

**Final Report**

**Project: Good Places Better health**

**MAPPING STUDY FOR:  
GOOD PLACES, BETTER HEALTH;  
Practice, What Works?**

**August 2011**

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**MAPPING STUDY FOR:  
GOOD PLACES, BETTER HEALTH;  
PRACTICE, WHAT WORKS**

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Mapping study of practice that aims to improve childhood health outcomes in children, which will inform the 'Practice, What works' component of the 'Good Places, Better Health' Project

## Table of Contents

1	EXECUTIVE SUMMARY	1
2	INTRODUCTION	3
	Introduction to the project	3
	Introduction to this report	3
3	METHOD	5
	National level	5
	Local level	5
4	NATIONAL STRATEGIES ACROSS HEALTH AREAS	6
	Curriculum for Excellence	6
	Equally Well	6
	Preventing overweight and obesity in Scotland	7
	Woods for Health	7
	Scotland's National Transport Strategy	8
	Single Outcome Agreements	8
	Go Safely on Scotland's Roads	8
	Town planning	9
	Transport planning	10
	Health Promoting Schools	10
	Further sources	10
5	SUB-NATIONAL ORGANISATIONS ACROSS HEALTH AREAS	12
	Scottish Natural Heritage (SNH)	12
	Central Scotland Green Network	12
	Living Streets	13
	Forestry Commission: urban forests	13
	MEND	13
	Further sub-national sources	13
	Further local sources	14
6	ASTHMA	15
	National-level strategies	15
	Local-level interventions	15
	Southwest: Scheme of Assistance for Private Sector Rented Housing	15
	Southwest: Scottish Construction Centre seminar in Glasgow	16
	Southwest: Housing condition	16
	Southwest: Smoking on public transport	17
	Southwest: Air quality monitoring	17
	Southwest: Traffic emissions	17
	Southwest: Smoke control areas	18
	Southwest: Homeopathy	18
	North: Asthma support in the Highlands	18
	Further examples of local practice	18
	Section summary	18
7	OBESITY	19
	EXERCISE	19
	National-level strategies	19
	Local-level interventions	20
	East: Dundee Travel Active	20
	East: Come and Play	20

	East: Active Schools Aberdeen – Orienteering	20
	East: Engaging Communities: Dundee	21
	East: After school club’s wildlife garden	21
	East: Community tree planting with children	22
	East: Kincorth graffiti wall	22
	East: Bucksburn safe route to school	22
	East: Northfield Greenspace Project	23
	Southeast: Clackmannanshire Land Services	23
	Southeast: Rerouting of National Cycle Network Route No. 76	23
	Southeast: Take the Right Route	24
	Southeast: Craigmillar regeneration	24
	Southwest: Healthy Habits	24
	Southwest: The Helix	25
	Southwest: Active Travel in Glasgow	25
	Southwest: GoSmart Dumfries	26
	North: Wild Things	26
	North: Nestrans and NHS Grampian	26
	Further examples of local practice	26
	Section summary	27
	NUTRITION	28
	National-level strategies	28
	Local-level interventions	29
	Southwest: Glasgow Cooksafe	29
	Southwest: GPBH in Ayrshire	29
	Southwest: MEND	29
	Southwest: ‘Can cook, will cook’	29
	Southeast: Youth Under Focus – First	30
	East: Perth and Kinross Council: promotion of the ‘healthyliving’ award	30
	Section summary	31
8	MENTAL HEALTH AND WELLBEING	32
	National-level strategies	32
	Local-level interventions	33
	Southeast: Clackmannanshire Health Promotion Service	33
	Southeast: Feel, think, do	33
	North: Scottish Play Forum, Inverness	33
	North: Council for Voluntary Services, Inverness	33
	Cosy Kids	34
	SAMH (Scottish Association for Mental Health)	34
	Further examples of local practice	34
	Section summary	34
9	UNINTENTIONAL INJURIES	35
	National-level strategies	35
	ROAD TRAFFIC ACCIDENTS	35
	National-level strategies	35
	Local-level interventions	36
	Southwest: Glasgow 20 mph zones	36
	Southwest: East Ayrshire 20 mph speed limits	36
	Southeast: Edinburgh 20 mph limits	37
	Southwest: Argyll and Bute cycle training	37
	East: Aberdeen School Bus Safety	37
	East: ‘Safe parking at schools’	37
	North: A96 Aberdeen to Inverness	38
	Section Summary	38
	BURNS AND SCALDS	39
	National-level strategies	39
	Local-level interventions	39

