

# Good Places Better Health for Scotland's Children

Prepared by the Evaluation Group  
of Good Places Better Health

Good Places Better Health (GPBH) is the Scottish Government's Strategy on health and the environment. This new approach recognises that environment has a significant impact on the health of Scotland's people and that action is required to create safe, health nurturing environments for everyone.

GPBH has just completed its prototype phase which considered the question "What is needed to deliver places that nurture good health for children?". In particular the prototype considered four health challenges facing children in Scotland: Obesity, Asthma, Unintentional Injury and Mental Health and Wellbeing.

An independent expert evaluation group has considered the above question supported by the work of an intelligence partnership who gathered a "mixed economy of evidence"<sup>1</sup> from modelling, wide stakeholder engagement and evidence review.

This report was prepared by the Evaluation Group of Good Places Better Health Project.

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# Contents

	Page
1.0 Introduction	2
2.0 Background on Good Places Better Health	3
3.0 The Four Health Challenges and the Places where Children Live	5
4.0 Our Vision	7
5.0 Achieving the Vision	8
6.0 A Scottish Neighbourhood Quality Standard	10
7.0 Neighbourhoods	12
7.1 Safe, Healthy Neighbourhoods	13
7.2 Well Maintained and Managed Public Spaces	15
7.3 Increased Outdoor Play and Access to the Natural World	16
7.4 Supporting Social Capital Within Communities	18
8.0 Homeplace	20
8.1 Warm, Dry Homes for All	21
8.2 Generously Proportioned, Flexible and Functional Homes	23
8.3 Homes within Lifetime Communities	25
9.0 Transport	26
9.1 Child Friendly Active Travel and Public Transport	27
9.2 Safe Streets	29
10.0 Conclusions	31

# 1.0 INTRODUCTION

The complex, inter-linking and multifaceted set of influences on health are now accepted: people's social, economic, cultural and environmental circumstances all conspire to raise or lower their chances of good or poor health. It is also useful to recognise that, in broad terms, the quality of each of these circumstances tend to be related. For example, people in adverse economic situations often also face difficult social circumstances. Place is the term frequently used to bring together the social, economic, physical, cultural, and historical characteristics of a location; place is the part of people's life circumstances which is related to where they are.

To recognise the true importance of place for public health however, it is important to see place as more than just a collective noun for the multiple characteristics of where people live and work; places shape and influence people's lives. Consider the analogy of a garden or a field: seeds planted in ground which is stony, nutrient-poor, weed-choked, lacks sunlight and water and which are ignored rather than tended will find it hard to thrive, grow weak and yield little. Seeds in fertile soil, with good light and which are well tended will thrive and yield plenty. The qualities of places can be considered in the same way (and here the importance of place for children is emphasised). Poor quality places hinder and inhibit the chances of a long, healthy and successful life. Children who grow up in adverse places are more likely to have problematic adult lives. Then, since our social, economic and housing systems tend to group similar sorts of people together in neighbourhoods, such adults contribute to reproducing adverse places through their own social, economic and behavioural problems. 'Good' places are more likely to produce healthy, happy, productive people (who, in turn, collectively reproduce good places). Place is thus the site and system by which society, economy and health gets reproduced, generation to generation.

In using the term 'place' as opposed to simply physical environment we recognise the interactions between social, economic, cultural and physical environments and can plan for each component to be a positive influence on the health of children now, and as future adults.

## 2.0 BACKGROUND ON GOOD PLACES BETTER HEALTH

The prototype phase of Good Places Better Health, which was embarked upon in December 2008, considered the question “What is needed to deliver places that nurture good health for children?”. This work has focused on four key health challenges in Scotland: obesity; unintentional injuries; asthma; mental health and wellbeing, as they affect children aged 0-8 years.

The prototype aimed to:

- consider, plan and deliver new and more effective ways of considering place and health, in order to identify what is needed to create places that nurture health and wellbeing and reduce health inequalities
- identify the characteristics of place which will nurture healthy childhood weight and positive mental health and wellbeing in childhood and reduce asthma and levels of unintentional injuries in children

### **Specifically, to:**

- improve our understanding of complexities of the relationship between place and health
- map transparently, the relationships between environment and health determinants
- improve collation, interpretation and sharing of evidence
- translate this improved knowledge into policy and actions
- work to apply new policy and actions locally and nationally

Since Good Places Better Health is a policy response to a complex new environmental health paradigm it was considering a much wider spectrum of evidence from a wide constituency of professions and sectors. Borrowing terminology first coined by Petticrew et al<sup>1</sup> the term “mixed economy of evidence” is used to represent the breadth and diversity of the relevant evidence sources. GPBH has explicitly set out to exploit this mixed economy in reaching its decisions.

The first stage involved the production of four Evidence Assessments on obesity; unintentional injuries; asthma; mental health and wellbeing. These are important products of the GPBH prototype phase as they report the intelligence that exists for the relationship between place and each health outcome.<sup>2, 3, 4, 5</sup>

In order to arrive at the recommendations, various short life working documents were produced including cross cutting reports on three key themes that were emerging from the evidence: housing, neighbourhoods and transport,<sup>6, 7, 8</sup> and an evidence review of place and health.<sup>9</sup> The Evaluation Group considered all these sources together with the Evidence Assessments and their own expert opinion in coming to the conclusions contained within the final output.

