlocking community capacities and possibilities for the present and future of urban children.

Acknowledgements and research ethics

We thank community engagement lead Mandy Harrilal in shaping and delivering the human touch training and hers and Alex Albert's consistent support of the community research team throughout the Best Start in Life project.

For both projects, we followed Bromley by Bow Centre's community research ethics and governance process first established during the Unleashing Healthy Communities research and following NCCPE's (2012) guidance on ethics for community-based participatory research projects. This includes oversight against pre-established ethical principles and processes for escalation of concerns through the board of trustees, establishment of an external research and evaluation advisory board, training for researchers in application of ethical principles, establishment and documentation of ethical commitments, points of care and actions developed for each project, membership and adherence to the Social Research Association code of conduct, informed consent practices, regular reflective practice and supervision for researchers. Where affiliated with another organisation, we also followed that institution's ethics process. Project 1 was not affiliated with another organisation. Project 2 was affiliated with UCL; ethical approval was obtained through the UCL Research Ethics Committee.

Further reading

Ben-Arieh, A., Casas, F., Frønes, I. and Korbin, J. E. 2014. 'Multifaceted concept of child well-being'. In *Handbook of Child Well-Being*, edited by A. Ben-Arieh, F. Casas, I. Frønes and J. E. Korbin. Dordrecht: Springer. https://doi.org/10.1007/978-90-481-9063-8_134.

Eastman, J. and Mead, N. 2024. *Participatory Budgeting for Children's Wellbeing*. London: Bromley by Bow Centre.

Rippon, S., Bagnall, A. M., Gamsu, M., South, J., Trigwell, J., Southby, K., Warwick-Booth, L., Coan, S. and Woodward, J. 2021. 'Towards transformative resilience: Community, neighbourhood and system responses during the COVID-19 pandemic'. *Cities and Health* 5 (sup1): S41–4. https://doi.org/10.1080/23748834.2020.1788321.

Wakefield, S. E. and Poland, B. (2005). 'Family, friend or foe? Critical reflections on the relevance and role of social capital in health promotion and community development'. *Social Science and Medicine* 60 (12): 2819–32. https://doi.org/10.1016/j.socscimed.2004.11.012.

References

Albert, A., Balázs, B., Butkevičienė, E., Mayer, K. and Perelló, J. 2021. 'Citizen social science: New and established approaches to participation in social research'. In *The Science of Citizen Science*, edited by Katrin Vohland, Anne Land-Zandstra, Luigi Ceccaroni, Rob Lemmens, Josep Perelló, Marisa Ponti, Roeland Samson and Katherin Wagenknecht, 119–38. Dordrecht: Springer. https://doi. org/10.1007/978-3-030-58278-4.

Baciu, A., Negussie, Y., Geller, A., and Weinstein, J. N. (eds). 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: National Academies Press. Accessed 13 April 2025. https://nap.nationalacademies.org/read/24624/chapter/1.

BBBC (The Bromley by Bow Centre). 2023. *Annual Review*. Accessed 13 April 2025. https://www.bbbc.org.uk/wp-content/uploads/2024/01/BBBC-Annual-Review-2023-final.pdf.

BBBH (Bromley by Bow Health). 2023. *Community Partnership Health Improvement Delivery Plan*. Accessed 11 April 2025. https://www.bbbc.org.uk/wp-content/uploads/2023/10/CPHIP-Needs-and-Opportunities-Analysis-FINAL-07.10.23.pdf.

Cabieses, B., Pickett, K. E. and Wilkinson, R. G. 2016. 'The impact of socioeconomic inequality on children's health and well-being'. In *The Oxford Handbook of Economics and Human Biology*, edited by J. Komlos and I. Kelly, 244–65. Oxford: Oxford University Press.

Camfield, L., Streuli, N. and Woodhead, M. 2009. 'What's the use of "well-being" in contexts of child poverty? Approaches to research, monitoring and children's participation'. *International Journal of Children's Rights* 17 (1): 65–109.

Campbell, M., Escobar, O., Fenton, C. and Craig, P. 2018. 'The impact of participatory budgeting on health and wellbeing: A scoping review of evaluations'. *BMC Public Health* 18: 1–11. https://doi.org/10.1186/s12889-018-5735-8.

Chawla, L. 2016. *Growing Up in an Urbanizing World*. Abingdon: Routledge.

Clark, A. 2010. *Transforming Children's Spaces: Children's and adults' participation in designing learning environments*. Abingdon: Routledge.

Dan-Ogosi, I. 2023. The Impact of Participatory Budgeting on Health and Well-Being: A qualitative case study of a deprived community'. Doctoral dissertation, University of East London.

Franklin, A. and Tranter, B. 2022. 'Places of belonging, loneliness and lockdown'. *Thesis Eleven* 172 (1): 150–65. https://doi.org/10.1177/07255136221133193.

Garthwaite, K., Patrick, R., Power, M., Tarrant, A. and Warnock, R. (eds). 2022. *COVID-19 Collaborations: Researching poverty and low-income family life during the pandemic*. Bristol: Policy Press.

Henderson, J., Revell, P. and Escobar, O. 2018. *Transforming Communities? Exploring the roles of community anchor organisations in public service reform, local democracy, community resilience and social change*. What Works Scotland Report. Accessed 13 April 2025. https://whatworksscotland.ac.uk/wp-content/uploads/2018/05/WWSExploringTheRolesOfCommunityAnchorOrganisationsInPublicServiceReform.pdf.