	Southwest: East End child safety project	39
	Southwest: Kitchen safety in Glasgow	39
	Southwest: 'Straight Off, Straight In, Straight Away'	40
	Southwest: Strathclyde Fire and Rescue (SFR), South Glasgow	40
	Southwest: Glasgow Home Safety Equipment Project	40
	Southeast: Home Safety	41
	Further examples of local practice	41
	Section summary	41
10	SHARED IMPACTS	42
	Local activities addressing more than one health outcome	42
	East	42
	Southwest	42
	Southeast	42
	Common practice across locations	43
11	FORTUITOUS IMPACTS	44
	Avoiding Overweight	44
	National Transport Strategy	44
	Southeast: Clackmannanshire Environmental Health	44
	Southeast: Clackmannanshire Town Planning	45
	Southeast: Scene by us	45
	Southwest: Bike and Cycle project	46
12	ACTIVITIES THAT DO NOT MODIFY THE PHYSICAL ENVIRONMENT	47
	Scottish National Heritage: Go wild with your child	47
	Active Schools Aberdeen: Young sports leaders	47
13	CONCLUSION	48
	ANNEXES	49
	Annexe 1: Topics included in the questionnaire	49
	Questionnaire - introductory material	49
	Questionnaire - questions relating to each activity	49
	Annexe 2: Supplementary data collated from workshops	51
	Asthma	51
	Obesity – exercise	52
	Mental health and wellbeing	55
	Unintentional injuries – burns and scalds	57

## 1 EXECUTIVE SUMMARY

- 1.1 This report fits into the 'Practice, what works' workstream of the 'Good Places, Better Health' (GPBH) project. It aims to map out the current state of policy and practice in the field of environmental interventions intended to improve children's health across the four health outcomes being considered by the project: asthma, obesity, mental health and wellbeing, and unintentional injuries.
- 1.2 The geographic scope of the GPBH project is Scotland, although examples from elsewhere in the UK have been drawn upon in this report where they contribute to a fuller picture. Examples of local practice in Scotland have been grouped into broad geographic regions of Southwest, Southeast, East and North.
- 1.3 The material for this report has been collected from publicly accessible websites, and from interviews. The interviews have served to give richer detail as to the rationale, effectiveness and constraints on the local examples, than is available in general-purpose public documents. These constitute the principal contribution of this report.
- 1.4 Where local respondents offered an evaluation of their projects, it should be noted that these may have been conducted internally and/ or informally. This is a constraint imposed by the size of the projects. External evaluations that were incomplete at the time of writing, but could be followed up in early 2011, include Living Streets and Healthy Weight.
- 1.5 The section of this report entitled National Strategies (section 4) reports on the principal policy areas that have informed the conceptualisation of the GPBH project, and that address more than one of the four health areas. It is followed by a section that identifies some of the sub-national organisations that are charged with delivering these national strategies.
- 1.6 Section 6 reports on asthma, and reports a wide range of legislative, charitable and local support for initiatives to improve air quality. They concern both the indoor and outdoor environments, focusing on housing conditions and traffic emissions respectively.
- 1.7 In section 7, the reduction of obesity is addressed from two angles: increased physical exercise, and improved nutrition.
- 1.8 The provision and improvement of facilities for physical exercise is very widely reported, and has strong policy support in the Scottish Government's strategy for a Healthier Scotland. The wealth of local examples may be attributable to the following:
  - it is very easy to understand the connection between the outdoors and exercise, so respondents easily thought of examples;
  - obesity is a major focus of the Scottish Government's health strategy, and funding is more easily obtained for projects that show a connection with this;
  - maintaining the outdoor environment is an integral part of the work of many public services, and so does not require entirely new projects to demonstrate progress.
- 1.9 Nutrition appears to be a more recent focus, with fewer examples to date. They do, however, range from interventions in the nutritional quality of catered food, to attempts to enable individuals to make better-informed decisions regarding their own nutrition.

- 1.10 In section 8 of this report, mental health and wellbeing is found to be well-represented at the national level, by both policy and charities. Local examples were fewer in number, illustrating the difficulty of associating mental health with the physical environment. This may be either because this association is not yet very clearly understood, because physical and mental health are often considered to be parts of the same issue, or because interventions are at present focused more on support services than on the physical environment.
- 1.11 Section 9 considers two types of unintentional injuries: road traffic accidents, and burns and scalds.
- 1.12 Local practice that intends to reduce traffic accidents concentrates heavily on limiting vehicle speed through road engineering. Whilst this is a very clear example of a modification to the physical environment, one of the local examples makes plain the constraints on funding and their impact on decision-making. Another example raises the prospect of an alternative approach to making the environment safer, but through education and persuasion rather than engineering.
- 1.13 The examples of local practice to reduce burns and scalds show a clear shift from modifying the domestic environment on behalf of parents, to enabling them to observe and remedy risks for themselves. This adaptation has enabled these projects to continue to further their aims despite reduced funding, which in turn may reflect their lack of a direct correspondence with the Scottish Government's health policy.
- 1.14 This approach of enabling individuals to take responsibility for their own environment (through education and behavioural change), rather than modifying it on their behalf, has been an emergent theme that was not anticipated at the outset of this mapping exercise. It may yet contain important questions for the GPBH project as it moves on to subsequent phases, especially if funding should become a concern.
- 1.15 The practice described in this study will be drawn upon in the Evidence Assessment reports being produced for each of the four health outcomes, which then feed into policy options.

