

# Bristol Belonging Strategy: Belonging from the Beginning 2021 – 2024



**BRISTOL**  
**ONE CITY**



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# Introduction

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**“Belonging...to me means being able to be the parent that I need to be and want to be... and having the support to do so”<sup>1</sup>**

Children begin to develop a sense of who they are and where they fit in the world, from birth, and even before birth, through the connection between mother and growing embryo. An infant’s life depends on the care of its parents or caregivers, and so early social connection is fundamentally important. Social skills can be observed from as early as two weeks old<sup>2</sup>.

Relationships with family, friends and wider community play a key role in building a child’s identity and ‘sense of belonging’ from birth, alongside their individual characteristics, behaviour and understanding of themselves and the world around them<sup>3</sup>.

When a child feels that they belong, from the beginning, within their family, amongst peers, in education and as part of a community, they are likely to grow up happier, healthier and more resilient, able to cope with life’s ups and downs. Indeed, the foundations for virtually every aspect of human development are established in early childhood. Giving children the best start in life is therefore vital in laying the foundations for good health and wellbeing throughout life<sup>4</sup>.

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<sup>1</sup> Belonging Strategy, Focus Groups with Young People, Consultation Report, December 2020

<sup>2</sup> ‘The Importance of Belonging Across the Life Course’, Psychology Today (2019): [www.psychologytoday.com/gb/blog/sense-belonging/201906/the-importance-belonging-across-life](https://www.psychologytoday.com/gb/blog/sense-belonging/201906/the-importance-belonging-across-life)

<sup>3</sup> ‘Identity and Belonging’, NCCA (date unknown): [www.ncca.biz/Aistear/pdfs/PrinciplesThemes\\_ENG/ID&Belonging\\_ENG.pdf](https://www.ncca.biz/Aistear/pdfs/PrinciplesThemes_ENG/ID&Belonging_ENG.pdf)

<sup>4</sup> ‘First 1000 days of life’, Health and Social Care Committee, House of Commons (February 2019): <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf>

This strategy sets out how we aim to achieve this for all children growing up in Bristol today. It represents one of four pillars of 'belonging' ('Belonging from the Beginning'; 'in Families'; 'in Education' and 'in the Community') that will inform the way we work with, and for, children and young people in the city. 'Belonging from the Beginning' describes our collective vision for 0–5-year-olds and their families, the outcomes we want to achieve and our priorities for action. The strategy is not intended as a detailed plan of all the actions or interventions that could be introduced. Rather, it provides an overarching framework to guide future action planning.

The strategy has been developed, and will be delivered, in partnership with a wide range of stakeholders, including parents and carers of 0–5-year-olds. We begin with our vision and principles, feedback from parents and carers and an overview of challenges and opportunities facing young children and their families locally. We then set out the outcomes we want to achieve for this age group and conclude with priorities for action.





# Vision

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**'Belonging from the Beginning' is part of an overarching 'Belonging Strategy' vision that covers all children and young people, as follows:**

- For our children and young people to have the best possible start in life, gaining the support and skills they need to prosper in adulthood.
- For our children and young people to be welcomed into a city with a culture of nurture and care, with opportunities to grow with support from their community.
- For our children and young people to have their needs recognised at the earliest point in a system that collaborates to help them thrive.
- For our children and young people to have a home which sustains, nourishes and protects them in safe and healthy families.
- For our children and young people to have a confident sense of self and identity in a cohesive and diverse city.
- For our children and young people to access education that is inclusive and values diversity, where they learn from each other and benefit from an understanding of their different experiences.
- For our children and young people to own the whole city and benefit from all that Bristol has to offer.





# Approach

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**We want every child and young person to feel connected to their city and have the freedom to be themselves. The work required to help grow a sense of belonging is wide-ranging and will be delivered by a broad range of partners. This is set out across four related strategies that commit to shared principles and ways of working.**

Our focus on belonging is underpinned by recognition that the quality of our relationships is crucial to ensuring that every child, young person and parent/carer feels themselves to be an integral, valued, and visible part of their community.

Our work on belonging supports our city-wide work to develop and implement a system-wide, **'trauma-informed' approach**. Trauma-informed approaches recognise the prevalence of trauma in people's lives and acknowledge the potential effects this can have on individuals and their families, networks, and communities. They are non-labelling, respectful and hopeful approaches that recognise people's strengths, resilience and potential for healing. This work will be delivered in line with our agreed **'Principles for Trauma Informed Practice'**.



A trauma-informed approach is aligned with our ongoing commitment to ensuring that we **'Think Family'**; considering the needs of the whole family in all our work. We will also continue to focus on identifying risk and vulnerability at **the earliest opportunity**. Children's needs are usually best met by supporting their parents/carers, and preventative, early help responses are critical in preventing issues from escalating. We will focus on **families' strengths** and seek to develop the family's capacity to look after their own needs; we will work to enable parents/carers to access universal and community services wherever possible, and appropriate.