‘Recommendations’ are based on the evidence that was gathered during the prototype phase of Good Places Better Health. This report aims to identify what is needed to deliver places that nurture good health for children. Therefore whilst we aim to outline action to deliver the type of places that can positively influence health, it is action defined within the context of children’s needs and there may be tensions with the needs of other population groups. However, there are also some recommendations to address the needs of adults or older children within the report. These are included primarily on the basis of the positive consequential benefit they will bring to children aged 0-8.



## 3.0 THE FOUR HEALTH CHALLENGES AND THE PLACES WHERE CHILDREN LIVE

Children interact with places in different locations, such as home, nursery/school and neighbourhood that may also be considered at many different spatial scales. The frequency and type of interaction will be mediated by parents/carers. The Evaluation Group considered three particular aspects of place that were of most relevance to children: Homes, Neighbourhoods and Transport. This report will explore these themes in detail.

In considering these themes there are some common needs that have been identified through the different strands of the Good Places Better Health intelligence as crucial for tackling the health challenges of obesity, asthma, unintentional injuries and mental health and wellbeing. We know that all places in which children spend time, including homes, nurseries, schools and outdoor neighbourhoods, need to:

- support good parenting and encourage children to develop cognitively and socially throughout their childhood
- support and encourage physical activity such as active leisure and active play
- have appealing safe and appropriate places to sleep
- have appealing, safe and appropriate places to learn
- have space for quiet, passive, imaginative play
- be places which enable and support social interaction of children and parents
- offer places to escape and reflect
- have environments which limit risk of exposure to pollutants, infections and allergens including environmental tobacco smoke, mould, and house mites

- limit risk of exposure to hot fluids and hot surfaces
- limit risk of road traffic injury
- provide safe access and transport connections
- provide and encourage healthy food choices
- support and enable infant breast feeding
- limit access to unbalanced foods and drinks

However the needs of children change dramatically as they grow and develop. In the lists above, the term “appropriate” aims to capture the idea of appropriateness to the stage of the child’s development – this is dependent on the child’s age and function. In interpreting the term “appropriate” we would encourage professionals to consider the need to balance the ability to take risks with the need for safety and that in order to produce resilient children we need opportunities for children to learn through experience of appropriately challenging environments. It is important that children are safe but this should not be to the exclusion of the ability to experience life and take risks.

We would therefore support a risk-benefit approach to children’s play as outlined by Lord Young in his 2011 report *Common Sense, Common Safety*<sup>10</sup> where potential positive impacts are weighed against potential risk.

It is also important to note that there is further depth of evidence about the relationship between place and health contained within each Good Places Better Health Evidence Assessment. There are particular issues where place is a small part of a much larger solution and the most important measures to tackle the health outcome lie elsewhere. For example, in relation to the obesity health outcome, the Evidence Assessments found that issues relating to diet were most important for children. For full detail of the recommendations for each health endpoint please refer to the relevant Evidence Assessment available on the Scottish Government Website.

## 4.0 OUR VISION

### A Scotland where

Homes are warm and dry with good quality space for children to play indoors and outdoors.

Children play, explore and relax outdoors in streets, parks, green places, open spaces and have contact with nature in their everyday lives.

The presence of children outdoors is welcomed, supported and valued by parents and the wider community.

Neighbourhoods are well maintained, safe, appealing, support healthy food choices and have a strong sense of community.



## 5.0 ACHIEVING THE VISION

In order for everyone to work together to create healthier places there must be an understanding of the key physical elements of these places and also who must work together and how, in efforts to achieve them. In addition to policy, investment and local empowerment are important targets for action. It will be important to enable joint accountability and secure shared input and responsibility in these areas to ensure progress. There needs, simultaneously, to be a top down and bottom up approach to achieving places which nurture good health for children. Scottish Government recognises the return yielded from early years interventions both financially and socially.

To achieve the change needed, all decision makers – national and local – should use the vision and recommendations within this report to identify ways to achieve change through the following mechanisms:

- Bend the Spend – identify how to bend existing programmes and policies to encompass the creation of healthy places for children
- Provide the Policies – create new and direct programme and policy interventions where needed
- Consider the Consequences – identify and amend policies which have unintended consequences that counteract the content of this report
- Build the Capacity – to ensure local communities and the public sector work together for effective change. This could often be achieved by simply giving permission for something to happen and supporting initiatives.

The Christie Commission has recently published its views on the future delivery of public services and has highlighted the importance of building public services around people and communities, working together effectively, prioritising prevention and early intervention.<sup>11</sup> Adoption of such practice and principles around place and health could achieve the types of healthy places needed for Scotland's children.

There must be true engagement with communities to discover what they need and like about the places where they live and then respond and find ways to deliver on those issues. There is a need to understand what capacity already exists within local communities and how this can be used to improve the local areas. There should be less emphasis on redistribution and more on community development and poverty reduction.<sup>12</sup> For example, the change in employment dynamics within parts of the country has left a plethora of unused buildings with available space. This potential space needs to be released to those with the skills, desire and revenue to turn them into community assets. This approach has been illustrated by the 'Senses of Place' project, which considered distributing learning across whole towns, rather than restricting it to school buildings.<sup>13</sup>

We recognise within this document the interrelating parts of places and the need for vision and actions that simultaneously exert a positive influence on not just physical environment but on culture and outlooks and individual choices. None of these can be dealt with in isolation but it is a whole, rounded package of measures that need to be achieved to deliver the change we wish to see.