## 2 INTRODUCTION

### Introduction to the project

- 2.1 'Good Places, Better Health' (GPBH) defines a new approach to environment and health in Scotland. It takes as its starting point that the physical environment is key to health and wellbeing. Past success in reducing environmental hazards must now be complemented by policies and actions that create positive physical environments that foster better health and wellbeing. It follows a system for improving the use of evidence on environment and health, translating such knowledge into policy and actions, locally and nationally, to develop "health-nurturing environments". The project focuses on four childhood health outcomes; asthma, obesity, mental health and wellbeing, and unintentional injuries (road traffic accidents, and burns and scalds).
- 2.2 The 'Practice, what works' (PWW) component of the project aims to better understand what practice has been effective in positively influencing the four childhood health outcomes. This can be expressed more formally as aiming:

*to gather local evidence relevant to the interactions between physical environments and health and use it to both test theoretical/academic intelligence being analysed elsewhere in the GPBH intelligence process, and to ensure that local experience, knowledge and learning is effectively reported to the GPBH Intelligence Partnership.*

### Introduction to this report

- 2.3 The aim of this report is to gain an understanding of the different types of practice that have been tried in Scotland to positively influence the four childhood health outcomes of the GPBH project
- 2.4 Specifically, this is to be achieved by mapping practice across Scotland that focuses on environment-based interventions that have intended positive health outcomes for young people aged 0-8, in relation to asthma, obesity, mental health and wellbeing, and unintentional injuries (road traffic accidents, and burns and scalds).
- 2.5 In this study, the term "practice" includes interventions undertaken at national and local levels. It may cover both national strategies and programmes and their local implementation (top-down), and also locally derived actions that are distinct from national support or policy imperative (bottom-up, or independent of any top-down instruction). Practice will include that which is carried out by public bodies such as government departments and agencies and local authorities, and also include that carried out by national and local voluntary organisations or NGOs.
- 2.6 In this study, the physical environment is understood to include the natural environment, which refers to plants, the atmosphere, weather, and topography, and the built environment, which refers to buildings, spaces, transportation systems, and products that are created, or modified, by people.
- 2.7 The intended focus of the local element of this report was Glasgow, Edinburgh, Aberdeen and Inverness, and their surrounding areas. It has been extended to incorporate informative examples from elsewhere – especially where PWW workshops yielded rich local examples. As a result the local work is grouped into

Southwest, Southeast, East and North Scotland, although little data has been found for the Northern region.

- 2.8 Where the PWW workshops yielded brief examples but no further detail has been forthcoming, these have simply been copied into this report in order for it to constitute a single source of local information.
- 2.9 It should be noted that where local examples include evaluations, these have largely been conducted internally and informally. The scale of these local projects precludes methodical evaluation by external assessors.
- 2.10 The report gives only partial coverage of the total number of practices that are the focus of this study, due to the normal resource constraints of carrying out such a study. It does, however, provide a meaningful range of practice types to form a representative picture. The report has been structured to allow further examples of policy or practice to be inserted by other team members on an ongoing basis.

### **3 METHOD**

#### **National level**

- 3.1 A picture of policy at the national level was required, to provide a context for the local practice described, and to explain the policy imperatives to which some of the local practices were responding. It also helped to identify sub-national bodies charged with delivering them, such as Government departments and schools. This picture was formed from Scottish Government policy documents, and supplementary internet searches.
- 3.2 National strategies were also sought in non-governmental organisations, including nationwide charities focused on the four health outcomes. The data collected included national campaigns that sought to influence practice, and examples of the resulting changes to local practice.

#### **Local level**

- 3.3 Qualitative data were collected by means of written questionnaires, or personal or telephone interviews based on the questionnaire topics, to enhance the consistency and comparability of data. These topics are listed in Annexe 1. For the purposes of publication, the responses have been anonymised and the formerly appendicised listing of respondents removed. The authors are still able to match responses to individual respondents.
- 3.4 The first group of potential respondents were selected from the population of participants in the PWW workshops that had been held prior to, or were held during, this data collection exercise. As such, this report draws on the same sampling criteria that had already been designed for the GPBH project.
- 3.5 The rationale for approaching the PWW workshop participants was to trial the questionnaire on potential respondents who were already familiar with the project and had expressed a willingness to discuss their interventions further, and also to collect richer data for promising examples. This allowed the researcher to clarify and refine the question topics, prior to approaching new organisations for the first time.
- 3.6 Further potential respondents were identified with online searches to identify potential interventions and information leads, and these were followed up by contacting organisations directly (initially by email with telephone follow-up where appropriate) for further information.
- 3.7 The report has been structured firstly by health outcome, and then subdivided by the geographic areas for which data were available.

## 4 NATIONAL STRATEGIES ACROSS HEALTH AREAS

- 4.1 This section is intended to outline some of the national policies or strategies, which address more than one of the four health areas.
- 4.2 This provides the context of national imperatives that have driven implementation at the organisational or local level.