These approaches require us to **listen**, understand and **work together** with children, young people, and their families. Understanding and responding to individuals' **views and experiences** is essential.

We will continue to improve our **partnership** working. As we create joined-up systems so that there is **no 'wrong door'** to services, we will also build **social capital** by ensuring our systems and interactions are based on shared values, understanding, and trust.

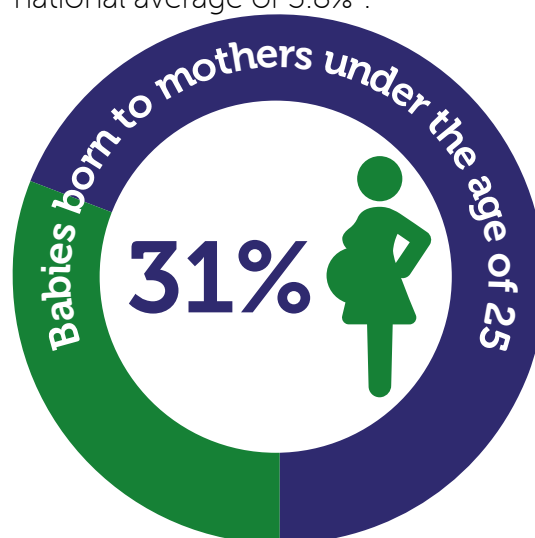




# Challenges and opportunities

## The 0–5-year-old population in Bristol<sup>5,6</sup>

- Bristol has a large population of under 5s. In 2019, there were 33,981 0–5-year-olds living in Bristol.
- The under 5s population is not evenly spread across the city and is higher in more deprived areas.
- 66% of under 5s are White British and 29% are from a Black, Asian and Minority Ethnic (BAME) background<sup>7</sup>, but this varies considerably across the city. The under 5 population is more ethnically diverse than the adult population, which is 13% BAME.
- The number of births has been declining gradually since 2012. In 2019, there were 5,700 births in Bristol.
- Bristol has a higher-than-average proportion of older mothers.
- 31% of babies are born to mothers under the age of 25.
- Approximately 4% of Bristol's child population have a 'limiting long-term illness or disability', slightly higher than the national average of 3.8%<sup>8</sup>.



<sup>5</sup> All statistics in this section are from the ONS mid-year estimates (2019) except the ethnic make-up of the 0-5 population which is from the 2011 Census.

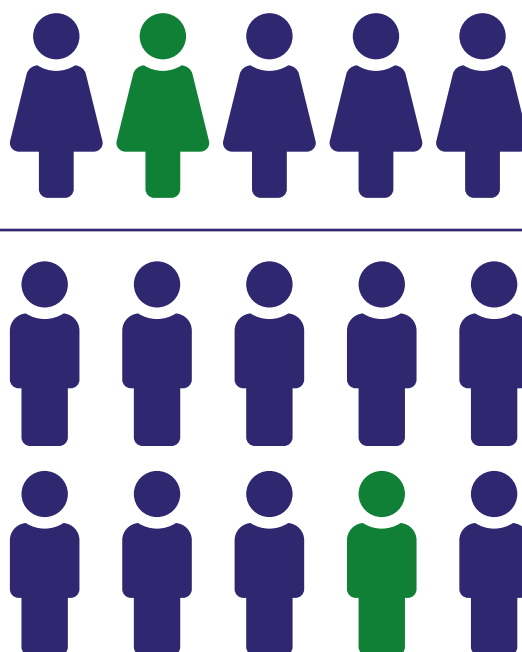
<sup>6</sup> All figures throughout the document have been rounded to the nearest whole number.

<sup>7</sup> The remainder are 'White Ethnic Minority' or unknown ethnic origin.

<sup>8</sup> JSNA Health and Wellbeing Profile 2021/22: Special Educational Needs and Disability, Bristol City Council (2021-22).