Holmes, K., Mead, N., Singh, P., Begum Rouf, S., Godward, C., Albert, A. and Harrilal, M. 2021. *What Makes the Best Start in Life for Children in Tower Hamlets?* London: Bromley by Bow Centre. Accessed 11 April 2025. https://www.bbbc.org.uk/wp-content/uploads/2022/09/ActEarly-BBB-The-Best-Start-In-Life-Final-Report-for-publication.pdf.

Husbands, S., Mitchell, P. M., Kinghorn, P., Byford, S., Bailey, C., Anand, P., Peters, T. J., Floredin, I. and Coast, J. 2024. 'Is well-becoming important for children and young people? Evidence from in-depth interviews with children and young people and their parents'. *Quality of Life Research* 33: 1051–61. https://doi.org/10.1007/s11136-023-03585-w.

Kindig, D. and Stoddart, G. 2003. 'What is population health?'. *American Journal of Public Health* 93 (3): 380–3. https://doi.org/10.2105/ajph.93.3.380.

LBTH (London Borough of Tower Hamlets). 2024. *Annual Report on School Performance for 2022–2023*. Accessed 13 April 2025. https://tinyurl.com/2m3zbkbn.

Main, G. 2014. 'Child poverty and children's subjective well-being'. *Child Indicators Research* 7: 451–72. http://dx.doi.org/10.1007/s12187-014-9237-7.

National Co-ordinating Centre for Public Engagement (NCCPE). 2012. *Community-Based Participatory Research: A guide to ethical principles and practice*. Centre for Social Justice and Community Action, Durham University. https://www.publicengagement.ac.uk/sites/default/files/2023-08/cbpr_ethics_guide_web_november_2012.pdf.

New NHS Alliance. 2017. *A Manifesto for Health Creation*. Accessed 13 April 2025. https://thehealthcreationalliance.org/wp-content/uploads/2018/11/A-Manifesto-For-Health-Creation.pdf.

ONS (Office for National Statistics). 2021. *National Census Data*. Accessed 13 April 2025. https://www.ons.gov.uk/census.

Pebley, A. R. and Sastry, N. 2011. 'Neighbourhoods, poverty, and children's well-being'. In *The Inequality Reader*, edited by David Grusky, 182–95. London: Routledge.

Poland, B., Gloger, A., Morgan, G., Lach, N., Jackson, S., Urban, R. and Rolston, I. 2021. 'A Connected Community Approach: Citizens and formal institutions working together to build community-centred resilience'. *International Journal of Environmental Research and Public Health* 18 (19): 10175. https://doi.org/10.3390/ijerph181910175.

Sousa, D. 2020. 'Towards a democratic ECEC system'. In *Transforming Early Childhood in England*, edited by C. Cameron and P. Moss, 151–69. London: UCL Press.

South, J. 2015. *A Guide to Community-Centred Approaches for Health and Wellbeing*. Project Report. Public Health England/NHS England. Accessed 13 April 2025. https://assets.publishing.service.gov.uk/media/5a7561a7ed915d7314959860/A_guide_to_community-centred_approaches_for_health_and_wellbeing__briefi___.pdf.

Stocks-Rankin, C. R., Seale, B. and Mead, N. E. 2018. *Unleashing Healthy Communities: Researching the Bromley by Bow model*. Accessed 13 April 2025. https://www.bbbc.org.uk/wp-content/uploads/2018/06/Unleashing-Healthy-Communities_Summary-Report_Researching-the-Bromley-by-Bow-model.pdf.

Twamley, K., Iqbal, H. and Faircloth, C. 2022. *Family Life in the Time of COVID: International perspectives*. London: UCL Press. https://doi.org/10.14324/111.9781800081727.

Williams, E., St Denny, E. and Bristow, D. 2017. *Participatory Budgeting: An evidence review*. Public Policy Institute for Wales. Accessed 13 April 2025. https://www.oidp.net/docs/repo/doc215.pdf.

12

Conclusions: urban childhoods for today and tomorrow

Claire Cameron, Deniz Arzuk, Natalia Concha and Nicola Christie

Growing up in inner-urban areas of England today, especially when from a low-income family, is perilous. Chapters in this volume document the difficulties of overcrowded homes, polluted and dangerous streets, the invisibility of being very young and the inadequacies of the welfare state in provisioning for families. We also drew attention, both in Chapter 1 and, more generally, throughout this volume to the many ways in which inner-urban city life can be invigorating: the combination of population density, cultural intensity and exchange, innovation and solution finding, whether in making space for play and being outdoors or in designing better school dinners, can make cities very exciting places to be.

This juxtaposition, of the very difficult and potentially exhilarating, characterises life in our city neighbourhoods for both children and their parents. In Chapter 2, we presented a conceptual framework for urban childhood that is child-centred and hopeful. Drawing on three main disciplinary areas that have underpinned all the chapters in this volume – critical childhood sociology, urban studies and public health – we identified several synthesising theoretical contributions. These concerned the interdependencies of childhood with adulthood, urban space, various differences, children's rights to live in cities and cities as places of mutual care, focusing on preventing ill-health through shared investment, justice, participation and proportional universalism. As markers or principles, these amount to both safeguarding a minimum standard of urban childhood and enabling children's intersectional individualities to flourish. They foreground the necessity of children's voice and representation of their own worlds while clearly also living inter-dependent lives in families and communities.