### Curriculum for Excellence

- 4.3 The document 'Curriculum for Excellence Through Outdoor Learning' (Learning Teaching Scotland, SQA, HMIE; 2010<sup>1</sup>) outlines a national strategy with multiple health objectives, to be delivered by schools.
- 4.4 Learning in the outdoors is intended to contribute to increased levels of physical activity (relating to the GPBH project area of Obesity – Exercise), improved awareness of healthy eating and nutrition during self-catering residential courses (Obesity – Nutrition), and improved emotional wellbeing and mental health (Mental Health and Wellbeing). These will be addressed in turn in the respective health-based sections of this report.
- 4.5 The purpose of the document is to “set out a vision for schools and educational settings to provide frequent and progressive outdoor learning opportunities which are clearly part of the curriculum” (p26). It delegates responsibility for providing these opportunities to all Scottish children, to “all involved in education”.
- 4.6 Another relevant health outcome addressed by the Curriculum for Excellence is traffic safety. Road Safety Scotland is implementing a national strategy within the Curriculum for Excellence, for all stages of children’s road safety education from pre-school onwards.
- 4.7 Other areas of the Curriculum for Excellence, possibly including in-school teaching on cookery, could provide other useful examples but have not been covered in this report.

### Equally Well

- 4.8 The Implementation Plan (Scottish Government, 2008)<sup>2</sup> discusses local delivery of the aims of Equally Well.
- 4.9 General reference is made to “community planning partners” and “local partnerships” (p1). These arise in the local examples in the main body of this report.
- 4.10 A number of test sites are mentioned, whose pilot schemes should be evaluated and reported on during 2010. Those most relevant to the GPBH health outcomes are (p24):
- East Lothian – looking at health inequalities in early years in Prestonpans, Musselburgh East and Tranent.
  - Dundee – focusing on methods of improving wellbeing.
  - Glasgow City – looking at integrating health into current and future city planning.

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<sup>1</sup><http://www.ltscotland.org.uk/learningteachingandassessment/approaches/outdoorlearning/about/cfetthroughoutdoorlearning.asp>

<sup>2</sup> <http://www.scotland.gov.uk/Publications/2008/12/10094101/0>

- 4.11 The detailed application of Equally Well to children might be contained in the COSLA Early Years documents, though this has not been explored in this study.
- 4.12 One mechanism identified for implementing the Equally Well recommendations is Beyond the School Gate (part of the Government's Healthy Eating, Active Living action plan), which aims to encourage physical activity and access to healthier foods.

### **Preventing overweight and obesity in Scotland**

- 4.13 'Preventing overweight and obesity in Scotland: A route map towards healthy weight' (Scottish Government and COSLA, 2010)<sup>3</sup> addresses the elements both of exercise and of nutrition, and contains a section on children (p22-23). This follows on from 'Healthy Eating, Active Living: An action plan to improve diet, increase physical activity and tackle obesity (2008-2011)' which was published in June 2008, and intended to devote half of the available resources to early years interventions.
- 4.14 The document sets out policy direction, with long-term solutions to be delivered by the third sector, NHS Scotland and business, in partnership with decision-makers in central and local government (p1). NHS Health Scotland are developing a healthy weight outcomes framework as a resource to support local partners in the development of Single Outcome Agreements (p28). The Healthy Weight report is due out in December 2010.
- 4.15 The main target for children's obesity is a national indicator to 'reduce the rate of increase in the proportion of children with their Body Mass Index outwith a healthy range by 2018' (p10).
- 4.16 A further report that had not yet been published at the time of writing, was expected to develop an action plan and identify key milestones to support the delivery of the Route Map (p29).

### **Woods for Health**

- 4.17 Forestry Commission Scotland (FCS, 2009)<sup>4</sup>, a strategy document produced with NHS and SNH.
- 4.18 This aims to establish new woodlands and improve access to existing woodlands, because of increasing evidence of the physical and emotional benefits of woodlands.
- 4.19 FCS is involved in the delivery (p17) of the Scottish Government's "Let's make Scotland more active" strategy. Other potential sources include: Woodlands in and around towns (WIAT), which identifies the national forest estate and its associated road and track infrastructure as offering a major resource for recreational visits, and the "forests for health" partnership programme to be delivered by Forest Enterprise Scotland to support the delivery of the strategy.
- 4.20 Forest School: this is also frequently mentioned in the workshop reports, but seems to improve access to the outdoors, rather than a changing the environment. For more detail, see the Woods for Health Action Plan, p4.

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<sup>3</sup> <http://www.scotland.gov.uk/Publications/2010/02/17140721/0>

<sup>4</sup> <http://www.forestry.gov.uk/forestry/INFD-6ZFMZB>

## Scotland's National Transport Strategy

- 4.21 Published in 2006<sup>5</sup>, this strategy appears to predate the mainstreaming of health concerns. In so far as it addresses health issues, these are considered as side-benefits to the strategic aims of economic growth (supported by infrastructure investment to reduce congestion), reduced emissions and improved access to public transport. For example, the introductory review of Scotland's transport needs cites "increased physical activity and improved health" as an additional benefit of action to reduce congestion and emissions (p6).
- 4.22 Road traffic accidents involving children are excluded from the strategy, because the targeted reduction to 2010 had already been met at the time of publication (p14).
- 4.23 Similarly, traffic-related air quality management is excluded from the strategy, because local authorities were already addressing air quality issues at the time of publication (p16).
- 4.24 As such, the health benefits of the Transport Strategy will be considered in section 11.