# What is life like for 0–5-year-olds in Bristol?

- Almost 1 in 5 under 5s live in low-income households, but in some areas of Bristol it is closer to half<sup>9</sup>.
- 44% of 0–4-year-olds are living in the top 30% most deprived areas nationally<sup>10</sup>.
- The infant mortality rate is 3 per 1,000 in Bristol, lower than the national average of 3.9 per 1,000<sup>11</sup>.
- 3% of all live births are babies with a low birth weight, in line with the national average<sup>12</sup>.
- 9.6% of pregnant women smoke in early pregnancy, compared to 10.4% nationally<sup>13</sup>.
- Nationally, it is estimated that up to 1 in 5 women and 1 in 10 men suffer from poor mental health in the first year of their child's life (the 'perinatal period')<sup>14</sup>.
- 70% of infants are breastfed at 6-8 weeks, significantly higher than the national average (46%), but rates vary considerably across the city, from 30% in the most deprived areas to 98% in the least deprived<sup>15</sup>.
- 23% (almost 1 in 4) of reception aged children are overweight or very overweight. This is slightly higher than the national average<sup>16</sup>, and increases to 32% in the most deprived areas<sup>17</sup>.
- The proportion of 3- and 4-year-olds accessing their early years entitlement is 91%, compared to 93% nationally<sup>18</sup>. The proportion of eligible 2-year-olds accessing their early years entitlement is 62% compared to 69% nationally<sup>18</sup>.
- 71% of children under 5 achieved a Good Level of Development (GLD) at Foundation Stage, slightly below the national average of 72%. This varies significantly between different groups, with only 53% of disadvantaged children achieving a GLD, 68% of BAME children and 30% of children receiving Special Educational Needs (SEN) support, compared to their peers<sup>19</sup>.
- Across the city, 63% of respondents in the 2020-21 Quality of Life Survey<sup>20</sup> reported feeling a sense of belonging to their neighbourhood, although in the most deprived areas<sup>21</sup>, this dipped to 39%. Amongst parents/carers, the rates were 69% and 76% amongst single and non-single parents respectively.



**One 1 in 5 women and 1 in 10 men suffer from poor mental health in the first year of their child's life**

<sup>9</sup> DWP (2019)

<sup>10</sup> IDACI (2019)

<sup>11</sup> ONS (2017-19)

<sup>12</sup> 'Public Health Outcomes Framework', Public Health England (2018)

<sup>13</sup> Local Tobacco Control Profiles: Bristol, Public Health England (2019/20): <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/ati/302/cid/4/tbm/1>

<sup>14</sup> 'Perinatal Mental Health Toolkit', Royal College of GPs (2019): [www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx](http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx)

<sup>15</sup> Hartcliffe and Withywood had the lowest breastfeeding rate at 6-8 weeks in 2018/19 (30%) and Cotham had the highest (98%), Public Health Intelligence Unit (2018/19).

<sup>16</sup> The national average is 23%, NHS Digital (2018/19).

<sup>17</sup> Hartcliffe and Withywood had the highest rate of reception aged children who were overweight or very overweight in 2018/19 (32%).

<sup>18</sup> DfE (2020)

<sup>19</sup> This includes all children with an Education, Health and Care Plan (EHCP) and children who receive SEN support, DfE (2019).

<sup>20</sup> Quality of Life Survey, Bristol City Council (2020-21)

<sup>21</sup> The 10% most deprived 'Lower Super Output Areas'.





# Views of parents and carers

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We asked parents and carers of 0–5-year-olds what helps and hinders a sense of belonging for themselves and their children, within their family, community and Bristol as a whole. Their responses have shaped our strategy. Key quotes are included below (and throughout)<sup>22</sup>:

As a parent or carer of a 0–5-year-old, what helps you and your child develop a sense of belonging?

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## Strong support networks:

With other parents/carers, family, friends, neighbours and wider community (including intergenerational mixing):

- “Meeting with other young mums has helped me a lot”.
- “A safe, stable home”
- “Love and acceptance”



“Feeling represented and valued in my local community”

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<sup>22</sup> All quotes are from the Belonging Strategy, Focus Groups with Young People, Consultation Report, December 2020. Belonging Strategy, Parent and Carer Survey, Consultation Report, December 2020.

## Local 'community':

People, places and groups, including childcare settings, Children's Centres, playgroups, faith groups, local shops, community centres and community activities:



"The community we belong to is our church"

- "My child's nursery makes us feel we belong".
- Child-friendly activities and places to go, that are low cost and easily accessible (parks, playgrounds, libraries, stay and play sessions etc.).

## Feeling safe:

- "I would like my son to be able to play on the streets safely".

## Key professionals to talk to:

Especially the opportunity to develop trusted relationships with the same person over time:



"So you know who you're seeing, they already know about you. You don't have to explain yourself every time"

- "I really like having the same person I can talk to"
- "[This] gives me confidence to ask for help".
- Flexible, accessible services, with longer opening times and different ways to get in touch.
- Groups and services that are open to everyone but provide a gateway to more specialist support if needed.

## Better promotion:

- "Knowing what's available!"
- "I wish I'd known about the support sooner"

## Services that work well together:



"Children's Centres are a great focus for this.....the holistic philosophy and community spirit"



# As a parent or carer of a 0–5-year-old, what hinders a sense of belonging for you and your child?

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## Covid-19:



"Because of Covid we are isolated at home. Before Covid we went to children's groups, nursery etc., I felt more a part of the community"

- Not having your basic needs met – poverty, unemployment, poor housing, food insecurity.

## Feeling unsafe and antisocial behaviour:

- "I worry my son won't feel like he belongs because it's not safe for him to play outside".
- "Having to tell my 'story' many times to different people"/ "The midwives were great, but I never saw the same one twice".

## Loneliness and isolation:

- "If you don't feel you can talk to anyone, you don't feel like you belong".