In order to achieve success and to make a difference to the lives of children in Scotland we need to take both a top down and bottom up approach to achieving change. This report will set out the priority issues and activities that are needed to create health nurturing places and will indicate the fundamental aspects of place that need to exist. It is then important to weave into this what communities need and like.

We would encourage all professions and interested parties involved in 'placemaking', health, children's services and community work to share our vision and use our recommendations along with their own ideas to deliver healthier places for the children of Scotland to grow up in. It is only in people taking true ownership of a shared vision that we can achieve the change we need to see in Scotland.

## 6.0 A SCOTTISH NEIGHBOURHOOD QUALITY STANDARD

The urgent need to take action forms the basis for the first recommendation of this report which is a proposed means to deliver improvements in neighbourhoods.

In the quest to provide better places for children it is imperative to give local neighbourhoods themselves, as well as public sector and third sector organisations working at a local level, the tools to create better places for health.

A few years ago the Chartered Institute of Housing called for a Community Environment Standard for Scotland.<sup>14</sup> At that time there was a lot of work ongoing around a Housing Quality Standard and the appetite for another standard was low. However, this topic is now worth revisiting. We would recommend a “Scottish Neighbourhood Quality Standard” as a means of enabling the implementation of neighbourhood asset development.

A national standard would set out the fundamental attributes of neighbourhood quality that support healthy children, as identified in this report. This would enable communities, local authorities or third sector organisations to identify opportunities to improve the assets available within particular neighbourhoods. The national standard would encompass all the important aspects of neighbourhood quality that are included within this report whilst incorporating enough flexibility to include local issues. There are different ways of operationalising such an idea ranging from a mandatory standard, through a rating system and monitoring, to guidance and best practice.

## Recommendation

We wish to see a Scotland where a **Scottish Neighbourhood Quality Standard is used as a standard for neighbourhood asset development.**

The standard would be developed nationally with relevant partners and then used in a number of localities during an initial test period prior to finalisation and national availability. The content of the standard should be regularly updated to reflect current evidence in this area:

The standard would encompass the recommendations within this report and cover the following issues:

- housing
- greenspace provision and quality
- outdoor space for play
- opportunities for contact with nature
- presence of children outdoors
- local amenities
- community safety
- social capital within a community
- quality, maintenance and cleanliness of streets and public spaces
- community facilities
- transport

## 7.0 NEIGHBOURHOODS<sup>15</sup>

The neighbourhoods where children live are likely to offer the earliest outdoor interactions children will have with the physical and social environment of the wider world. It is important that neighbourhoods provide opportunities for children and their parents to interact with the world around them in a positive way. We would urge action to ensure children spend much more of their daily lives outside. In seeking to shift the balance of time children spend indoors and outdoors, to enable a significant increase in time outdoors, it will be imperative to ensure that neighbourhoods are welcoming, suitable and provide opportunity to be outdoors. We must also enable a culture change to ensure adults support and welcome the presence of children outdoors.

A healthy, sustainable place will not deliver in terms of the four childhood health outcomes unless it embodies the following characteristics<sup>7</sup>:

- access to appealing places to play and be active and be socially interactive
- access to places that challenge children, build resilience and allow risk taking
- has good air, soil and water quality
- consistent with the development and maintenance of a healthy diet
- safe and easy access (by walking and cycling) to local amenities including schools, nurseries, play areas, greenspace, shops and leisure facilities



## 7.1 SAFE, HEALTHY NEIGHBOURHOODS

The perception of safety is a very personal issue that can be influenced by an individual's own experience, the history and culture of an area and its physical attributes. However this perception of safety can have a major influence on how people use their local area to exercise, to travel through and whether they allow their children to play outside.

More greenery and less litter is associated with lower levels of obesity and feeling satisfied with the area but disadvantaged areas tend to have more litter, fly tipping and, being of higher density, any available facilities are used more frequently and thus are likely to require more attention.<sup>9, 16</sup>

Action needs to be taken to tackle neighbourhood safety to create neighbourhoods that are both safe and perceived to be safe.<sup>9</sup>

There is evidence to suggest that home zones in London have increased children's outdoor play, because they have changed parents' perceptions of safety and "their views about what is acceptable parenting behaviour – in other words the local cultural norms about letting children out to play".<sup>17</sup> Evidence from Scotland presents a rather mixed picture of home zones with only limited evidence that the schemes have resulted in increased community use of outdoor space.<sup>18</sup>

There has been recent identification (and criticism) of the current excessive protection of children from perceived risks, including the risks from strangers and risks in playgrounds.<sup>19, 20</sup> These issues need to be tackled and a more balanced approach to risk taken by families and professionals.

Neighbourhoods could also play a part in influencing our dietary choices if we were able to increase access to healthy food, limit access to unhealthy food, maximise opportunity for food production and increase community links to food. Opportunities to encourage and support breast feeding within neighbourhood settings must also be sought.