It is worth noting, again, that this book came together through our collective association with ActEarly, a collaborative programme aimed at improving children's lives and life chances in respect of healthy urban family livelihoods, places, learning, play and food. The programme was underpinned by place-based systems thinking, with citizen science and co-production embedded throughout, alongside the use of more conventional data sources, in recognition of the importance of connectedness in children's lives. In Chapter 1 we conceptualised 'healthy' as in the WHO's (2020) definition, of 'complete wellbeing'.

Our theoretical synthesis framework drew on the multi-disciplinary knowledge frames applied in ActEarly, recognising that children's active involvement in research is still growing in the domains of urban studies and public health, although it is already well established in childhood studies. In Chapter 2, we noted that while we maintain that design and planning should account for futures, and how life chances are impacted by social and spatial conditions in cities, we should not lose sight of the fact that children are city dwellers in the here and now.

In this concluding chapter we continue the theme of giving voice to children, and their parents, living in cities, with the aim of enhancing both present-day health and future life chances. We first examine the ways in which the present and future of city life and urban living is being discussed, drawing on national and international analyses. We then consider how children and childhood are built in to thinking about city life, and how the findings discussed in the preceding chapters illuminate how urban childhood might be experienced, both now and in the future. Finally, we consider the question of hope and action on behalf of children in cities.

Future of the city as a place for childhood

One of the UN's Sustainable Development Goals (SDGs) is to 'Make cities and human settlements inclusive, safe, resilient and sustainable' (Goal 11, see Global Goals 2020). While European cities generally score well globally on the measures of air quality, access to green space and public transport, there are also indications of growing unplanned urban sprawl (UN Economic and Social Council 2024) which can undermine the goal of sustainability, making it harder to be independently mobile and to realise the economic and environmental benefits of city living. As the UN Habitat report *Envisaging the Future of Cities* report makes clear, 'cities are here to stay, and the future of humanity is undoubtedly urban',

although the growth of long-established cities is expected to slow relative to urban growth in Asia and Africa (UN Habitat 2022). This makes the issue of planning for quality of life in cities even more important.

In the UK, cities form 9 per cent of the land and 54 per cent of the population, but are economic engines, contributing 63 per cent of output and 72 per cent of knowledge-based jobs in the private sector (Centre for Cities 2024). However, UK cities are underperforming relative to their international counterparts, while cities outside London fare worse due to a relative lack of knowledge-based jobs, thus lowering regional urban productivity (Centre for Cities 2024). Other factors inhibiting the flourishing of cities are a mismatch of skills compared to jobs, unaffordable housing, and low population density making accessibility by public transport more difficult (Breach and Swinney 2024). The Centre for Cities raises the prospect of large-scale remodelling of urban built environments to achieve economic growth, which has implications for the ways in which children and families live in cities. This work builds on the Future of the Cities project (Government Office for Science 2016), which outlined some characteristics of successful cities, arguing that place-making was as important as housebuilding, and that environmental, social and economic considerations were necessary. Such considerations include measures to control carbon emissions, improve air quality, and facilitate efficiency of transport, waste, energy and water.

On the social dimension, cities must be attractive, equitable, healthy and safe, while also economically efficient in costs of infrastructure and public services, and offering diverse and also stable investment opportunities. The Environment Agency (EA) (2021) reinforces the point that climate and biodiversity emergencies are relevant for cities and people living in them. 'Urban natural capital' (all the green/blue assets of a built-up area) is both restorative of health and wellbeing and mitigates environmental risks such as flood, air pollution and traffic noise, reducing urban heat and supporting biodiversity (Environment Agency 2021). For example, removing air pollution saves lives and healthcare costs. Given that health is already likely to be worse in city areas, all measures to improve environmental health are significant (Government Office for Science 2016). Furthermore, adopting a proportionate universalism approach is needed to achieve equity by focusing resources on the most disadvantaged groups. A mapping study of access to amenities in 54 cities (Nicoletti et al. 2023, 844) found that 'the most socioeconomically disadvantaged groups are structurally under-served by urban infrastructure as compared to least disadvantaged groups'.

Moreover, mental health is at risk from densification of living environments. This is particularly significant for those on a low income, for whom worries about meeting bills and basic needs for food and heat, living with more environmental stressors, such as noise, crowding, hazardous traffic, persistent discrimination and crime, may all amplify existing disadvantages. Living with chronic stressors affects mental and physical health in itself, and reduces capacities for recovery from illness. Further, being on a low income limits freedom of choice on where and how to live, and, where there is high density housing, makes residents more dependent on diminishing public green space, potentially leading to displacement from familiar areas, hindering access to resources that promote mental health.

Poor mental health is a major and growing concern for all, in particular when associated with loneliness (NHS England 2023), and particularly post the COVID-19 pandemic (WHO 2022). Those in cities are at highest risk. Making cities 'mental health-friendly' for young people relies on the social and educational infrastructures available to promote young people's individuality, relationships, skills and opportunities (Collins et al. 2024). Green spaces and associative 'third spaces' (places where people can congregate in public, facilitating informal social interaction (Oldenburg 2023)), policies on active travel and rent controls, all mitigate the impact of mental health difficulties (Bratman et al. 2019).

These concerns underpin the need for planned cities. The jobs, services and amenities that 'pull' people into cities need to be complemented by strong local governance, through urban policies that minimises stressors. The UN Habitat report *Envisaging the Future of Cities* emphasises that an 'optimistic scenario' for cities relies on planning for transformative and inclusive poverty eradication strategies, economic opportunities for all, investing in 'greening' the economy, collaborative governance, public health including health promoting infrastructures of water, housing and green space, nurturing innovation. The report states, 'cities that are socially inclusive and work for all their residents are also better positioned to face environmental, public health, economic, social and any other variety of shock or stress' (UN Habitat 2022, xxx).

