Community

Key points

1. Communities are often regarded as geographical, where a group of people live in the same place. However, communities can also be centred around a specific social, leisure, economic or health activity, need or interest, and where groups of people share the same characteristics, attitudes or interests.

2. For children and young people, the first experience of community is usually the family unit into which they are born and raised, and the locality in which they grow up. Nursery and school also offer a sense of community, as do after school clubs and membership of a sports team or other common interest groups.

3. Resilient communities have an important role in action on Adverse Childhood Experiences (ACEs). ACEs have been found to have lifelong impacts on health and behaviour and they are relevant to all sectors and involve all of us in society.

4. ACEs include various forms of physical and emotional abuse, neglect, and family dysfunction experienced in childhood. These experiences can lead to poor health and social outcomes in adulthood. As the number of ACEs experienced by a child increase, so does the risk of poor outcomes.

5. The Youth Focus Programme in Suffolk recognises the crucial role people within local communities – shopkeepers, youth workers, sports coaches, neighbours – have in supporting local young people to develop a sense of belonging as well as encouraging them to aspire, thrive and grow.

6. A Healthwatch Suffolk report found that *some* (less than one hour per day) social media usage resulted in higher wellbeing scores than abstinence from social media entirely. However high levels of social media activity were linked to reported lower wellbeing scores, with average wellbeing scores decreasing with each additional hour spent on social media.

7. Not all communities are beneficial to children and young people's wellbeing, even though they may provide a sense of identity or belonging. 'Unhealthy' communities are those that do not provide children and young people with a safe environment in which to grow and develop successfully and may leave them feeling lonely and disconnected from the world around them.

8. In instances where a child has grown up in an unhealthy family environment for example, a sense of belonging may be achieved by contact and involvement with groups/communities that may exploit that child/young person, for example, county lines.

9. The health protecting and health harming factors of communities are not equally distributed, with those living in deprived areas less likely to experience the positive benefits that communities can offer. In addition, they are more likely to experience the negative aspects of communities.

Why is community important for children and young people in Suffolk?

Communities are often regarded as geographical, where a group of people live in the same place. However, communities can also be centred around a specific social, leisure, economic or health activity, need or interest, and where groups of people share the same characteristics, attitudes or interests. Communities are generally social structures where personal values, cultural values, business goals, attitudes or a world view are shared by members to provide a sense of connection and belonging.

For children and young people, the first experience of community is usually the family unit into which they are born and raised, and the locality in which they grow up. Nursery and school also offer a sense of community, as do after school clubs and membership of a sports team or other common interest groups. Increasingly online forums, messaging groups such as WhatsApp, and social media platforms such as TikTok, Snapchat, and Instagram also offer children and young people a sense of belonging, a sense of safety around knowing their place within a defined social structure.

Community - a sense of it and belonging to it - is a vital construct and experience for all children and young people. It enables them to develop the skills and experience needed to function within society, as well providing a safe and supportive environment in which to grow and develop. As quoted in a 2019 NHS Blog post by Professor Stephen Powis and Dr Jeanelle de Gruchy[1], 'it takes a village to raise a child', implying that for a child to grow and develop in a safe and healthy environment, 'an entire community of people must interact' with them.

Healthy communities are those in which children and young people can develop a sense of belonging, build resilience, form healthy relationships and social networks, and feel safe and cared for. Healthy communities provide children and young people with self-confidence and self-esteem, and ultimately sets '… the foundation for a well-functioning and healthy adulthood'.[2] Shared identity communities for example, such as LGBT*Q+ (Lesbian, Gay, Bi-Sexual, Transgender and Queer or Questioning) and minority ethnic groups, offer peer support and a sense of belonging to a specific group or culture.

Unhealthy communities are those that do not provide children and young people with a safe environment in which to grow and develop successfully and may leave them feeling lonely and disconnected from the world around them. Examples might include a disorganised and unpredictable home environment, or a social media group that promotes unhealthy or even destructive behaviours and attitudes. This chapter focuses primarily on healthy communities; please see the 'Feeling Safe' chapter for further information on some unhealthy communities that children and young people may be involved in.