## Recommendation

We wish to see a Scotland where neighbourhoods are **safe, appealing, support a healthy diet and have outdoor spaces that are well used, valued and respected.**

Activities consistent with this vision would be:

- national and local support and encouragement for activities that use the local outdoor environment
- neighbourhoods are walkable and design, maintenance and regeneration prioritises pedestrians and cyclists
- connected neighbourhoods where people are able to access facilities and amenities by walking and cycling
- the promotion, support and implementation of the measures and principles within “Designing Streets” in existing and new neighbourhoods
- greater use of Health Impact Assessment in decision making that shapes or influences neighbourhoods
- measures to improve the rate of redevelopment of derelict land
- the creation and promotion of opportunities for temporary use of stalled spaces, where it is of benefit to communities, for uses such as community gardens and community growing schemes
- investment in enforcement and education around issues of incivilities such as litter, dog fouling, vandalism and graffiti
- the provision of spaces suitable for all age groups, including teenagers
- providing further support to the concept of Home Zones to identify ways of using them to increase children’s outdoor play
- communities empowered in the management and use of outdoor areas
- promotion of breastfeeding through the provision of improved facilities
- limit access to calorie dense snacks through the removal of vending machines from public buildings
- identification of mechanisms to limit the number of fast food outlets in neighbourhoods
- encourage and support food co-operatives, allotments and community gardens

## 7.2 WELL MAINTAINED AND MANAGED PUBLIC SPACES

Public spaces within neighbourhoods are important to the development of social connections within a community. However there is currently too much focus on capital investment rather than ongoing maintenance for such areas. This means that a lot of these spaces fall into disrepair or become run down, thus impacting on the perception of community safety and how people feel about the places where they live.

Upkeep in disadvantaged areas is often lower than elsewhere. Children are more likely to be residents of these areas and they have been found to be some of the neighbourhood's 'fiercest critics' of lack of upkeep.<sup>9</sup>

### Recommendation

We wish to see a Scotland where **public spaces are well maintained and managed**.

Activities consistent with this vision would be

- Scottish Government, Local Authorities and Community Planning Partnerships working together to identify mechanisms to support the on going maintenance costs of public areas including civic open spaces, greenspaces, playing fields, streets, shopping and leisure areas.

## 7.3 INCREASED OUTDOOR PLAY AND ACCESS TO THE NATURAL WORLD

There is now strong evidence to demonstrate that access to green, natural or semi-natural outdoor spaces is a significant dimension of good health. This is because it is associated with increased levels of physical activity as well as stress relief and enhanced mental wellbeing.<sup>21</sup>

Green spaces can be therapeutic for children and can help them deal with mental health issues.<sup>9, 22, 23, 24</sup> They are also good for children's physical activity levels<sup>21, 25</sup> and development of social and interpersonal skills such as listening, negotiation, problem solving and self esteem.<sup>9</sup>

The evidence indicates that children who play in natural and greenspaces develop a life long association with nature that continues into adulthood and creates a virtuous cycle. To enable this association to develop it is important that greenspaces are close to the home, within a range of 300 metres and that young children spend more time in them.<sup>15, 26, 27, 28, 29</sup>

It is therefore imperative that we create the right physical and cultural conditions to increase children's access to nature and natural outdoor spaces, and provide the potential for children to have access to greenspace in their everyday lives. This is a crucial component to our wish to see a substantial increase in the amount of time children spend outdoors in their everyday lives.

## Recommendation

We wish to see a Scotland with **neighbourhoods which support and encourage children's access to the natural world in their everyday lives.**

Activities consistent with this vision would include:

Ensuring the provision, quality and use of greenspace, natural play areas, woodlands and other natural settings with the following criteria:

### Qualities

- multifunctional spaces which allow for intergenerational mixing
- natural spaces which offer children contact with nature
- appealing to explore and encourage imaginative play and a place to “escape” and think (“secret places”)
- encouraging of physical exercise through trails, play areas for younger children and free spaces for older children
- designed in a way which enables adults to perceive them as safe so that adults will allow children to play. This can be achieved through providing places where children can interact directly with adults but also places where adults can watch discreetly and allow children to develop their own agenda

### Level of Provision

- increasing provision and improving accessibility to ensure children have access to natural greenspaces for play within 300 metres, or less, of their home
- supporting and promoting the development of natural playgrounds within school grounds

### Supporting Use

- supporting activities within greenspace, woodland, and other natural settings to encourage use and provide a child-friendly focus
- providing family support and education to ensure parents are aware of the benefits and can enable free play in natural spaces for children
- providing outdoor play and learning opportunities for all the family
- using these outdoor spaces as part of formal early years and primary school delivery of the Curriculum for Excellence
- actively supporting and promoting the development of outdoor nurseries
- continued support for the Central Scotland Green Network and encourage this approach throughout Scotland

## 7.4 SUPPORTING SOCIAL CAPITAL WITHIN COMMUNITIES

So far we have discussed the neighbourhood in terms of its physical assets. However as outlined in the introduction, the social cohesion and social networks of a neighbourhood significantly impact on how a neighbourhood is used and looked after and how people feel living within it.<sup>3</sup>

We know that social support is diminished in communities with transient populations – such neighbourhoods have weak social ties and more drug dealing, graffiti and gangs regardless of ethnic diversity or socioeconomic status.<sup>9</sup> Being able to call on neighbours provides a sense of security. Some areas in Glasgow, particularly where there are a high proportion of children, have less support available because they have a low proportion of older people who can influence social control.<sup>9</sup>

We can also document a growing intolerance towards children<sup>9, 30, 31</sup> and exclusion of young people from public places.<sup>21</sup> This prevailing social climate of intolerance towards children has reduced their freedom,<sup>32</sup> trust, confidence and agency in walking to school, the town centre and the local neighbourhood, leading them to feel abandoned.<sup>9</sup>

Children and young people are perceived as a threat<sup>9, 33</sup> and it has been argued that the creation of Anti-Social Behaviour Orders (ASBOs) legitimised this view.<sup>9, 34</sup> The answer to the perceived threat posed by youngsters hanging around can be to provide structured activities, and this has been found to reduce anti-social behaviour. At a younger age children need to discover and be allowed to play in an unconstrained way. Therefore opportunities need to be created for both types of activities.