## Single Outcome Agreements

- 4.25 Single Outcome Agreements (SOAs) are in place in all of Scotland's local authorities, and incorporate objectives for health improvement: "The Government has now published ([www.improvementservice.org.uk/health-improvement/health/tools-for-soa-process](http://www.improvementservice.org.uk/health-improvement/health/tools-for-soa-process)) an analysis of intermediate (medium-term) health inequalities outcomes and associated indicators, where Equally Well recommends action. This analysis follows the format of the Health Improvement Performance Management package developed by NHS Health Scotland. This is already familiar to community planning audiences and signposted in the 2009-10 SOA guidance."<sup>6</sup>
- 4.26 As an example, the SOAs include targets for reducing road traffic accidents, which is a focus of the GPBH project: "The SOAs provide another impetus towards improving Scotland's road safety performance. SOAs are agreements between the Scottish Government and each council which set out how each will work in the future towards improving national outcomes for the local people in a way that reflects local circumstances and priorities. Many of the 2008/09 SOAs included reductions in road deaths and injuries as indicators of desired local outcomes."<sup>7</sup>
- 4.27 Detailed examples for selected local authorities are given in the main body of this report.

## Go Safely on Scotland's Roads

- 4.28 Scotland's road safety framework to 2020, Scottish Government, June 2009<sup>8</sup>. This is tied in with the Road Transport Strategy (2006) and Equally Well, and one of its eight priority areas for local implementation is children's safety.
- 4.29 In addition to reducing the number of road traffic accidents involving children, its promotion of children's active travel to school aims to contribute to children's health

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<sup>5</sup> <http://www.scotland.gov.uk/Resource/Doc/157751/0042649.pdf>

<sup>6</sup> Equally Well, p15

<sup>7</sup> Go Safely on Scotland's Roads, p10

<sup>8</sup> <http://scotland.gov.uk/Publications/2009/10/01090036/0>

and to reducing emissions. See also the Sustrans School Run reports<sup>9</sup> which may include further relevant examples, but are not covered in this report.

## Town planning

- 4.30 Designing Streets: A Policy Statement for Scotland, Scottish Government (March, 2010)<sup>10</sup>. This is the first policy statement in Scotland for street design and marks a change in the emphasis of guidance on street design towards place-making and away from a system focused upon the dominance of motor vehicles. The impact for PWW would be on the areas of physical activity and road safety.
- 4.31 Examples of sustainable development in town planning include the Fairfield Estate regeneration in Perth, and the Ardler village regeneration in Dundee<sup>11</sup>.
- 4.32 'Polnoon Masterplan: Idea to Design - Residential Streets Project'<sup>12</sup> (Scottish Government, November 2009). A "masterplan" applying the principles of Designing Streets to a Greenfield extension of the village of Eaglesham, East Renfrewshire. This was still at the planning stage at the time of writing.
- 4.33 'Alloa South East Phase 5', a new-build residential development. This is reported in detail in section 11.
- 4.34 'Designing Streets' incorporates the idea of 'home zones': these are shared surfaces where no distinction is made between road and pavement. The intended effect is that traffic is forced to slow down, and children play more freely. This is currently under consideration in East Dumbartonshire<sup>13</sup>, and has been implemented by Falkirk Council at The Drum, which is a new build development in Bo'ness.
- 4.35 'Greening Clackmannanshire'<sup>14</sup>, is an environmental improvement project that probably has implications for children's health. For more detail contact Clackmannanshire Council Sustainability Team.
- 4.36 In rural contexts, the applicable guidance provided by the Paths for All partnership<sup>15</sup> is contained in the Highland- and Lowland Path construction Guides. The latter was used in the Bucksburn safe route to school, which is reported in section 7.

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<sup>9</sup> <http://www.sustrans.org.uk/what-we-do/safe-routes-to-schools/whats-in-your-area/scotland/scottish-documents>

<sup>10</sup> <http://www.scotland.gov.uk/Publications/2010/03/22120652/0>

<sup>11</sup> See: <http://www.ardlervillagetrust.org/Reports/Ardler%20Community%20Research%202007.pdf>, <http://www.ardlervillagetrust.org/Greenspace/Ardler%20Demonstrating%20the%20links%20Report%200Sept%2016%2007.pdf>, <http://www.ardlervillagetrust.org/Greenspace/A4%20poster%20on%20demonstrating%20the%20links%20web.gif>

<sup>12</sup> <http://www.scotland.gov.uk/Publications/2009/11/20114414/4>

<sup>13</sup> Local Authority participant, Bishopbriggs workshop

<sup>14</sup> <http://www.clacksweb.org.uk/document/2882.pdf>

<sup>15</sup> <http://www.pathsforall.org.uk/>

## Transport planning

- 4.37 Clackmannanshire Council hopes to adopt more footpaths for cycling, to encourage would-be cyclists (including children) who are deterred by the present need to cycle on the road<sup>16</sup>. A demonstration project is to be undertaken in Fishcross, in partnership with Sustrans, to identify suitable construction materials.
- 4.38 'Cycling Charter for Fife (2008 - 2013)<sup>17</sup> (Fife Council, November 2009). Fife is considered to have a very advanced cycling policy<sup>18</sup>.
- 4.39 Local examples from the Southeast/ Clackmannanshire are given in the relevant sections of this report.
- 4.40 Active Travel and Personalised Travel Planning are efforts to encourage individuals to make sustainable travel choices – meaning travel on foot, by bicycle or on public transport. JMP Consultants of Edinburgh<sup>19</sup> have taken a leading role in assisting councils across Scotland with its implementation: cases are given in section 7 of this report, with Dundee Travel Active containing the most background detail. The primary health area addressed is physical exercise, but reduced traffic emissions are a recognised side-benefit<sup>20</sup>