## A lack of family-friendly places or things to do:

- "I can't get there with the buggy"
- "I don't feel welcome there with the kids"
- "As a working mum, I often feel between two worlds. It's hard to meet [other] mums. No groups seem to run on weekends".

## No sense of community:

- "We are a family of immigrants.... We lack anything resembling a community".

## A lack of diversity:

- "There's no-one like me!"
- "No-one else looks like...my child"
- "I don't know any other single parents by choice locally or any lesbian single parents"
- "I am unusual in being the mother of a very visibly different and disabled child. I feel I have to work harder to seem like everybody else and that very few people have an insight into how different and hard life can be at times"
- "[Where we live it] is very white and I would like my daughter to be able to access more of the Latin community"
- "Only one Welsh group in the city who struggle to meet up"
- "Lack of diversity among health visitors, nurses, midwives"



"The people where we live are lovely but closed in their worldview and as an immigrant and a woman I can see these differences laid stark in the way I parent and see the world".

## Feeling judged:

1/5 of Belonging Survey respondents reported feeling judged by others for their parenting skills:

- "Being judged because I'm a young mum"/ "Sometimes I feel that [some] groups only exist for certain types of family and then I feel uncomfortable".

# Outcomes and priorities

To realise our vision, we have identified six, interrelated outcomes that we aim to achieve for every 0–5-year-old in Bristol<sup>23</sup>:

- **Outcome 1:** Children have loving, nurturing relationships with parents and carers
- **Outcome 2:** Children have a safe home free from stress and adversity
- **Outcome 3:** Children have good physical and mental health
- **Outcome 4:** Children have good language and cognitive skills
- **Outcome 5:** Children have good social and emotional skills
- **Outcome 6:** Children are respected and involved, with their voices heard and their uniqueness valued

These outcomes are shaped by our collective understanding about what matters most in the early years, including, importantly, what parents and carers have told us. They are also underpinned by a solid body of evidence about what makes a difference to children's lives, in the short and long-term. Crucially, we want to achieve these outcomes for all 0–5-year-olds growing up in Bristol today, addressing the inequalities that currently exist, and that have widened under Covid-19, between disadvantaged children and their peers. Covid-19 is likely to have a long-lasting impact and children need to be at the heart of our local recovery plans.

Achieving these outcomes will require effort and involvement from many different people and services and must be seen as everyone's responsibility - 'It takes a village to raise a child' (African proverb). Parents and carers, wider family members, friends, neighbours, childcare providers, health and social care professionals, housing, education, employment services and others, all have a role to play. For each of the outcomes, described in more detail below, we identify priorities for action. These are the ways that we can contribute, as a One City Partnership, towards achieving the outcomes, supporting parents to be the best parents they can be and striving towards our shared ambition for every child to have the best start in life. The outcomes and priorities are grouped under four key themes: 'Safe and Nurtured'; 'Healthy and Active'; 'Responsible and Achieving'; and 'Respected and Involved'.



<sup>23</sup> The first five outcomes are based on the 'Five essentials for the early years' in the Children's Commissioner's report, 'Best Beginnings in the Early Years' (July 2020).



# Safe and nurtured

## Outcome 1: Children have loving, nurturing relationships with parents and carers

It is widely known that growing up with secure attachments to primary caregiver/s (including birth, foster and adoptive parents/carers) greatly increases the likelihood of positive long-term outcomes for children, in social and emotional development, physical health, educational achievement and many other areas<sup>24</sup>. These relationships provide the solid foundation for children to thrive, enabling them to develop a strong sense of self and identity and offering a buffer against adversity. Parenting is one of the most important jobs anyone can do. It is also one of the most challenging. Supporting parents and carers to do this job to the best of their ability has to be central to what we do. Parents and carers need to know about the support available to them and be able to access it quickly, easily and without judgement. This should include structured, evidence-based parenting programmes.



**"For young children, belonging means...love and acceptable from their parents"<sup>30</sup>**



**"You have to meet people's basic needs. If you don't have your basic needs met, like a safe home and feeling safe in your area, you won't feel like you belong"<sup>30</sup>**

Family support should be well co-ordinated and responsive, with problems picked up early and prevented from escalating. It should also be empowering, building on families' strengths and assets and developing their capacity to meet their own needs. These objectives require services to work together well, sharing information about families and taking joint responsibility for outcomes, along with families themselves. The development of 'Family Hubs' in Bristol, which bring together a wide range of services into one integrated 'hub' for all families, will contribute significantly towards achieving this ambition.