Young people like to use greenspaces to create their own spaces and territory, however this can prevent other potential users feeling comfortable in the space.<sup>21</sup> To prevent this, other users may attempt to restrict access to young people.<sup>9, 21</sup> But, by removing children or seeing them as a problems, space is no longer public and is perceived as reserved for adults only.<sup>30</sup> Paradoxically, when children and young people feel they are being threatened or excluded, they often respond by congregating in large groups<sup>9</sup> and such groups are perceived as menacing by those wishing to exclude them in the first place.

These issues of security, outdoor space and children are evidently not straightforward. The extent to which children are threatened or themselves pose a threat is ambiguous.<sup>9</sup> Improving the social environment, in particular social ties between different population groups and intergenerational groups, is likely to increase understanding and empathy and reduce feelings of threat both from and towards young people.

Part of the issue is the separation of children from the majority of adults in British society – younger children need to experience the social and natural environment with adults to teach them behaviour that is acceptable.<sup>35</sup> Older children need places where it is acceptable for them to congregate and to socialise with each other, as well as places where they can interact with other generations. All children need places for boisterous and energetic play as well as for quiet play. We therefore feel that there are aspects of physical environment that can be improved to contribute to the creation of a better social environment for inter-generational mixing, and vice versa.

### **Recommendation**

We wish to see a Scotland where **all neighbourhoods have a real sense of community and that the presence of children is welcomed.**

Activities consistent with this vision would ensure neighbourhoods are equipped to maximise the chances of social bonds forming. This could be through:

- ensuring neighbourhoods have focal points and meeting places such as a community centre
- creating and maintaining spaces for all: for young children to play and older children to be able to 'hang around'
- availability of low density housing for families with young children
- providing community activities
- planning housing in a way that supports communities of mixed ages
- empowering local people, including children, to have a genuine influence over decisions that will effect their neighbourhood
- reversing the “no ball games” culture

## 8.0 HOMEPLACE<sup>36</sup>

Currently, infants and toddlers spend up to 80-90%, pre-schoolers 70-80% and school aged children up to 50-70% of their time in the home.<sup>2</sup>

Our vision is of a Scotland where children spend much more time outdoors and that this balance of outdoor/indoor time is shifted substantially. However, the home environment currently has and will continue to have a significant impact on health<sup>6</sup> both directly and indirectly by influencing wellbeing and the day-to-day choices individuals and families make.





## 8.1 WARM, DRY HOMES FOR ALL

The provision of warm and dry homes for all is a key issue in tackling childhood health and wellbeing. This means homes which have all three of the following key characteristics: appropriately ventilated, well insulated and affordably heated. The provision of warm and dry housing will positively impact all four childhood health outcomes. A warm, dry house is free from the damp and mould which is associated with asthma and poor mental health and wellbeing. It optimises the use of space and amenities within the house, therefore providing space to play and study and allows separation of children from burn and scalding risk.<sup>2, 3, 4, 5</sup>

The need to improve the energy efficiency of housing will be a key driver in delivering the reduction in carbon emissions that will be needed for the housing sector to contribute to national reduction targets. The delivery of warm, dry housing for health is consistent with such targets. It will be important to ensure that the quality of indoor air quality through adequate ventilation is retained as we improve energy efficiency of housing.



## Recommendation

We wish to see a Scotland where **everyone lives in warm, dry, appropriately ventilated homes and fuel poverty is eliminated.**

Activities consistent with this vision would include:

- review the energy efficiency criteria of the Tolerable Standard and Scottish Housing Quality Standard (SHQS) with a view to ensuring they are an effective means of enabling energy efficiency improvements. Consideration should be given to applying stricter energy efficiency criteria within these standards
- streamlining and simplifying the grants system for energy efficiency improvements
- improving the method and means by which Registered Social Landlords take action to address the energy efficiency criterion of the SHQS
- creating a level playing field by applying the Scottish Housing Quality Standard to private rented sector and privately owned housing
- identifying methods to improve the uptake rate of home insulation grants through potential incentives such as a Council Tax discount for those homes achieving an improvement in energy efficiency
- recognising further opportunities to use the point of sale or exchange of lease or the construction of extensions as a trigger-point to require the communication and/or upgrading of the building's energy rating
- ensuring Home Reports include the practical details of how and where to get grant funding for energy efficiency improvements

## 8.2 GENEROUSLY PROPORTIONED, FLEXIBLE AND FUNCTIONAL HOMES

Homes and gardens should be flexible in their use of space, and offer families the opportunity for positive social interaction.