## Health Promoting Schools

- 4.41 'Health Promoting Schools in Scotland, A partnership approach: Strategic Plan 2006-2008'<sup>21</sup>: The health promoting school approach has provided a focus for building partnerships between the education and health sectors at all levels. The Scottish Executive Health and Education Departments worked in partnership with COSLA, NHS Health Scotland (formerly HEBS) and Learning and Teaching Scotland to establish the Scottish Health Promoting Schools Unit (SHPSU).
- 4.42 Health Promotion Accreditation was part of the SPSHU, and it is hoped that this will support all of the four focal health areas as establishments take a holistic approach to young people's health and wellbeing needs<sup>22</sup>. A case study of accreditation in Clackmannanshire is given in section 10.

## Further sources

- 4.43 Other potentially relevant sources that the author has not yet read in detail include:
- 4.44 The Early Years Framework (Scottish Government and CoSLA, 2008)<sup>23</sup>, outlining early interventions to give every child in Scotland the best start in life. The Early Years Framework sets out a list of priorities for action that need to be taken forward in partnership over the next 10 years - some short term, some medium term and

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<sup>16</sup> Local Authority participant, Alloa workshop.

<sup>17</sup> <http://www.fifedirect.org.uk/news/index.cfm?fuseaction=feature.display&objectid=25831FCE-95A2-09BD-F0016BBDBD70A919>

<sup>18</sup> Local Authority participant, Alloa workshop.

<sup>19</sup> <http://www.jmp.co.uk/index.aspx>

<sup>20</sup> 'Promoting Active Travel: the business case', JMP, November 2010. Electronic copy obtained direct from JMP.

<sup>21</sup> [www.healthscotland.com/.../3734-BDP2306%20A%20\(Partnership%20Strategic%20Plan%20-%2022](http://www.healthscotland.com/.../3734-BDP2306%20A%20(Partnership%20Strategic%20Plan%20-%2022)

<sup>22</sup> Local Authority respondent, written survey response dated 18/11/2010.

<sup>23</sup> <http://www.scotland.gov.uk/Topics/People/Young-People/Early-years-framework>

some long term. One of the first actions that is being taken is to promote the uptake of childcare vouchers across Scotland with employers and employees in the public sector, private sector and the voluntary sector.

- 4.45 'Achieving Our Potential: A Framework to tackle poverty and income inequality in Scotland' (Scottish Government, 2008)<sup>24</sup>, assessing and addressing income inequality.
- 4.46 The 'Scottish Sustainable Communities Initiative'<sup>25</sup> was launched in June 2008 to encourage the creation of places, designed and built to last, where a high quality of life can be achieved. Local authorities, landowners, the development industry and others were invited to submit proposals which demonstrated ambition in addressing a number of principles. Eleven example sites are listed on the website, for which further details may be available in the future.

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<sup>24</sup> <http://www.scotland.gov.uk/Publications/2008/11/20103815/0>

<sup>25</sup> <http://www.scotland.gov.uk/Topics/Built-Environment/AandP/Projects/SSCI>

## 5 SUB-NATIONAL ORGANISATIONS ACROSS HEALTH AREAS

- 5.1 This section will address the level between national strategy and local implementation. It concerns organisations, or groups of organisations, which are charged with delivering national policy, or who effectively bridge the gap between national government and local projects. Where these organisations address a single health outcome, this will be covered in more detail in the relevant section of this report.

### Scottish Natural Heritage (SNH)

- 5.2 SNH presents its aim as to contribute to the Scottish Government's strategic objective of a Healthier Scotland, particularly in the areas of mental health and obesity related to insufficient physical activity. Its strategy document is 'Developing the contribution of the natural heritage to a healthier Scotland' (2009)<sup>26</sup>.
- 5.3 This is to be achieved through one of its three priority areas, namely supporting wider participation in the outdoors. This is to be achieved through "planning, design and management of places to provide accessible high quality greenspace, local and core path networks and attractive landscapes close to where people live, work and learn" (p7).
- 5.4 SNH is involved in a number of national initiatives focusing on the contribution of the natural heritage and enjoyment of the outdoors to physical health and well-being. Some examples include (p12):
- 5.5 The 'Green Exercise Partnership' between NHS Health Scotland, FCS and SNH, which aims to promote better health and quality of life for people in Scotland through greater use of the outdoors for physical activity and contact with nature.<sup>27</sup> This is focused on liaison with health professionals and promoting messages relating health to the outdoors.
- 5.6 "In partnership with SNH and NHS Health Scotland, the Scottish Government is providing £3 million funding to the Paths for All Partnership between 2007 and 2010 to develop its successful Paths to Health Initiative, which currently supports over 20,000 people to take part in health walks each week"<sup>28</sup>.
- 5.7 SNH and Government funding is also being provided to BTCV to extend their 'green gym' project<sup>29</sup>.