**"Belonging means to me a sense of security. I feel secure in my family home"<sup>30</sup>**

<sup>24</sup> Asmussen, K. et al, 'Foundations for Life', Early Intervention Foundation (2016)

<sup>31</sup> Belonging Strategy Young Parent's Focus Group (October 2020)

## Outcome 2: Children have a safe home free from stress and adversity

Alongside loving, nurturing relationships, children need a safe home which sustains, nourishes and protects them. This offers a secure base from which children can go out and explore the world with confidence, making the most of the opportunity's life presents. The opposite - including growing up in poverty and suffering 'Adverse Childhood Experiences' (ACEs), such as parental mental ill health, substance misuse or domestic abuse - can lead to poor life outcomes<sup>25</sup> and a more fragile sense of belonging. It is estimated that almost 700,000 0–5-year-olds in England live in a household with an adult who has experienced domestic abuse, substance misuse or mental health issues. Locally, domestic abuse is the most common reason for contact with Children's Social Care for under 5s.

While ACEs are found across the population, they are more likely to be experienced by those living in deprived areas and the impact is likely to be greater<sup>26, 24</sup>. Almost 1 in 5 under 5-year-old in Bristol is growing up in a low-income family<sup>27</sup>, and across the country poverty is rising fastest for the youngest children<sup>28</sup>. But ACEs should not be seen as someone's destiny; there is much that can be done to mitigate their impact<sup>29</sup>.

We must support families in need as early as possible, taking a trauma-informed and strength-based approach and working holistically to tackle poverty and inequalities, build resilience and increase life chances. Services should be delivered universally but at a scale and intensity that is proportionate to the level of need, known as 'proportionate universalism'<sup>30</sup>.



**"Belonging to me means that I have been blessed to be a parent. I belong in motherhood"<sup>31</sup>**

- "There should be more Family Nurses. They taught me everything I need to be a mum, developmentally, emotionally, safety wise... literally everything"<sup>31</sup>
- "Housing is a big issue in Bristol, there's not enough housing. It's very tiring moving all the time. It stops you feeling like you belong"<sup>31</sup>



**"Belonging means stability - same home, school, friends, family"<sup>32</sup>**

<sup>25</sup> 'Adverse Childhood Experiences and Trauma-Informed Practice in Bristol', Keeping Bristol Safe Partnership (2020): <https://bristolsafeguarding.org/policies-and-guidance/adverse-childhood-experiences-and-trauma-informed-practice-in-bristol/>

<sup>26</sup> Bramley et al, 'The ACE Index: Mapping Childhood Adversity in England', Journal of Public Health, Vol. 42 (4) (December 2020): <https://academic.oup.com/jpubhealth/article/42/4/e487/5688172>

<sup>27</sup> DWP (2018/19)

<sup>28</sup> Households Below Average Income; Department for Work and Pensions (2019)

<sup>29</sup> 'Adverse Childhood Experiences (ACEs)', Public Health Scotland (2021): <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces>

<sup>30</sup> Marmot et al, 'Fair Society, Healthy Lives', Institute of Health Equity (2010): [www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review](http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review)

<sup>31</sup> Belonging Strategy Young Parent's Focus Group (October 2020)

<sup>32</sup> Belonging Survey for Parents/Carers of 0–5-Year-Olds (December 2020)



## Priorities

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1. Provide high-quality, evidence-based parenting support that is well-publicised and easily accessible<sup>33</sup>.
2. Work with families to identify their needs as early as possible and offer timely support, building on their strength and preventing problems from escalating. This should include better partnership working and information sharing between different agencies.
3. Improve our understanding of the risks associated with childhood adversity and trauma, and our application of trauma-informed approaches.
4. Working with multi-agency partners, increase our understanding and awareness of the difficulties faced by families in poverty and support them to move out of poverty, offering help with housing, education, training, employment and finances.

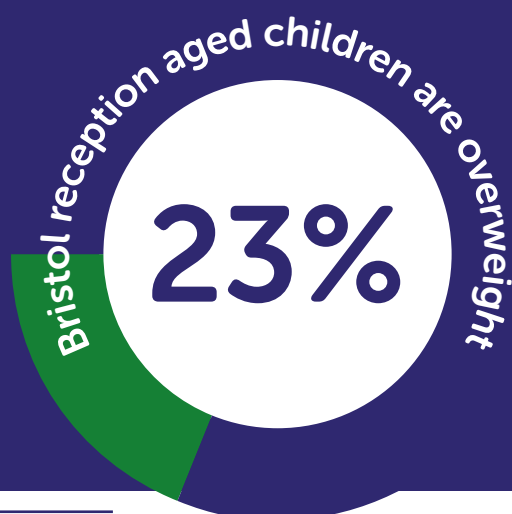


<sup>33</sup> This should be based on the principle of 'proportionate universalism', whereby action is delivered universally but at a scale and intensity that is proportionate to the level of need (Marmot, 2010).