Impact of COVID-19 on data

The impacts of the COVID-19 pandemic in the UK have been felt and experienced by young and old alike, and will affect people's lives both in the short, medium and long term. One of the many consequences of the pandemic has been its impact on data collection. Across many areas, such as the economy, education, health and wellbeing, the pandemic has affected what data has been collected and what has been published. Even when published, not all data has been comparable with pre-COVID-19 data.

What is the local picture?

What communities are there in Suffolk?

Communities in which children and young people can be/are a part of include:

- Family – immediate and wider family relations
- Physical locality or location – such as a neighbourhood or village/town
- Education based – nursery, school, college, university
- Leisure/team based – such as a sports team, or dance/theatre group, youth centre
- Shared communities that offer peer support, such as:
  - LGBT*Q+ community
  - BAME Groups
  - Faith based communities
  - Children in care and care leaver communities
  - Disabled children and young people
  - Mental Health Support groups for children and young people
- Online - social media, online forum, messaging groups

Family

The family unit into which children are born is the first community type structure most individuals experience. In these early years of development, this community teaches children and young people about structure and boundaries, as well as developing relationships with the immediate and wider family members. A healthy family community provides the foundation on which individuals move through their lives, taking the learning and development into wider society and relationships. Research has also shown that the quality of family relationships was one of the three most significant aspects of life contributing to a child's overall sense of wellbeing.[2]

Family life in the UK is continually changing. Around 1 in 4 children under 15 no longer lives with both biological parents, cohabitation is increasing, and children are now leaving their parental homes far later.[3] In 2020, there were 2.9 million lone parent families in the UK, which is 14.7% of all families.[4] Children of separated parents are at increased risk of:[5]

- growing up in households with lower incomes and poorer housing
- experiencing behavioural problems
- performing less well in school and gaining fewer educational qualifications
- leaving school and home when young
- becoming sexually active, pregnant or a parent at an early age
- reporting more symptoms of depression
- reporting higher levels of smoking, drinking and drug use during adolescence and adulthood

There were around 18,500 lone parent households with dependent children in Suffolk in 2020, which is approximately 7.5% of all local households (table 1). In 2019, this proportion was 6.1%.

Table 1 Number of lone parent households with dependent* children in Suffolk (2020)

Area	Households		Children under 16**		Children 0-18	
	Number	%	Number	%	Number	%
Babergh	2,000	6.5	2,500	16.4	2,900	15.8
East Suffolk	6,400	8.4	8,300	16.5	9,800	17.6
Ipswich	2,400	4.6	1,600	7.3	3,300	13.3
Mid Suffolk	2,100	6.8	1,600	8.1	2,900	12.0
West Suffolk	5,700	9.8	8,600	24.7	10,200	26.0
Suffolk	**18,500**	**7.5**	**22,500**	**15.9**	**29,200**	**17.9**

Source: Office for National Statistics. NOMIS – Annual Population Survey[6]

* A household that contains at least one dependent child. A dependent child is one aged 16 years or under, or aged 16 to 18 years and in full-time education.
** These estimates are potentially unreliable due to small sample sizes.

There were an estimated 22,500 children under the age of 16 living in lone parent households in Suffolk, which equates to just under 16% of all children aged under 16. In West Suffolk, this increased to nearly 1 in 4 children. The estimated number of dependent children (0-18 year olds) living in lone parent households in Suffolk was 29,200, which is 17.9% of all dependent children across the county. This proportion, once more, was highest in West Suffolk (26%).