True flexibility within homes would have multiple benefits for children and their parents. Homes which are designed to have space for the changing work and play needs of families and with adequate storage space, avoid families having to move house too often and potentially having to move outside their local area. This could assist in improving community stability and provide opportunities for community connections to be strengthened. Moving house can have a detrimental impact on a child's mental health and wellbeing.<sup>2</sup>

A lack of space within homes and gardens restricts the space available for children to play. This is associated with increased likelihood of unintentional injury and decreased mental health and wellbeing.<sup>2,3</sup> Space for play both indoors and outdoors can positively impact on healthy weight through physical activity and on mental health and wellbeing and asthma. Larger gardens may also provide greater opportunity for home grown food. Small kitchens and limited dining space are associated with over-reliance on processed or fast food, and so contribute to obesity through poor nutrition. The importance of dining together in creating family bonds and social skills is well documented. When designing homes and streets the needs of children to have space to play indoors and also outdoors in gardens, shared private space and streets, should be provided for.<sup>2,3,4,5</sup>

Noise can have a negative impact on health, especially in children. Research has demonstrated that annoyance from neighbour noise can reduce quality of life, while traffic noise can impair the development of children's reading skills and aircraft noise can cause psychological distress in children.<sup>37</sup> Adverse psychological stress reactions in young children exposed to chronic noise in their neighbourhoods have also been demonstrated although some researchers believe it only occurs in children with pre-existing biological risk.<sup>37</sup>

## Recommendation

We wish to see a Scotland where **homes are flexible and generous in their use of space, offer opportunities for positive social interaction for families and neighbours and protect against noise nuisance and injuries.**

Activities consistent with this vision would be the development and adaptation of housing (across all types and tenure) that:

- incorporates space to accommodate growing and changing family needs, working from home and domestic play space for children (indoors and outdoors through private and shared gardens)
- incorporates space for families to dine together and adequate kitchen space for food preparation
- has adequate indoor and outdoor storage space
- facilitate ease of movement between indoors and outdoors and design that enables passive surveillance of children's play in garden and street
- ensures standards relating to environmental noise and the transmission of airborne and impact noise within homes are rigorously applied and enforced
- promotes the use and maintenance of thermostatic mixing valves in reducing water temperatures in baths, bidets and taps

We acknowledge a potential tension between homes that are spacious, with ease of movement and our earlier recommendation around warm homes and fuel poverty. However, we are confident that good design can take account of both needs and find a solution to this issue.

## 8.3 HOMES WITHIN LIFETIME COMMUNITIES

In order to create strong, resilient, socially connected communities everyone must be able to access the housing they need within their community. Where they choose to do so, people should be able to remain within their community and retain their social networks even as their housing needs change. In order to reduce population churn and improve community stability we need to provide a range of housing types, sizes and tenures within communities. It will also be important to ensure that the social housing allocation policies are adequately flexible to ensure people are able to stay within their home community.

### Recommendation

We wish to see a Scotland where **communities have a mix of housing types, sizes and tenures**.

Activities consistent with this vision include:

- a flexible social housing allocation policy that allows for the changing needs of tenants whilst enabling them to retain community connections
- enabling and supporting mixed housing sizes within communities
- housing provision within public and private sector that meets the needs of the wider community

## 9.0 TRANSPORT

Travelling within and beyond our neighbourhoods can have a significant impact on our children's health. We place reliance on different modes of transport including walking, cycling, cars, public transport and freight distribution to live our daily lives and to access the goods and services we require as well as for recreational purposes. Transport can also have a significant impact on how children play and how they interact with their neighbourhood. In seeking to increase the amount of time children spend outdoors it will be imperative to manage transport systems and networks in a child, pedestrian and cyclist friendly way.

A healthy, sustainable place will not deliver in terms of the four childhood health outcomes unless it embodies the following characteristics:<sup>8</sup>

- safe and attractive streets, paths and off road routes which allow children to cycle or walk to school, nursery or other amenities and allow them to play outdoors
- a better way of managing traffic that prioritises the child pedestrian, e.g. less traffic travelling at slower speeds
- traffic levels and behaviour which ensure that air pollution is kept within tolerable limits, particularly in areas near housing, schools and nurseries
- allows access (by active or affordable public transport) to amenities which are promoting of health and healthy behaviours
- provides amenities and facilities that are cyclist and pedestrian friendly

## 9.1 CHILD FRIENDLY ACTIVE TRAVEL AND PUBLIC TRANSPORT

There are two main ways that children can undertake physical activity within a neighbourhood: firstly through commuting by walking or cycling from one place to another and, secondly, through outdoor play and sport. Both of these are more likely to occur when streets are seen to be safe and pedestrians and cyclists have priority.

There is evidence that “learned behaviours” track throughout life into adulthood, especially in the case of low levels of physical activity. The importance of forming good habits from early in childhood is important as these learned behaviours are maintained strongly when cultural and personal habit forming has taken place during early childhood.<sup>38</sup> It is therefore imperative that good habits for active travel are formed early.

There are numerous national policy documents (National Transport Policy, Scottish Planning Policy, Designing Streets) which reflect the Scottish Government’s position on transport hierarchy and which place active travel in the form of walking and cycling at the top of that hierarchy. However the experience of experts and practitioners is that the means to deliver this needs to be more effective. The challenge is to recalibrate the value of the transport network to serve people and the needs of the community which includes the health of children.