# Healthy and active

## Outcome 3: Children have good physical and mental health

Good physical and mental health in early childhood is a vital foundation for later life. Parents also need to be physically and mentally able to care well for their children. Poor health is often correlated with deprivation. In Bristol, 23% (almost 1 in 4) reception aged children are overweight or very overweight. This is slightly higher than the national average<sup>34</sup>, and increases to 32% in the most deprived areas<sup>35</sup>. The building blocks for healthy weight are often set in early childhood. Children who are breastfed, for example, are less likely to be overweight at age 5 than those who are not. While the Bristol-wide breastfeeding rate at 6-8 weeks is higher than the national average (70% compared to 46%), the ward rates range from 30% in the most deprived areas to 98% in the least deprived<sup>36</sup>.



Emotional wellbeing is equally important. Research suggests that up to 1 in 5 women and 1 in 10 men suffer from poor mental health, such as depression and anxiety, in the first year of their child's life (the 'perinatal period')<sup>37</sup>. Perinatal mental health issues can adversely affect a wide range of child outcomes, lasting into adulthood<sup>38</sup>.

Families with young children benefit from wide-ranging support with their health, from support to have a healthy pregnancy, with infant feeding and nutrition, with healthy eating and exercise and with mental health and wellbeing. Specialist services are required for those with more complex needs, such as substance misuse or disabilities.

A healthy living environment is also important, with access to green space, clean air, sustainable transport and low traffic neighbourhoods, in addition to high-quality healthcare services. The wider determinants of health<sup>38</sup> must always be considered, including housing, transport, money, education, skills and community<sup>40</sup>. The Healthy Child Programme<sup>41</sup> brings together the evidence on delivering a system-wide approach to good health, wellbeing and resilience for every child.

<sup>34</sup> The national average is 23% (NHS Digital, 2018/19)

<sup>35</sup> Hartcliffe and Withywood had the highest rate of reception aged children who were overweight in 2018/19 (32%).

<sup>36</sup> Hartcliffe and Withywood had the lowest breastfeeding rate at 6-8 weeks in 2018/19 (30%) and Cotham had the highest (98%). (Public Health Intelligence Unit, 2018/19)

<sup>37</sup> 'Perinatal Mental Health Toolkit', Royal College of GPs (2019): [www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx](http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx)

<sup>38</sup> Maternal Mental Health Alliance (2019): [www.maternalmentalhealth.org.uk](http://www.maternalmentalhealth.org.uk)

<sup>39</sup> 'What Makes Us Healthy: An Introduction to the Social Determinants of Health', The Health Foundation (2018): <https://local.gov.uk/health-all-policies-manual-local-government>

<sup>40</sup> For example, through adopting a 'Health-in-all-policies' approach, e.g. 'Health in All Policies: A Manual for Local Government', Local Government Association (2016): <https://local.gov.uk/health-all-policies-manual-local-government>

<sup>41</sup> Healthy Child Programme, Department of Health (2009): [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167998/Health\\_Child\\_Programme.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf)



**"Safer bike lanes for cycling with young children"<sup>44</sup>**

- When asked, 'What support do you most need in your city, as a parent/carer, to help you and your child feel that you belong?', the most popular response was 'Outdoor space and playgrounds'<sup>42</sup>
- "More opportunities for parents with young children to exercise"<sup>43</sup>
- "I definitely benefitted from the health visitor. I definitely think it makes a difference. If you don't have a health visitor, then you may not find out about [the support available for parents]"<sup>44</sup>
- "I wouldn't have been able to cope without support [from the Family Nurse]"<sup>44</sup>
- "Being clearer about what... support is available [for mental health] ...and who can access it"<sup>43</sup>



**"Support with your mental health is important. It's lonely being a first-time mum"<sup>44</sup>**

## Priorities

5. Ensure that women, partners, and babies experience the healthiest pregnancy and birth possible, through a system-wide response that focuses on preparing for pregnancy; mental health; healthy weight; a smoke-free pregnancy; reducing harm from alcohol; improving outcomes for BAME families<sup>45</sup>; and increasing 'continuity of care'<sup>46</sup>.
6. Ensure that all families experience high-quality support from the Health Visiting Service, with a focus on the Early Years' High Impact Areas (transition to parenthood; mental health; breastfeeding; healthy weight and nutrition; health literacy, illnesses and accidents; readiness to learn<sup>47</sup>) embedded within a system-wide response<sup>48</sup> that addresses the wider determinants of health<sup>49</sup>.
7. Reduce child health inequalities in birth outcomes; oral health, early nutrition, including breastfeeding, physical activity and immunisations, closing the gaps between disadvantaged children and their peers.
8. Promote breastfeeding and provide high-quality breastfeeding support, aiming to increase the number of women who breastfeed, particularly in areas with low breastfeeding rates.