Not all children and young people grow up in a healthy family community. This can impact on life chances, decision making and relationship building in adult life. The risk factors in early family life are multi-dimensional, and can include:

- substance misuse during pregnancy
- parental mental illness
- poor nutrition
- poor housing or living conditions
- difficulties at school
- peer pressure
- child's physical and emotional health
- the absence of supportive relationships
- neighbourhood violence
- unemployment and job insecurity
- discrimination, and
- bereavement[7-8]
- parental addiction to drugs/alcohol
- domestic violence

Resilient communities have an important role in action on Adverse Childhood Experiences (ACEs). ACEs have been found to have lifelong impacts on health and behaviour and they are relevant to all sectors and involve all of us in society.[9] ACEs include various forms of physical and emotional abuse, neglect, and family dysfunction experienced in childhood (Figure 1). These experiences can lead to poor health and social outcomes in adulthood. ACEs can be directly related to the child (psychological, physical and sexual abuse or neglect), or related to the household they live in (parental separation, domestic violence, mental illness, alcohol abuse, substance misuse, imprisonment). As the number of ACEs experienced by a child increase, so does the risk of poor outcomes.[10]

Figure 1: Examples of Adverse Childhood Experiences

Source: Lugalia-Hollen, M. Everything Matters: The Power of Addressing Adverse Childhood Experiences (ACEs). 2015. [11]
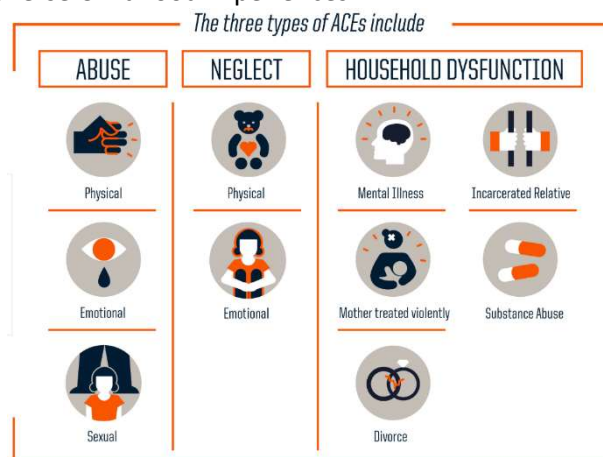
For further information about ACEs, see the 'Feeling Safe' chapter of the State of Suffolk Children in Suffolk report.

In many of the above circumstances, the absence of a healthy family community around the child means an absence of support and safety in challenging situations. It is well established that the first 1,001 days of a child's life are crucial in 'setting the scene' for their behaviour, decision making and reactions in adult life[12]. Therefore, those that experience an unhealthy family community in their formative years may face many further challenges into adulthood.

The Home Start scheme in Suffolk is the county's largest family support charity. It provides informal support to families under stress in their own homes, offering emotional support if parents/carers need someone to talk to, but also practical support such as helping to get the family to the shops. The scheme aims to ensure that 'every child in Suffolk is given the best start in life because of the love, support and guidance they received from their parents, guardians or the people performing the role of their parents'. [13]

Local geographic community/neighbourhood

After their family unit, the geographic location or neighbourhood in which a child grows up offers a potential sense of community. There is variation in the sense of community within geographic localities; some villages for example have a clear identity and cohesion, whilst other areas have a limited sense of community, perhaps being little more than a collection of households and business sharing the same geographic space but with little connection or cohesion between them.

The perception of where they live can impact upon a child's participation in local activities in addition to their ability and confidence to play outside and make friends with other local children.[2] Data relating to how children rate the area in which they live have not been updated since 2018, but show that over time there has been an increasing proportion of children reporting that they liked the area in which they lived.[2] However it is not known what the impact of the COVID-19 pandemic - and specifically lockdowns that shrunk the immediate environment around children - may have had on perceptions and feelings about the area in which children and young people lived.