For urban childhoods, there are clear consequences of these overarching trends in city developments. The economic development or 'growth' agenda is full of potential pitfalls for children and families. High-density housing and traffic infrastructure that crowds out green space threatens health and wellbeing. For children, as noted in Chapter 1, having spaces with plenty to do, especially outdoors, is one of three

pillars of wellbeing. Only half of families in Tower Hamlets have private outdoor space and are therefore dependent on the public realm to supply opportunities to exercise and play outside (Cameron et al. 2022, and see Chapter 8, this volume). In the current demand for both housing and productivity growth, inclusive city governance must articulate the needs of their youngest and least heard citizens.

Chapters in this volume make a contribution to the targets for UN SDG 11 around housing (Chapter 8), transport and school streets (Chapter 4), and the built environment for play and physical activity (Chapter 3). Chapter 7 discusses protective factors available to many mothers of Pakistani heritage in inner-city Bradford, such as close neighbourhood proximity to family and having a religious faith, which correlate with lower depression and anxiety levels compared to their peers in London's Tower Hamlets and Newham. Neighbourhoods seem to be an important contributing phenomenon in relation to children's wellbeing, as we will discuss below.

Designing-in children's wellbeing

In a few years' time, 60 per cent of the world's urban population will be under the age of 18 years (UNICEF 2018). Yet few analyses of urban policy expressly consider children or their wellbeing. Bartlett, Satterthwaite and Sabry (2021) argue that, globally, planners and governments are not paying attention to the population shift of children and young people towards cities through internal and international migration, both alone and with family members. These groups often 'end up living in the poorest urban settlements' (Bartlett et al. 2021, 6), where health and education opportunities are least available. While clearly the problems of sheer survival faced by the urban poor in Asian and African cities outpace those in the UK, there are some features in common when thinking about children's wellbeing. For example, in inner-urban cities, a significant problem is access to shared community or common space, especially where children live in overcrowded or inadequate housing. In common spaces children feel safe, can be together with other children, have access to adults to socialise with and can use the spaces as routes to schools. Bartlett, Satterthwaite and Sabry (2021, 16) find that such common space contributes to children's quality of life through 'improving health, supporting social development, minimising stress and reducing violence'. Children's use of common spaces encompasses social interactions with adults they see regularly, such as shopkeepers,

whereby they are practising familiarity and 'putting together a civil network of relationships' (Fegter 2017, 297), so they develop a sense of agency and belonging in urban areas. Urban spaces that are designed to allow independent mobility of children also increase public health as the children take more complex routes and are more physically active (Hanssen 2019).

Turning to ways in which children's views might be represented in shaping the future of cities, Ataol, Krishnamurthy and Van Wesemael (2019) detect a shift over time in the ways children are involved in designing urban forms. Children are much more often than in the past considered as having been involved in co-constructing designs; they are recognised as competent social actors, learners and educators in planning processes (see Chapter 3). Involving children, to date mostly of school age, has had benefits for children's sense of self and their perceptions of their communities, especially a sense of safety and an enhanced ability to be independently mobile. Where children do not feel safe or able to be mobile, their ability to socialise and play – key aspects of their wellbeing – are under threat. In their review, Ataol, Krishnamurthy and Van Wesemael (2019) underscore, again, the role of national policies in promoting mechanisms for involving children in planning, and argue that such mechanisms should employ a range of methods adapted to children's different skills and interests.

Adopting a child-lens to urban planning can foster long-term, inclusive values. These are already articulated as important for cities in general, but the link to children, and their health and wellbeing as city residents, is rarely made. The Urban 95 programme, for example, invites the adult to view the city from the height of someone the height of an average three-year-old (95 cm), and imagine urban policy as 'children's infrastructure', where the network of spaces, streets, nature and interventions acts as a magnet for children and family-oriented communities (Brown et al. 2019), so that they can enjoy being active and spending time together. In this scenario, urban streets are safe, welcoming and walkable, connecting people with nature and their communities, with beneficial impacts on wellbeing (Brown et al. 2019) and, ultimately, the economy too. According to Urban 95, a healthy city for young children, and indeed everyone, is one with clean air, access to nature and proximity to services and spaces that are vibrant and comfortable to use.

However, there is much to be done. Unicef has promoted 'child-friendly' cities for many years, but considerations around play and physical activity and fostering social relationships in public spaces,

and others around respecting children's rights, have yet to become mainstream in urban planning, despite the coincidence of children's needs and components of healthy cities in general.

There are recurring themes in this discussion of urban childhoods both now and in the future. The first such is that in the future of cities debate, where on the one side there is the growth and productivity agenda, while on the other there are the requirements of the changing climate to reduce emissions and enhance nature. Second, adopting a child-centred approach means embracing the interdependency between childhood wellbeing and urban sustainability: investing in the urban child equates with sustainable growth and health of the city, with more walkability, more focus on place and neighbourhood offering and fewer environmental stressors such as poor air quality and danger from roads. Third, a greater role for planning is called for, in order to articulate the needs of all citizens and the environment, and to promote infrastructure efficiencies. Fourth, children are rarely mentioned in discussions of city development, but can actively contribute to urban design if constructively involved, with implications for city governance arrangements. What might be missing is a child wellbeing 'quality marker' for urban planning that designs-in children's views of what makes them feel and be well, as a mandatory consideration in all built environment and policy development.