<sup>42</sup> 88% of respondents selected this option. (Belonging Survey for Parents/Carers of 0–5-Year-Olds, December 2020)

<sup>43</sup> Belonging Survey for Parents/Carers of 0–5-Year-Olds (December 2020)

<sup>44</sup> Belonging Strategy Young Parent's Focus Group (October 2020)

<sup>45</sup> The first six of these are the 'High Impact Areas' identified for Maternity Services, Public Health England (2020): <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children>

<sup>46</sup> 'Continuity of care' refers to a 'continuous caring relationship' with an identified professional and/or the delivery of a 'seamless service' through integration, coordination and the sharing of information between different services. Gilliford et al, 'What is 'continuity of care'?', Journal of Health Services Research and Policy (2006), Vol 11 (4): <https://pubmed.ncbi.nlm.nih.gov/17018200/>

<sup>47</sup> 'Early Years High Impact Areas', Public Health England (2018): [www.gov.uk/government/publications/commissioning-of-public-health-services-for-children#history](https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children#history)

<sup>48</sup> For example, involving Children's Centres and Community Midwifery.

<sup>49</sup> Such as housing, employment and income.



9. Support parents and carers to be the healthiest they can be, with a focus on food and nutrition; exercise; smoking; alcohol and substance misuse; sexual health; mental health; and the wider determinants of health, including poverty and ACEs.
10. Ensure that all families can easily access high-quality, evidence-based perinatal and infant mental health support, at all levels (from universal to specialist), from the earliest signs of needs emerging.
11. Ensure early identification and swift, appropriate support for under 5s with additional needs, including Special Educational Needs and/or Disabilities. This includes high-quality Antenatal and Newborn Screening, and universal Health Visitor reviews, particularly the 2-2.5-year review<sup>50, 51</sup>.
12. Ensure that Bristol offers a healthy physical environment for families, including equitable access to high-quality green spaces, opportunities to exercise and have fun as a family, clean air and active travel.



<sup>50</sup> The findings of the 2-2.5-year review must be shared effectively with parents/carers and appropriate agencies. It plays a key role in ensuring school readiness.

<sup>51</sup> 'Healthy Child Programme: The Two-Year Review', Department of Health (2009)

<sup>51</sup> Wherever possible, the 2-2.5-year review should be undertaken in partnership with early years. 'The Integrated Review', NCB (2015): [www.foundationyears.org.uk](http://www.foundationyears.org.uk)

# Responsible and achieving

## Outcome 4: Children have good language and cognitive skills

Children with good language and cognitive skills in the early years tend to do better in later life<sup>52</sup>. The educational attainment gaps that exist between disadvantaged teenagers and their peers are already present at a very young age, with children from low-income families on average over a year behind their peers at school entry<sup>53</sup>.

In Bristol, 71% of children under 5 achieved a Good Level of Development (GLD) at Foundation Stage in 2019. This is lower than the England average (72%) and varies significantly between different groups, with only 53% of disadvantaged children achieving a GLD, 68% of BAME children and 30% of children receiving Special Educational Needs (SEN) support, compared to their peers<sup>54</sup>. Starting school is a key moment in any child's life, but without good language and cognitive skills it can be a difficult experience, with negative long-term consequences for their sense of belonging in education and the wider world.



High-quality early education, such as that provided by Bristol's nurseries and Children's Centres, plays a significant role in narrowing the gaps between disadvantaged children and their peers, as the benefits tend to be greatest for the former. Disadvantaged two-year-olds are entitled to free early education but the take up rate is only 62% in Bristol, compared to 69% nationally. The rates are higher for 3- and 4-year-olds although still lower than the national average: 91% compared to 93%. We must have high aspirations for all our children, offering excellent early education with good take up rates across the city, especially amongst those who will benefit most.



<sup>52</sup> 'Best Beginnings in the Early Years', Children's Commissioner (July 2020): [www.childrenscommissioner.gov.uk/report/best-beginnings-in-the-early-years](https://www.childrenscommissioner.gov.uk/report/best-beginnings-in-the-early-years)

<sup>53</sup> Waldfogel et al, 'Low Income and Early Cognitive Development in the UK: A Report for the Sutton Trust', Sutton Trust (2010).

<sup>54</sup> This includes all children with an Education, Health and Care Plan (EHCP) and children receiving SEN support, DfE (2019)

## Outcome 5: Children have good social and emotional skills

Young children who are well-equipped to manage their feelings and behaviour are more likely to experience positive long-term outcomes, doing better educationally, physically and emotionally as teenagers, for example<sup>55</sup>. Social and emotional skills are also important in developing a child's sense of belonging in the early years, enabling them to connect more easily with others and develop strong relationships. Again, high-quality early education and care can contribute significantly, in addition to wide-ranging universal support for all parents and more specialist support for those who need it. Fundamental to both is a skilled, multi-agency workforce, working together to support parents and children to develop important life skills.