### Central Scotland Green Network

- 5.8 Their website says that the CSGN is a priority within the NPF<sup>30</sup>, suggesting a possible intermediate role of this organisation between policy and local implementation.

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<sup>26</sup> <http://www.snh.org.uk/pdfs/strategy/HealthierScotland.pdf>

<sup>27</sup> <http://www.snh.gov.uk/docs/A387101.pdf>

<sup>28</sup> <http://www.pathsforall.org.uk/>

<sup>29</sup> <http://www2.btcv.org.uk/display/greengym>

<sup>30</sup> <http://www.centalscotlandgreennetwork.org/>

## Living Streets

- 5.9 This is a UK charity with a Scotland division<sup>31</sup>, which works to create safe, attractive and enjoyable streets. All of its projects aim to tackle obesity by creating built environments that will encourage everyday walking (see section 7), and some also have a road safety focus (section 9) e.g. 20 mph speed limits<sup>32</sup>.

## Forestry Commission: urban forests

- 5.10 Urban forestry is now firmly established as a key focus of forestry policy and management in Britain. Rising levels of inequality, persistent under-development within deprived urban communities, and the need for viable responses to the pressures of climate change are all seen as problems where urban forestry can make an important and positive contribution<sup>33</sup>. Research being undertaken by the Forestry Commission's Social and Economic Research Group is helping to shape urban forestry responses to important challenges such as planning green networks for urban communities, exploring urban health inequalities, identifying the social and economic value of street trees and evaluating the 'Woodlands in and around Towns' programme in Scotland.
- 5.11 The imminent implementation in the Glasgow area will aim to increase greenspace provision, and draw on Strategic Environmental Assessment and Health Impact Assessment in planning<sup>34</sup>.

## MEND

- 5.12 'Mind, exercise, nutrition, do it!' is a national charitable programme that has been running since 2004, and aims to reduce obesity in children. Its project in East Ayrshire is described in section 7.

## Further sub-national sources

- 5.13 Other potentially relevant sources suggested by GPBH team members that the author has not yet investigated in detail include: Sustainable Development Commission, Open Space: The research centre for inclusive access to outdoor environments (Edinburgh).
- 5.14 Other potentially relevant sources, listed in the NHS HS report 'Community, school and workplace initiatives to encourage individuals to use the outdoor environment for physical activity'<sup>35</sup>, that the author has not yet investigated in detail include: Black Environment Network, British Trust for Conservation Volunteers, Central Scotland Forest Trust, Changing Pace, Countryside Recreation Network, CTC, Cycling Scotland, Girlguiding Scotland, Greenspace Scotland, Grounds for Learning, Inclusive Fitness, Institute for Outdoor Learning, Jogscotland, John Muir Trust, National Parks, National Trust for Scotland, Ramblers Association, Scouts Scotland, Sportscotland, Trees for Life, Venture Scotland, Youth Scotland.

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<sup>31</sup> [www.livingstreetsscotland.org.uk](http://www.livingstreetsscotland.org.uk)

<sup>32</sup> Email correspondence with a representative of Living Streets Scotland, dated 9/11/2010.

<sup>33</sup> <http://www.forestresearch.gov.uk/fr/INFD-88XEEV>

<sup>34</sup> NHS public health practitioner

<sup>35</sup> <http://www.healthscotland.com/uploads/documents/12830-REO14CommunityWorkplaceSchoolInitiativesIndividualsOutdoorPhyActivity.pdf>

## **Further local sources**

- 5.15 The next section of this report will continue to discuss detailed examples of local practice.
- 5.16 A further source that the author has not yet investigated in depth, is the 'Database of Current Activity' referred to in the NHS HS report 'Community, school and workplace initiatives to encourage individuals to use the outdoor environment for physical activity'. A copy of this database has been obtained from NHS HS. It lists intervention name, type, website and a brief evaluation for 50 community- and 30 school-based interventions.

## 6 ASTHMA

- 6.1 The aim of this section is to explore interventions in the physical environment, which have been implemented with the intention of improving health outcomes in relation to the initiation and exacerbation of children's asthma. National strategies are considered first, followed by examples of interventions at the local level.

### National-level strategies

- 6.2 Early Years and Equally Well may well include actions on asthma that have not been covered in this study.
- 6.3 Scotland's smoking ban, which came into force in March 2006, is reported to have had a positive impact on children's asthma in Scotland. During the period January 2000 to January 2009, the rate of hospital admissions increased by 5% per year until 2006, and thereafter fell by 18% per year<sup>36</sup>.
- 6.4 Asthma UK Scotland<sup>37</sup>: the Scottish arm of the UK charity. It is active in lobbying the Scottish Government, sits on the Cross Party Group on Asthma, has dedicated support services for children with asthma, and works in partnership with the NHS to establish respiratory Managed Care Networks. Local intervention is made by 'Alert to Asthma', a project that aims to reduce the risks to children with asthma by running free information sessions in schools and nurseries to teach staff how to spot and deal with asthma attacks, and how to ensure children with asthma live a full and active life.
- 6.5 The Air Quality (Scotland) Regulations, 2002, set limits on allowable levels of NO<sub>2</sub> and PM<sub>10</sub>. Air quality in all Scottish local authorities is presented online<sup>38</sup>.