What the book chapters say about childhood in our urban places

The chapters in this volume offer a devastating critique of the state of life for children in two different but also similar inner-urban areas of England – East London and West Yorkshire. Every chapter documents inequalities of opportunity at every turn. Part I of the book considers urban places. Chapter 3, about places to play, documents the denuding of urban play spaces since 2010, especially those accessible to people living in inner city areas, who often do not have private outdoor space and are more likely to be from minority ethnic backgrounds, on low incomes and have children with disabilities. Play opportunities are fundamental to health and wellbeing of children, yet have they have been allowed to decline and are now in need of urgent improvement. Chapter 4 argues that urban streets are designed to facilitate motorised traffic users rather than pedestrians, with a resulting inequality of access to street space. This hinders health promoting activity such as walking, while

also increasing the risk of injury from traffic danger, a risk more likely to be experienced by children from disadvantaged backgrounds than others. Reclaiming streets for children, say the authors, is a 'backbone' of healthier neighbourhoods and more sustainable cities.

Part II of this book, about provisioning, starts with a searing account of child poverty in inner-city areas (Chapter 5), which has grown since 2006 and is influenced by political decisions. The temporary uplift in welfare payments during the COVID-19 pandemic protected some children, although this was undone when the uplift was removed in October 2021. Calls for urgent action to alleviate child poverty by restoring welfare benefits to families with more than two children have so far gone unheeded (CPAG 2025). Income inequalities are especially felt by children in larger families, or where there is a lone parent, or where someone has a disability or is from an ethnic minority background. Such inequalities are compounded by intersectional characteristics of disadvantage. Inner-urban Asian or Black families are twice as likely to be in poverty as White families in the same area, and to have experienced greater falls of income in the current cost-of-living crisis. A fundamental rethinking of the welfare system is essential.

Chapters 6 and 7 are about ways of parenting in inner-urban areas. In Chapter 6, child wellbeing is linked to both economic security and the ways parenting couples share the emotional and practical responsibilities of daily life, as demonstrated in the intense demands of the COVID-19 pandemic. Underlying these findings is an argument for greater gender equality to support children's current and future lives. The focus in Chapter 7 is on risk and potential neighbourhood, family and religious protective factors for anxiety and depression among mothers in Bradford and in the London boroughs of Tower Hamlets and Newham, again drawing on data from studies that took place during the COVID-19 pandemic.

Overall, provisioning for children is marked by differentiation along extreme economic and financial, as well as social and cultural, dimensions, and to a level that has reached, for many inner-urban families, impossible choices between eating or heating.

Finally, in Part III, Chapters 8–11, we discuss aspects of the community provisioning infrastructure of inner-urban areas. Chapter 8 argues that overcrowding or 'poor housing' affects around 16 per cent of families in Tower Hamlets. It affects children's wellbeing and life chances in part through the environmental conditions which inhibit sleep, privacy and play, but also through the disempowering and isolating effects on parental wellbeing. Using local facilities to ameliorate poor housing

is obstructed by lack of safety in parks, and poor estate maintenance. Moving house is often not an answer, as it leads to untenable disruption of children's schooling and social networks; renovation, retrofitting and storage solutions might work better.

Chapter 9 adopts an explicitly child-centred lens to examine food security in the form of school meals and enhancing their quality. The authors provide examples of how children and young people can contribute to priority setting for a food agenda in schools such as free school meals for all, plastic free packaging and freely available drinking water, how creative methods with primary school age children can shed light on preferences and how, with support, young people can become agents of change at the political level.

In Chapter 10, the focus is on the very youngest children, those under three years old, and their virtual absence from policy as social actors in their own right. Using the UNCRC as a lens through which to examine inequalities of access, the chapter shows the neglect of younger children's interests and needs for socialisation and development opportunities, unless parents meet strict eligibility criteria around income or pay (high) fees. Where there is policy attention, it has resulted in a muddled and dysfunctional early childhood education and care system from which relatively few children in this age group can benefit.

Finally, we document in Chapter 11 how an inner-London community centre, sited in an extremely disadvantaged area, enabled 'well-becoming' through two participatory projects: one, closely tied to the ActEarly theme of 'What makes the best start in life?', and a second that employed participatory budgeting methods around improving child wellbeing and, in so doing, led parents to greater self confidence in community participation.

In all, how urban childhood might be experienced, in West Yorkshire and East London is to a great extent framed by the wider political climate and its resourcing around local and national government functions and policies addressing housing quality, family income, streetscapes and early childhood education and care. Recent political change in the UK lends optimism, but is unlikely to deliver quickly on areas such as equality of income, reducing densification, significant improvement in housing quality, consensus around whose space on the streets is most important or gender equality policies. But there is hope around local actions joining with research and research organisations based in trusted community settings, and listening to localised and largely unheard evidence.

Towards hope and action

The interconnectedness of findings in relation to children's wellbeing in urban childhoods, as set out at the beginning of this chapter, is informed by our theoretical framework, drawing on urban studies, public health and critical childhood studies. Child health in urban areas relies on reducing road danger and pollution, expanding opportunities for active travel and play, and having public realm neighbourhood options to mitigate the difficulties of living in overcrowded and poor-quality housing. Involving children and young people in the design of changes to the urban fabric, whether street features or play spaces, helps to make designs functional and has the additional benefits of both enhancing their sense of ownership of, or belonging to, a neighbourhood and developing their own skills and confidence. Children's voice and representation in developing school food policy and its delivery shows how it is possible to plan together to increase take-up and shape the nuance of the offer (Chapter 9).