## Recommendation

We wish to see a Scotland where **street systems enable children to make positive, safe travel choices and support children's needs.**

Activities consistent with this vision would include:

- greater financial investment, starting with a minimum of 10% of transport budgets being invested in sustainable and active travel
- measuring, monitoring and reporting the progress being made in implementing sustainable and active travel
- supporting the concept of neighbourhood active travel plans which facilitate changes in the transport network
- Single Outcome Agreements including better indicators on walking and cycling
- introducing innovative ways to manage the conflicts between street users to make streets safer for pedestrians and cyclists
- more investment and action on better physical street networks which enable walking and cycling to school to be the norm
- creating routes and facilities for cyclists that encourage family cycling and accommodate innovative cycle design that are family and child friendly
- better cycle storage facilities within towns including at shops and leisure centres
- local development, regeneration and access investment that places greater priority on walking and cycling networks within neighbourhoods and beyond
- the needs of children and families being considered in the design and management of transport systems including child friendly public transport
- every child in Scotland should receive good quality cycle training
- adults should have greater access to cycle training
- removal of health and safety barriers preventing young children cycling to school
- increased consideration of health issues in transport planning by applying Health Impact Assessment to transport strategies and transport decisions
- investment to create a sustainable, child friendly, well used public transport system



## 9.2 SAFE STREETS

The presence of children as pedestrians near roads is a factor in road traffic incidents and is an issue which is known to influence parents' perception of the safety of neighbourhoods. If we wish to increase the amount of time children spend outdoors we must ensure that the streets that they play on or use to access other places are safe and suitable for them. We must manage streets as streets with multiple users rather than as roads.

Evidence has shown that there are often a number of contributing factors when children are injured in a road traffic incident as either a pedestrian or cyclist and it is often difficult to ascertain what the primary cause was.<sup>3</sup> Contributing factors are likely to be traffic speed, traffic levels, road design, vehicle design, driver behaviour and pedestrian/cyclist behaviour.

The speed at which a car is driven affects the severity of pedestrian injuries (20mph leads to 5% deaths; 30mph - 45%; 40 mph - 85%).

Historical policy and design has enabled motorists to view streets like motorways and not take responsibility for the other mobile elements within it. We must revisit the fundamental rules for streets to ensure that the pedestrian and cyclist have priority and motorists take greater responsibility. There is evidence that interventions such as speed cameras, traffic calming, reducing speed limits and shared street initiatives reduce the number of injuries and may be cost-effective. A reduction of injury rates could be achieved through these types of interventions. Data on where incidents are occurring will be needed to ensure the interventions are aimed at the correct locations for maximum gains.<sup>3</sup>

Establishing reduced speeds can be done through zones or limits. A 20mph 'limit' is based on signs alone whereas a 20mph 'zone' uses traffic calming measures such as speed humps or chicanes. Evidence shows that 20mph zones are effective at reducing speed and injury rates. However, they are more expensive than 20mph limits. There is less evidence behind 20mph limits, which may not be effective at reducing speed and injury rates.<sup>3</sup> Limits are unlikely to be effective as the signs give a message which is contradicted by a wide, open

road telling the driver that speed is acceptable. Zones are therefore the most appropriate means to take forward our desire to achieve 20mph in urban areas.

There is evidence that reducing the alcohol limit reduces the number of incidents, with zero tolerance showing the greatest reduction. Improving visibility of pedestrians through improved street lighting, less road clutter and use of high visibility clothing is also beneficial.<sup>3</sup>

### **Recommendation**

We wish to see a Scotland where **urban areas are safe for pedestrians and cyclists, and their needs are prioritised over the needs of the driver.**

Activities consistent with this vision would include:

- road design and infrastructure which prioritises the needs of the pedestrian at network, street and junction scales
- whole place management systems which rethink how to reprioritise space and movements for people through special, management and behavioural interventions
- 20mph becoming the default speed limit in all urban areas including housing, schools and shops
- the continued investment in, and roll out of, 20mph zones
- introducing a zero alcohol limit for driving

## 10.0 CONCLUSIONS

Solving the intractable health problems that Scotland faces requires a package of measures of which environment and place are a key component. Although the recommendations within this report cannot in isolation solve children's health issues, they are a crucial part of a wider preventative strategy. Getting things right on place is central to optimising health for Scotland's children.

The places where Scotland's people live are often shaped by the decisions and policies of Local Authorities and Community Planning Partnerships across a spectrum of professions and functions. The need to view placemaking through the lens of children's health is crucial to the successful implementation of change.

We would urge Scottish Government, local government, public bodies, community councils, third sector organisations and communities to identify ways to work together to achieve the vision and implement the recommendations set out within this report and create places which will nurture the health of Scotland's children.

It is acknowledged that this will be a challenge but there are significant opportunities to improve the way we work and the priority we give to preventative work which could be delivered through the creation of good places for better health.