Within Suffolk, the Youth Focus Programme[14] – a development programme provided by Community Action Suffolk and funded by Suffolk County Council and Collaborative Communities Board - recognises the crucial role people within local communities – shopkeepers, youth workers, sports coaches, neighbours – have in supporting local young people to develop a sense of belonging as well as encouraging them to aspire, thrive and grow: *'…the value of positive interaction with trusted adults cannot be under-estimated. Positive relationships and community connections raise self esteem, build confidence and resilience'*.

Education

The school a child attends also forms another community. The class(es) of which they are part form their peer groups, as does the establishment of chosen friendship groups. Research shows that relationships with friends are an important contributor to a child's well- being.[2]

Within the school environment a child may additionally be part of different clubs or teams with a shared interest or characteristic, such as a sports team, or theatre/dance/singing group. In the case of sport or related teams, competitions with teams from other schools can build a sense of community and belonging as the child acts as a representative of his/her school community.

School is often where children start to form their first friendship groups. Being surrounded by others through choice, where there are shared interests and where bonds of trust and care can form provides an identity and sense of belonging to the group members.

Leisure/team sports, and other activities with a shared interest

Sport and recreation form a crucial aspect of the work to make Suffolk the most active county[15] in England. Sport and leisure facilities not only contribute to the physical and mental wellbeing of the residents of Suffolk, but also act as community assets to bring together individuals with shared interests or circumstances, thereby improving community links and cohesion, and building social capital. Community assets[16] are anything that can be used to improve the quality of community life; this could be a person, a physical structure or place, a community service, or a business.

Ipswich Town Football Club (ITFC) offer Community Open Access Summer Schools[17] during the school holidays where children and young people can be coached by ITFC staff. 'Play On' are weekly social sessions for children aged 11-18 years to encourage physical and recreational activity. These sessions look to build a sense of community by encouraging children and young people to make new friends, have fun, and be active.[18]

Libraries are a community asset that provide and host a variety of community based activities, alongside the provision of book and online lending schemes, access to the internet and mobile library services. There are 46 static libraries across the county, offering activities across all age groups aiming to provide opportunities for social connection and communication via a shared hobby or activity. These include reading and literacy groups, craft or game based groups, and sing along groups. Specific examples include:

- Baby Bounce (county wide) is a singalong group for Mums and babies
- Little Explorers is a story and craft session at Chantry Library
- Mythical Creature Crafts is a craft session at Beccles Library
- Boxing Fitness for Teens at Gainsborough Library
- Art Space is a pottery and clay workshop at Great Cornard Library, and
- Chess Club at Woodbridge Library

Shared communities that offer peer support

Individuals with shared characteristics, beliefs, values and/or circumstances can also form distinct communities. A sense of belonging can arise within a group of other people that share, for example, the same ethnic group, the same faith, or who belong to the LGBT*Q+ community.

The School Census of January 2021 found that 18.2% (n=10365) of pupils who attended state-funded primary schools in Suffolk were from a minority ethnic group, compared with 15.3% (n=6865) of state-funded secondary school pupils (table 2).[18] The largest minority ethnic groups within Suffolk schools were children from White non-British backgrounds, followed by those from Mixed/multiple ethnic groups.

Table 2 Number of school pupils by ethnicity in Suffolk (January 2021)

Ethnicity	State-funded primary school		State-funded secondary school	
	Pupils	%	Pupils	%
White British	45,511	80.0	36,470	81.2
All Other White	4,505	7.9	2,814	6.3
Asian	1,162	2.0	847	1.9
Black	569	1.0	450	1.0
Mixed/multiple	3,488	6.1	2,369	5.3
Other	641	1.1	385	0.9
Not recorded	1,040	1.8	1,553	3.5
Total	**56,916**	**100**	**44,888**	**100**

Source: Department for Education. Schools, pupils and their characteristics[19]

Latest estimates suggest that between 19,300 and 23,200 people aged 16 and over in Suffolk are likely to identify as gay, lesbian, bisexual or other. Among 16-24 year olds in Suffolk, there are an estimated 4,200 to 6,000 people who are likely to identify as gay, lesbian, bisexual or other [20]. For further information about ethnicity and sexual orientation see the 'Population and Families' chapter of the State of Suffolk Children in Suffolk report.