Beyond urban children's participation in health and wellbeing initiatives, our findings are also distinctive. Recognising the day-to-day lives of often marginalised people, such as considering how Pakistani mothers in Bradford manage their mental health (Chapter 7), may breathe new hope into understandings about how to 'do' policy to help similar groups in other places. We found that a combination of religious faith, social cohesion and living arrangements may be helping them mitigate poor mental health. There are implications for our imaginaries of neighbourhoods, as places for human-scale cultural sharing of the emotional and practical load of bringing up children in poverty. Investigating how these components, and others, support women in other inner-city places could help their children's wellbeing. Employing community research within a health co-creation framework (Chapter 11) could be another way forward to better understand the potential and limitations of parental resourcefulness.

Our cross-disciplinary dialogue sheds light on how each contribution values the local by connecting national level policies with community-based actions. Clearly, supporting families' incomes to provide for their children needs governmental action at a wider level to rethink the system (Chapter 5), especially regarding larger families and lone parent families, or those with disabilities. But local initiatives to put money in families' pockets, particularly when they have just had a baby, or have a specialist need, such as a child with a disability, offers some hope through joined up, easy to access, money advice and health services. Equally,

service provision for very young children's care and education needs a rethink to remove the effects of eligibility constraints on subsidised places which result in much confusion for parents and paperwork for providers (Chapter 10). Working towards a network of neighbourhood children's centres, for both informal family support and formal care and early learning would benefit everyone. Joined up support that includes housing advice, innovative storage solutions, housing allocation and addressing poor quality housing would help families (Chapter 8). A clear finding across ActEarly projects is around the role of information flows from the council to residents. Too often these are confused and confusing, and rely on digital means of access, when these are unaffordable for some and inaccessible for a few (Chapters 8, 10). Easing the path to accurate information would reduce stress for parents and, in turn, ease children's lives.

Children growing up in urban areas

We have made a case for children's involvement in planning and design of policies and for national policies that improve both parents' incomes and their access to support services. In the final section we turn to a place-based summary of actions needed to improve children's wellbeing, drawing on our theoretical framework. As argued in Chapter 2, such actions would not only improve cities as places for children but also improve cities for everyone with the benefit of children's contributions. Our argument, from the preceding chapters, is that a 'happy and healthy (urban) childhood' rests on taking into account the factors children understand as their wellbeing: that is, having a say, having good and reliable relationships, and having plenty to do, especially outdoors. These are in addition to adequate family and community environments, where income, food, a sense of place, opportunities for learning, play and physical exercise are all possible and optimised. As noted in Chapter 2, we should avoid taken for granted assumptions about what is good to children and adopt a habit of continual engagement with children's own perspectives and lived realities.

It seems clear that the urban neighbourhood is a key geographical unit for children: when done well it is walkable, provides social opportunities, creates familiarity and trust, it represents the outdoors, with plenty of things to do, it is of sufficient scale that children can influence what happens, and children can be visible. Of course, neighbourhoods can also involve banning children ('no ball games here' notices), can

stigmatise or threaten children, and/or create fear or danger, so they need to be managed with a set of values around equity and respect for all. But the private, domestic sphere is not enough for children's wellbeing; the public realm of outdoors is required too. This point is becoming understood within urban studies and the debates around spatiality and rights to the city. It is hinted at within the notion of 'care-full' cities, where the material and non-material environment have a responsibility towards all members. Place-based public health studies of children growing up, such as Born in Bradford, implicitly understand the prevention roles of time spent outdoors, such as physical activity preventing obesity, and the universal health benefits of green environments.

Children growing up in cities also require the fundamentals of parenting: adequate provisioning through income, stability of home and housing, and sufficient relief from emotional stress to focus on providing warm and reliable care. Clearly this is not specific to cities, but in the places where we have documented urban childhood, families are disproportionately likely to be poor, have fewer choices about their lives, less social support and feel the impact of these circumstances on their mental health. The relationship between income and health is well understood; what our chapters are illustrating is the depth and intensity of that experience, but also some ways in which families manage these intersecting disadvantages. Our theoretical framework speaks to this public health concern around equity and inequity and specifically the idea of targeting more resources on those who need it most – proportionate universalism. This would imply, for example, a 'weighted' approach to housing for families with children, starting with the premise that child health requires focused attention on housing quality and neighbourhood amenities that adequately compensate for poor quality housing (Chapter 8). A child-lens on policies affecting housing quality would be transformational.

Similarly, family provisioning, whether via the benefits system or via paid work, should result in being able to reliably feed, clothe and heat one's family members, enabling participation as a member of civic society. Chapter 5 provides some examples of how a transformation of provisioning through collective actions could occur, such as mobilisation of groups of workers, parents or residents to bring about locally meaningful, democratic changes to policies and practices in work and welfare. Chapter 11 reinforces this argument with practical examples of participatory budgeting that enables both spend on children in ways parents believe will make a difference to their lives and in addition increase parental confidence and community participation. Cities can

provide the meeting places and avenues for such collective action. Furthermore, Chapters 6 and 7 indicate that inner-city parents may have strengths that often go unrecognised, whether through the ways mothers and fathers share parenting, and family stress, or, as in the case of Bradford's Pakistani mothers, through religious faith, and wider family support that appears to help reduce depression and anxiety and so release emotional capacity for parenting. For some families, such as those living without social support networks (for example, new arrivals), community and third spaces are even more essential, offering the potential for parent and child support (Chapters 10 and 11). These sources of hope speak to the interdependency of relationships between adults and the child's world that childhood studies scholars advocate, as well as the role of children as individuals that are both being and 'be-coming'. These concerns around equity and justice are also part of our integrative framework drawing on a public health approach.