## REFERENCES

- <sup>1</sup> Petticrew, M., Whitehead, M., Macintyre, S., Graham, H. and Egan, M. (2004) Evidence for public health policy on inequalities: 1: The reality according to policy makers. *Journal of Epidemiology and Community Health*, **58**, 811-816
- <sup>2</sup> Scottish Government (2011), Good Places Better Health Evidence Assessment: Mental Health and Wellbeing
- <sup>3</sup> Scottish Government (2011), Good Places Better Health Evidence Assessment: Unintentional injury
- <sup>4</sup> Scottish Government (2011), Good Places Better Health Evidence Assessment: Obesity
- <sup>5</sup> Scottish Government (2011), Good Places Better Health Evidence Assessment: Asthma
- <sup>6</sup> Scottish Government (2011) Good Places Better Health Short Life Working Document: Cross Cutting Report on Homes
- <sup>7</sup> Scottish Government (2011) Good Places Better Health Short Life Working Document: Cross Cutting Report on Neighbourhoods
- <sup>8</sup> Scottish Government (2011) Good Places Better Health Short Life Working Document: Cross Cutting Report on Transport
- <sup>9</sup> Hiscock, R, Mitchell R (2011) What is needed to deliver places that provide good health to children? Published by EDPHiS at [www.edphis.org](http://www.edphis.org)
- <sup>10</sup> [http://www.number10.gov.uk/wp-content/uploads/402906\\_CommonSense\\_acc.pdf](http://www.number10.gov.uk/wp-content/uploads/402906_CommonSense_acc.pdf) - page 37
- <sup>11</sup> Commission on the Future Delivery of Public Services, 2011 [www.publicservicecommission.org](http://www.publicservicecommission.org)
- <sup>12</sup> <http://www.smith-institute.org.uk/file/Investing%20in%20Better%20Places.pdf> - chapter 8 beginning page 96
- <sup>13</sup> [www.learningtowns.org](http://www.learningtowns.org)
- <sup>14</sup> CIH Scotland (2008) Action Plan for a Community Environment Standard. Accessed at [http://www.cih.org/scotland/policy/41493\\_CES.pdf](http://www.cih.org/scotland/policy/41493_CES.pdf)
- <sup>15</sup> The size of a neighbourhood will vary with location but for this report we would define it as a local residential area with a particular identity, potentially including a primary school and some local shops and a civic public space
- <sup>16</sup> Reid S, Curtice J. Scottish Social Attitudes Survey 2010: Sustainable Places and Greenspace: Scottish Centre for Social Research 2010; available from <http://www.scotland.gov.uk/socialresearch>
- <sup>17</sup> Gill T (2007) Can I play Out? Lessons from London Play's Home Zone Project <http://www.londonplay.org.uk/file/478.pdf>
- <sup>18</sup> <http://www.scotland.gov.uk/Publications/2007/08/14114613>
- <sup>19</sup> Gill T (2007) No Fear: Growing Up in a Risk Averse Society published by CalousteGulbenkian Foundation
- <sup>20</sup> Natural England (2011) NERR040 - Children and the natural environment: experiences, influences and interventions - Summary accessed at <http://naturalengland.etraderstores.com/NaturalEnglandShop/NERR040>

- 21 Ward Thompson C, Aspinall P & Montarzino, A. (2008) The Childhood Factor: Adult Visits to Green Places and Significance of Childhood Experience, *Environment and Behaviour* January vol. 40 no. 1 111-143
- 22 Wells N & Evans G (2003) Nearby Nature: A buffer of life stress among rural children, *Environment and Behaviour*. 35(3) 311-330
- 23 Martensson F, Boldemann M, Soderstrom M, Blennow J, Englund E and Grahn P (2009) Outdoor environmental assessment of attention promoting settings for preschool children. *Health and Place* 15/4 Pages 1149-1157
- 24 Roe J. (2009) Forest School and restorative health benefits in young people with varying emotional health. Edinburgh: Forestry Commission. This article is online at [www.openspace.eca.ac.uk](http://www.openspace.eca.ac.uk)
- 25 Fjortoft I (2004) Landscape and Playscape: The Effects of Natural Environments on Childrens Play and Motor Development. *Children, Youth and Environments* 14(2): 21-44
- 26 Wells N and Lekie S (2006) Nature and the Life Course: pathways from Childhood Nature Experience to Adult Environmentalism. *Children, Youth and Environments* 16(1):1-24
- 27 Sebba R (1991) The landscapes of childhood. The reflection of childhood's environment in adult memories and in the children's attitudes. *Environment and Behaviour* 23(4):395-422
- 28 Louv R (2005) *Last Child in the Woods: saving our children from Nature Deficit Disorder*. North Carolina, Chapel Hill, Algonquin Books of Chapel Hill
- 29 Keller S. *Nature and Childhood Development in Building for Life: Designing and Understanding the Human Nature Connection*. Washington DC: Island Press, 2005
- 30 Matthews H, Exploring the 'fourth environment': young people's use of place and views on their environments - full report on research activities and results ESRC 2005
- 31 Morris V. 'Dirty looks' and 'trampy places' in young people's accounts of community and neighbourhood: implications for health inequalities. *Critical Public Health* 2000 10(20):141-52
- 32 Matthews H, Limb M, (1999) 'Defining an agenda for the geography of children: review and prospect', *Progress in Human Geography*, 23(1), pp61-90
- 33 Go Well Briefing Paper 8 dated February 2010
- 34 Sutton L. (2008) 'The state of play: disadvantage, play and children's wellbeing', *Social Policy and Society*, 7(4), pp 537-549
- 35 Moore RC. *Childhood's Domain: Play and Place in Child Development*: London: Croom Helm 1986
- 36 A term taken from Barton, Grant and Guise, *Shaping Neighbourhoods*, 2010 Routledge. We have adapted the terms to mean the home and its immediate environs including garden.
- 37 Cooper R, Boyko C and Codinhoto R (2008) State of Science Review SR-DR2 The effect of built and physical environment on mental health review. Foresight Mental Capital and Wellbeing
- 38 Suter, P and Ruckstuhl, N (2006) Obesity during growth in Switzerland: role of early socio-cultural factors favouring sedentary behaviours 30:S4-S10



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