The circumstances that some children and young people face can also create a sense of shared experience that fosters a sense of community, peer support, and belonging. For example, those with a disability, those experiencing mental ill health, or children in care or care leavers.

In Suffolk in 2020/21 there were 11,694 pupils in all schools (excluding independent schools) receiving Special Educational Needs or Disability support, for conditions/disabilities such as autism, learning difficulties or disabilities, speech, language or communication needs, and visual or hearing impairments.[21]

The Mental Health chapter of the State of Children in Suffolk estimates that around

- 10,140 children and young people in Suffolk could have an emotional disorder
- 6,100 children and young people in Suffolk could have a behavioural disorder
- 2,130 children and young people in Suffolk could have a hyperkinetic disorder

if national figures are applied to Suffolk population estimates (2020). Please see the Mental Health chapter of the State of Children in Suffolk report for further information about the mental wellbeing of children and young people in Suffolk.

There were 947 children in care in Suffolk on 31st March 2021[22]. Locally, most children in care in Suffolk were there as a result of abuse or neglect (67%)[22]. There were 611 care leavers in Suffolk in 2020/21; 175 aged 17-18 years, and 436 aged 19-21 years.[23]

A national online survey of care leavers by Ofsted found that many did not have a sense of community after leaving care, reporting that they felt 'alone' or 'isolated'. Around two thirds of respondents said they had no say in where they lived when they left care, and some felt unsafe because they were living on their own, or in an area regarded as high in criminal activity. Many did not know where to find support for their mental and emotional wellbeing. As a result of this survey, three recommendations were identified: care leavers to be told about available support; help for care leavers to stay in touch with key people; and working with care leavers to ensure they have the skills they need before the leave care (such as how to manage money, how to shop, how to cook).[24]

There are many national and local services and organisations that support children and young people who have a disability, are experiencing mental ill health, are a child in care/care leaver, or belong to the LGBT*Q+ community. For example:

- Suffolk's Leaving Care Service helps prepare young people in the care of the local authority for independent living. Although most care leavers leave care at the time of their 18th birthday, they continue to receive supporting relating to assessing education, employment and housing.
- Suffolk Night Owls is just one community group/service offered by Suffolk Mind, and which provides telephone, text and email support for those experiencing emotional distress.
- Suffolk Family Carers offer a number of community events across the county mainly focusing on providing support for carers, such as Connected Communities, Drop In sessions, and Parent Carer sessions.
- Suffolk User Forum provides a directory of community services addressing a large variety of subjects including those relating to specific disabilities (e.g. Downs Syndrome, Autism), mental ill health (e.g. depression, personality disorder), and ethnic groups (e.g. Bangladeshi Support Centre, Portuguese Community Health Support Project)
- Outreach Youth that supports and works with children and young people under 25 years in Suffolk. Its youth groups offer opportunities to meet up, whilst one to one support is on offer for young people who are or think they might be Gay, Lesbian, Bisexual, Transgender, Queer or Questioning their sexuality and/or gender identity

Online communities

There is some evidence from research undertaken by The Children's Society for their 2017 'The Good Childhood Report' that social media can have a beneficial impact on satisfaction with friendships. However, there was also an acknowledgement of the potential negative consequences of excessive social media use, such as cyberbullying, and the fear of missing out.[25] In this way, online forums, chat rooms, and message groups have the potential to be both healthy and unhealthy communities for children and young people.

A 2019/20 report published by Healthwatch Suffolk noted that a third (34%) of young people aged 11-19 years used social media for between two to three hours each day, although nearly half (48%) of all young people aged 15 used social media for more than four hours a day.[26]

Considering the link between wellbeing and social media use, Healthwatch Suffolk found that *some* (less than one hour per day) social media usage resulted in higher wellbeing scores than abstinence from social media entirely. However high levels of social media activity was linked to reported lower wellbeing scores, with average wellbeing scores decreasing with each additional hour spent on social media.