Finally, the chapters in this book collectively suggest that there is hope to be drawn around developing a children's rights and community participation approach to the services or infrastructure on which children and families rely in cities. The value of collaboration across council services and community organisations is accepted in the urban areas that we studied (and was fundamental to ActEarly); such collaboration can be developed further to champion specific goals with child health and ameliorating the effects of poverty in mind, such as universal free school meals (Chapter 9). Second, the UN's itemisation of children's rights is a useful framing for thinking about young children's inclusion in service provision, and shows, in the case of England, how informal and formal care, education and support services lack join-up, requiring parents to do all the work of finding and paying for opportunities for their children. A more holistic and child-centred approach, based in neighbourhoods, would be to extend the community school idea to younger children and their families, with a free-to-access universal and well-funded children's centre in every community (Chapter 10). Last, our work shows the value of community anchor institutions, such as those attached to health centres, that are trusted and can help to bring voice and representation to often marginalised groups, and in doing so can support health creation (Chapter 11). Having such local places to convene are more easily arranged in cities and can more explicitly include intergenerational community spaces. Adopting a children's rights framework in urban spaces does not mean that these spaces need to be in opposition to adults; rather, children place great value in relationality.

In an era of hope, at the time of writing with a new government and a commitment to improving the quality of life of children, families and communities, we offer the following recommendations for policy development in local and/or national government, research and/or practice:

1. Design for play and inclusion
    a. Promote play for health
    b. Focus on co-design for inclusivity
    c. Establish formal mechanisms for children's voices to be included as part of mandatory urban planning processes.
2. Child-friendly street design
    a. Minimise traffic exposure for health
    b. Implement child-friendly street design standards
    c. Co-develop local initiatives with schools, parents and their pupils, centred on safe journeys for children to travel independently to and from school.
3. Transform family provisioning
    a. Rethink the welfare system with a children's health lens
    b. Reject the work/welfare divide
    c. Support collective actions for policy and practice change.
4. Strengths-based approach to marginalised communities
    a. Leverage strengths
    b. Use reverse development strategies.
5. Integrated housing and family support
    a. Join up support services in inner cities to achieve 'one-stop shops'
    b. Innovate to make space inside overcrowded homes
    c. Consider intersecting disadvantages in housing allocation.
6. School food design and universal free meals
    a. Integrate children's views into school food design and delivery
    b. Promote universal free school meals to address inequalities.
7. Visibility for young children in support services
    a. Ensure even very young children have policy visibility
    b. Remove eligibility restrictions for young children attending ECEC
    c. Support universal, well-funded children's centres.
8. Invest in community anchor institutions
    a. Enhance voice and representation of parents, carers and children to mitigate the impact of marginalised urban childhoods
    b. Support health creation among parents through community trust and reach.

References

Ataol, Ö., Krishnamurthy, S. and Van Wesemael, P. 2019. 'Children's participation in urban planning and design: A systematic review'. *Children, Youth and Environments* 29 (2): 27–47. https://doi.org/10.7721/chilyoutenvi.29.2.0027.

Bartlett, S., Satterthwaite, D. and Sabry, S. 2021. 'Cities for children: An overview of relevant issues'. *Research Series: Cities for Children and Youth*, edited by Sarah Sabry. Zurich: Global Alliance – Cities 4 Children. Accessed 19 August 2024. https://cities4children.org/wordpress/wp-content/uploads/2021/05/1-C4C-Overview.pdf?utm_source=SCRescourceCentre.

Bratman, G. N. and 25 others. 2019. 'Nature and mental health: An ecosystem service perspective'. *Science Advances* 5 (7): eaax0903. https://doi.org/10.1126/sciadv.aax0903.

Breach, A. and Swinney, P. 2024. *Climbing the Summit: Big cities in the UK and the G7*. London: Centre for Cities. Accessed 11 July 2024. https://www.centreforcities.org/wp-content/uploads/2024/06/Climbing-the-Summit-June-2024.pdf.

Brown, C., De Lannoy, A., McCracken, D., Gill, T., Grant, M., Wright, H. and Williams, S. 2019. 'Special issue: Child-friendly cities'. *Cities and Health* 3 (1–2): 1–7. https://doi.org/10.1080/23748834.2019.1682836.

Cameron, C., Hauari, H., Hollingworth, K., O'Brien, M., Whitaker, L., Owen, C., O'Toole, S., Zamorano Figueroa, F., Ucci, M. and Rosenthal, D. M. 2022. *Housing and Environment for Young Children during the Pandemic. Families in Tower Hamlets community survey and panel findings*. Families in Tower Hamlets study: Briefing 3. Accessed 19 August 2024. https://discovery.ucl.ac.uk/id/eprint/10157908/1/FTH%20Briefing%20Housing%20and%20Environment%20October%202022.pdf.

Centre for Cities. 2024. 'How places have fared since 2010'. Accessed 11 July 2024. https://www.centreforcities.org/reader/cities-outlook-2024/how-places-have-fared-since-2010/.

