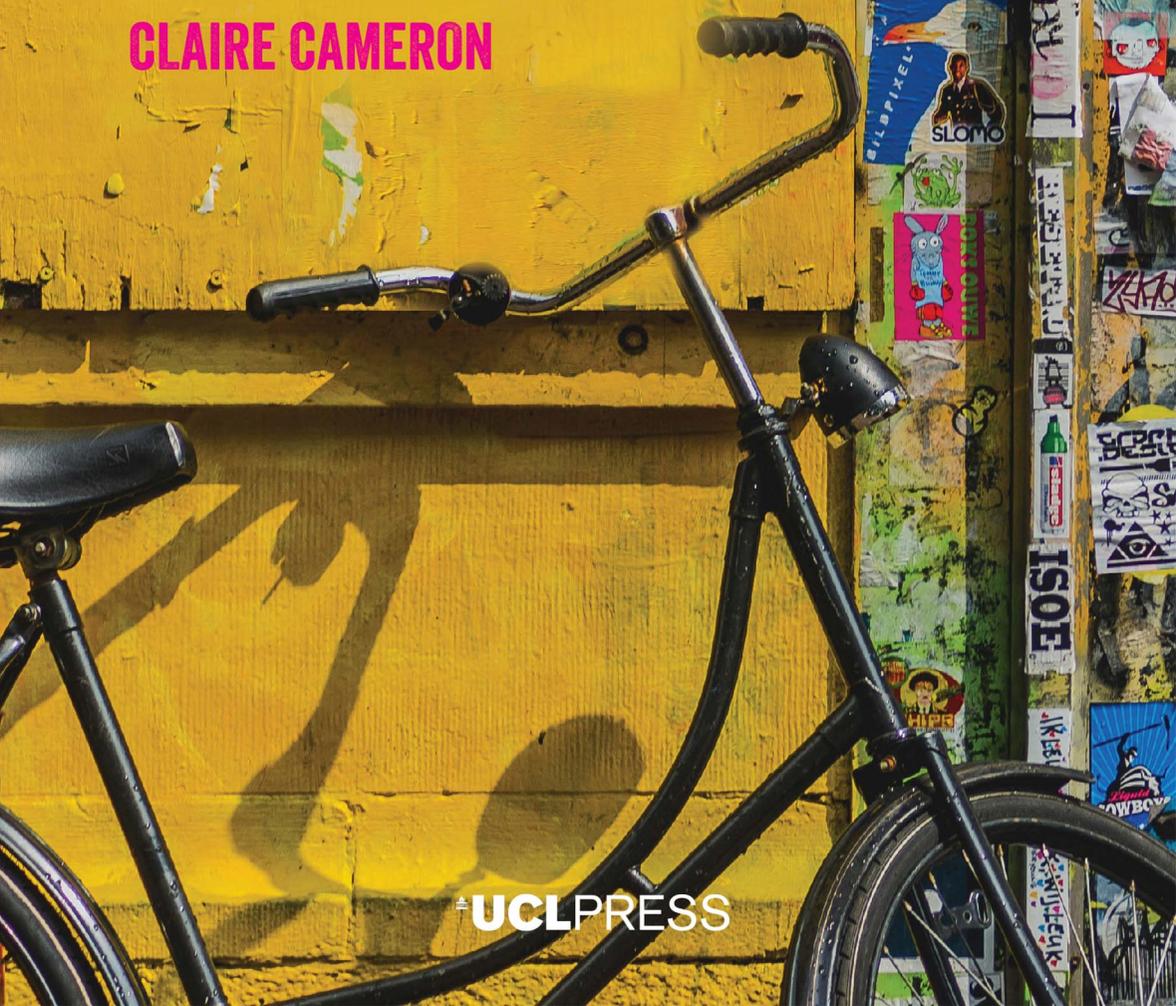


URBAN CHILDHOODS

GROWING UP IN
INEQUALITY AND HOPE

EDITED BY
CLAIRE CAMERON

UCLPRESS



Urban Childhoods

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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
LBBB	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

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.

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