- "Having my child at nursery gives me time to do things for me, like a college course. It's reassuring to know he is somewhere where he's safe and happy"<sup>56</sup>
- "The Family Support Workers [at the Children's Centre] are brilliant. They make me feel confident"<sup>56</sup>



**"My Children's Centre helps me feel that I belong. The staff are really friendly"**<sup>56</sup>



**"I've seen a massive growth in him [my child] since being at nursery. It's helping him find himself and know what he likes"**<sup>56</sup>



<sup>55</sup> 'Best Beginnings in the Early Years', Children's Commissioner (July 2020): [www.childrenscommissioner.gov.uk/report/best-beginnings-in-the-early-years](https://www.childrenscommissioner.gov.uk/report/best-beginnings-in-the-early-years)

<sup>56</sup> Belonging Strategy Young Parent's Focus Group (October 2020)



## Priorities

13. Ensure that all parents and carers can easily access sufficient, high-quality and affordable (or free) early education and childcare which supports children to be 'ready to learn by two and ready for school by five'.<sup>57</sup>
14. Through the development of Family Hubs, ensure that our early years system is joined up, easily accessible and makes sense for families, with universal services providing a straightforward and non-stigmatising 'gateway' into targeted support for those who need it.
15. Ensure that there is an excellent workforce in place to support 0–5-year-olds and their families, strengthening recruitment, retention, diversity, skills, partnership working and leadership across the sector.



<sup>57</sup> 'Early Years High Impact Area 6: Health, Wellbeing and Development of the Child Aged Two', Public Health England (2018)

# Respected and involved

## Outcome 6: Children are respected and involved, with their voices heard and their uniqueness valued

It is important that young children and their families feel respected and involved. Childhood should be highly valued, and the right of every child to play and enjoy their childhood- at home, in childcare and education settings, and in public spaces - should be promoted and protected<sup>58</sup>.

To foster a strong sense of belonging from the beginning, we must ensure that no one feels left out, actively promoting the principles of equality, diversity and inclusion. Special attention should be paid to families at risk of marginalisation, due to homelessness, unemployment, ethnicity, age, sexuality, disability or other factors. For example, we know that young parents can feel more isolated and under greater pressure. They may need support to conclude their own successful transition to adulthood. A diverse workforce is also important in promoting diversity and inclusion. Locally, we are working hard to achieve greater representation from men, BAME communities and people with disabilities in our early years' workforce.



**"I feel I belong at my Children's Centre. I don't feel judged there"**<sup>59</sup>



Our services should be easily accessible to everyone, with special effort made to reach those who don't typically engage. This involves identifying and tackling the barriers that are faced by some families in accessing support, including cultural, physical, psychological, financial, geographical, and communication barriers.

Services should fit the needs of individual families, not vice versa. To this end, children and families should be involved in shaping and designing services that meet their needs. Our Children's Centres offer a lifeline for many families, particularly those who are isolated and don't use other services. Parents describe them as offering a 'sense of community' - safe, responsive and inclusive<sup>58</sup>.

We will build on the strengths of our current Children's Centres through the development of Family Hubs.

<sup>58</sup> 'Children's Centres Public Engagement Report', Bristol City Council (2018)



**"The most important thing is to show my daughter that she is worthy of my time and attention, and that she is important herself"<sup>59</sup>**

- "Belonging means to me that I am able to be myself around others and not feel fearful of being judged. Being valued as a mother despite being young"<sup>59</sup>
- "I love the fact I can talk to someone about anything [in my local Children's Centre]. As a single parent that is vital. To be heard and not ridiculed makes a person empowered and able to do so much more in life"<sup>60</sup>
- "I wouldn't survive without my Children's Centre. It provided me with the invaluable social interaction I so much needed when feeling isolated with both of my children"<sup>60</sup>.
- "I need places [to go with my child] that I can get to on public transport"<sup>61</sup>
- "I want [services] that celebrate diversity and say that every child belongs"<sup>61</sup>
- "Bilingualism and multiculturalism are important to me [in early years settings]"<sup>61</sup>



**"I would like to see more diversity amongst health visitors, nurses, midwives..."<sup>61</sup>**

## Priorities

16. Promote and protect the right of every child to play and enjoy their childhood, including ensuring that all children can access safe outdoor space for play near their home, such as playgrounds, green spaces and low traffic neighbourhoods.
17. Ensure that all children and families feel that they 'belong' and have their voices heard in decisions that affect them, with a particular focus on those who are most marginalised. This involves identifying those who do not feel included and finding different ways to help them participate, proactively tackling barriers, following best practice and seeking continuous feedback from families.
18. Promote diversity and value differences, within our early years' settings, services and workforce, with a particular focus on those with 'protected characteristics'<sup>62</sup>, including age, disability, sexual orientation, race and religion.

<sup>59</sup> Belonging Strategy Young Parent's Focus Group (October 2020)

<sup>60</sup> 'Bristol City Council Children's Centre Survey', Bristol City Council (2018)

<sup>61</sup> Belonging Survey for Parents/Carers of 0-5-Year-Olds (December 2020)

<sup>62</sup> The full list of protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. 'Protected Characteristics', Equality and Human Rights Commission, 2020.