Collins, P. Y. and 31 others. 2024. 'Making cities mental health friendly for adolescents and young adults'. *Nature* 627: 137–48. https://doi.org/10.1038/s41586-023-07005-4.

CPAG. 2025. 'Charities warn PM on two-child limit. Press release. Child Poverty Action Group'. 22 April. Accessed 29 April 2025. https://cpag.org.uk/news/charities-warn-pm-two-child-limit-0.

Environment Agency, Chief Scientist's Group. 2021. *The State of the Environment: The urban environment*. Accessed 29 April 2025. https://www.gov.uk/government/publications/state-of-the-environment/the-state-of-the-environment-the-urban-environment.

Fegter, S. 2017. 'Urban childhoods and subjectification: Perspectives and practices of children on their way to school'. *Children and Society* 31: 290–301. https://doi.org/10.1111/chso.12204.

Global Goals. 2020. 'UN SDG11'. Accessed 11 July 2024. https://www.globalgoals.org/goals/11-sustainable-cities-and-communities/.

Government Office for Science. 2016. *Future of Cities: An overview of the evidence*. Accessed 11 July 2024. https://assets.publishing.service.gov.uk/media/5a80ca2ae5274a2e87dbbd55/GS-16-6-future-of-cities-an-overview-of-the-evidence.pdf.

Hanssen, G. 2019. 'The social sustainable city: How to involve children in designing and planning for urban childhoods?'. *Urban Planning* 4 (1): 53–66. https://doi.org/10.17645/up.v4i1.1719.

NHS England. 2023. *Health Survey for England, 2021 part 2*. NHS England Digital. Accessed 11 July 2024. https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part-2/loneliness-and-wellbeing.

Nicoletti, L., Sirenko, M. and Verma, T. 2023. 'Disadvantaged communities have lower access to urban infrastructure'. *Urban Analytics and City Science* 50 (3): 831–49. https://doi.org/10.1177/23998083221131044.

Oldenburg, R. 2023. *The Great Good Place : Cafes, coffee shops, bookstores, bars, hair salons, and other hangouts at the heart of a community*. Great Barrington, MA: Berkshire Publishing Group.

UN (United Nations) Economic and Social Council. 2024. 'High level political forum on sustainable development'. Accessed 11 July 2024. https://mdgs.un.org/sdgs/files/report/2024/E_2024_54_Statistical_Annex_I_and_II.pdf.

UN (United Nations) Habitat. 2022. *Envisaging the Future of Cities*. World Cities Report 2022. Accessed 11 July 2024. https://unhabitat.org/sites/default/files/2022/06/wcr_2022.pdf.

UNICEF. 2018. *Advantage or Paradox? The challenge for children and young people of growing up urban*. Accessed 29 April 2025. https://data.unicef.org/resources/urban-paradox-report/.

WHO (World Health Organization). 2020. *Constitution of the World Health Organization*. Accessed 11 July 2024. https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf#page=6.
WHO (World Health Organization). 2022. *Mental Health and COVID-19: Early evidence of the pandemic's impact*. https://iris.who.int/bitstream/ha(2022ndle/10665/352189/WHO-2019-nCoV-Sci-Brief-Mental-health-2022.1-eng.pdf?sequence=1.

Index

Figures are denoted by the use of *italic* page numbers, while tables are in **bold**.

'*Urban Childhoods* paints a picture of children's urban life from their perspective: its dense spaces, its fast pace, the excitement of the unexpected as well as its dangers and risks. It delves into the question of what constitutes child wellbeing, and highlights hopeful interventions that challenge us to contemplate the evidence that children can have fairer lives in settings teeming with social inequality.'
Carmen Dalli, Professor of Early Childhood Studies, Victoria University of Wellington

'This rich kaleidoscope of perspectives on children in their diversity illuminates both their wellbeing and well-becoming, with due attention to their voice, agency and unequal circumstances.'
Baroness Ruth Lister, Member of the House of Lords and Emeritus Professor of Social Policy, Loughborough University

Growing up in English inner cities today is a distinctive experience: deprivation and poverty are intense, while social and cultural diversity enriches everyday life. *Urban Childhoods* puts children's and families' voices centre stage while investigating ways of bringing children's wellbeing to the fore in planning for urban life today and tomorrow.

Children's wellbeing starts from what children themselves find important: reliable relationships, plenty to do, especially outdoors, and having a say in their lives. Organised around three main themes of place, provisioning and infrastructure, the book brings together key concepts from critical childhood studies, urban studies and public health to argue that, used together, these approaches offer a dynamic framework for considering urban childhood. Chapters are linked to a major prevention programme that ran between 2019 and 2025 in the northern city of Bradford and the London Borough of Tower Hamlets. They investigate spaces to play outdoors, reclaiming school streets, child poverty, economic support for child wellbeing via families and provision for under threes, highlighting many effective strategies undertaken in the two cities. Each chapter has sections on inequality of experience, voices of children, families and professionals who work with them, and hopeful courses of action, including potential policy actions. The whole builds into a blueprint for an urgently needed thriving urban childhood.

Claire Cameron is Professor of Social Pedagogy at UCL's Thomas Coram Research Unit, and a leading researcher on children's services, disadvantaged families, care and education.

Free open access
version available from
www.uclpress.co.uk

Image credit:
Bike parked beside wall full of stickers
© Shane Rounce / Unsplash

UCLPRESS

Cover design:
www.hayesdesign.co.uk

ISBN: 978-1-80008-933-4
90000
9 781800 089334