Life satisfaction may also be impacted by social media use. A study by Nature Communications[27] and reported on by the BBC[28] found that the longer 11-13 year old girls spent on social media, the less likely they were to report being satisfied with life a year later.

The ability of social media to present both healthy and unhealthy communities to young people is illustrated by the words used by respondents to the Healthwatch survey to describe how social media made them feel. Common words used to positively describe social media usage included: connected, intrigued, good, creative, community, escape, friends, occupied, sociable and positive. Conversely, some of the common negative words used to describe social media were: bullied, lonely, fake, overwhelmed, insecure, drained, jealous, horrible, detached, and fear of missing out (FOMO).

Almost one in eight (12%) respondents to the Healthwatch survey reported being bullied online within the last two months. For further information about bullying and cyberbullying, see the 'Feeling Safe' chapter of the State of Suffolk Children in Suffolk report.

An association between the time spent by children and young people looking at a screen - screen time – and the parent-children relationship was identified in the same report. Those children and young people who reported higher levels of screen time were not only less likely to say that their parents were important for support with their mental health, but also less likely to approach them for support.

Unhealthy communities

Not all communities are beneficial to children and young people's wellbeing, even though they may provide a sense of identity and belonging to some. In instances where a child has grown up in an unhealthy family environment, experiencing some of the risk factors and adverse childhood experiences identified earlier in this report, a sense of belonging may be achieved by contact and involvement with groups/communities that ultimately take advantage of the vulnerability of such individuals.

The pressure to feel connected or belong to an identified group or community in order to have a perceived identity can lead to children and young people joining groups that may not have the best interests of individuals in mind. This can lead to bullying (whether online or in 'real life') or in more serious cases, long term and harmful consequences that follow the individual into adulthood.

For example, 'County Lines' would be considered an unhealthy community. 'County Lines' is a term covering circumstances where city drug gangs increase their operations into smaller towns by using children and young people to sell their drugs for them [29]. Whilst 'membership' of such an association may offer a sense of belonging to children and young people that have limited experience of healthy communities in their lives, it is evident that 'belonging' to this type of 'community' is detrimental to the healthy development and future opportunities of the individuals involved. In a sense where there should be a healthy community/communities there has been a substitution with an unhealthy one. Please see the 'Feeling Safe' chapter for further information on county lines.

Inequalities in communities

Communities arise in and across localities, and their emergence is usually based on a common factor whether that is an activity, interest or geographical area. However unequal access to community assets, such as libraries, is one of the key influences on inequalities. A child growing up in one of the most deprived communities is ten times less likely[30] to live in the greenest areas than people who live in the least deprived communities, and therefore have less or restricted access to green space.

Even where access to specific communities is not a concern, the cost of attending some community events and activities, as well as the cost of the technology to access online communities, is prohibitive for some families. With the cost of living increasing, the pressure on families - particularly those on low incomes - to be able to afford even basic necessities is squeezed, leaving limited financial resources for their children to attend, for example, some leisure activities that would benefit their physical and mental wellbeing.

These inequalities experienced in childhood can have large impacts in later life. Growing up in an unhealthy family community, alongside the challenges – lack of access to communities via location or financial situations - experienced by those living in deprived areas can lead to inequalities in skills, knowledge, and experience. This may result in reduced employment opportunities, lower incomes, affect social connections and relationships, and impact on physical and mental wellbeing.

Public Health Scotland[31] notes that the health protecting and health harming factors of communities are not equally distributed, with those living in deprived areas less likely to experience the positive benefits that communities can offer. In addition, they are more likely to experience the negative aspects of communities.

Inequality of access and cost of living pressures are therefore increasing health inequalities across the county, as those in more deprived areas face greater challenges and fewer opportunities to improve their physical and mental wellbeing compared to those living in less deprived areas.

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