### Local-level interventions

#### ***Southwest: Scheme of Assistance for Private Sector Rented Housing***

- 6.6 The underlying principles of the Housing (Scotland) Act 2006 are:
- Owners have primary responsibility for maintaining their houses, with assistance available where necessary;
  - Landlords should provide houses that are suitable and in good condition.
- 6.7 Part 2 (Section 72) of the 2006 Act requires all local authorities to make available a statement of assistance which sets out the circumstances in which they will offer support in the form of a Scheme of Assistance which details how the Council will provide and prioritise particular types of information, advice, practical and financial assistance to people living in the private sector.
- 6.8 As part of the implementation of the Housing (Scotland) Act 2006, East Dunbartonshire Council has developed a Scheme of Assistance for occupiers of private sector housing who may become involved in property repair, improvement or

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<sup>36</sup> Presentation to the Bishopbriggs workshop by a Local Authority public health practitioner, citing the New England Journal of Medicine.

<sup>37</sup> <http://www.asthma.org.uk/scotland/>

<sup>38</sup> <http://www.scottishairquality.co.uk/>

adaptation<sup>39</sup>. This replaces the financial assistance that was formerly available under the Scottish Government's Private Sector Housing Grants, which ceased on 31/3/10; these funds are now directed towards disabled adaptation. The number of damp houses is expected to increase in the future<sup>40</sup>, with consequences for childhood breathing difficulties.

- 6.9 The East Dunbartonshire Scheme of Assistance (launched 1/4/2010) therefore aims to help bring about repairs, especially to communal areas eg in tenements. Assistance includes a directory of trusted tradesmen, contacts with the Citizens' Advice Bureau (CAB) for advice in securing loans, and arbitration if neighbours cannot agree on shared payment to repair communal facilities. Individual tenants approach the Scheme for help, either when referred by the CAB or the Private Rented Housing Panel<sup>41</sup> (when landlords refuse to effect repairs) or through publicity materials. The respondent feels that the scheme could be more widely publicised.
- 6.10 In the seven months since the scheme's inception, advice has been given in response to 159 enquiries. Of these, ten related to dampness and condensation in the home, and seven to lead and asbestos in the home<sup>42</sup>.

### ***Southwest: Scottish Construction Centre seminar in Glasgow***

- 6.11 This seminar is an example of the events that the SCC runs to increase awareness and training to landlords and housing, and is included here as a follow-on to the assistance for private sector rented housing.
- 6.12 The Energy Systems Research Unit (ESRU) at the University of Strathclyde has defined and demonstrated a process for assessing and communicating the energy upgrade options to a residents' association, landlord or housing association. In this case the process was applied to the quadrangle of traditional red sandstone tenement flats in the west end of Glasgow represented by Garrioch Residents' Association. There are many similar properties in Scotland requiring similar upgrades therefore work undertaken in this study can be utilised elsewhere.<sup>43</sup>

### ***Southwest: Housing condition***

- 6.13 Concerns were raised regarding the overcrowding of housing, and airtight homes leading to condensation and damp – reported to affect 4% of the housing stock in the Scottish House Condition Survey<sup>44</sup>. An imminent housing review in East Dunbartonshire will address the land allocation policy.

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<sup>39</sup>[http://www.eastdunbarton.gov.uk/services/council\\_and\\_government/policies,\\_strategies\\_and\\_plans/housing/scheme\\_of\\_assistance.aspx](http://www.eastdunbarton.gov.uk/services/council_and_government/policies,_strategies_and_plans/housing/scheme_of_assistance.aspx)

<sup>40</sup> Local Authority participant, Bishopbriggs workshop.

<sup>41</sup> <http://www.prhpscotland.gov.uk/prhp/1.html>

<sup>42</sup> Data supplied by Local Authority officer, in email correspondence dated 18/11/2010.

<sup>43</sup> <http://www.scocon.org/eventdetails.jsp?id=2899>

<sup>44</sup> Local Authority participant, Bishopbriggs workshop.

### ***Southwest: Smoking on public transport***

- 6.14 Licensing Standards are working in partnership with the NHS and other enforcement teams within East Dumbartonshire Council, to improve indoor air quality on public transport where children can be affected by passive smoke<sup>45</sup>.
- 6.15 A publicity campaign in the local press has been backed up by the issuing of fixed-penalty fines to offenders. A collateral benefit is the support this offers to a concurrent smoking cessation programme.

### ***Southwest: Air quality monitoring***

- 6.16 East Dumbartonshire Council monitors air quality (levels of PM10 and NO2) as part of its regular work towards complying with the Air Quality (Scotland) Regulations 2002, and the Single Outcome Agreement's Local Outcome 14B – to improve environmental standards<sup>46</sup>. This work is funded by the Scottish Government.
- 6.17 The council initiates Air Quality Management Areas (AQMA) and action plans to address high levels, thus improving the air quality. The council does not have any data evaluating the impact in children's health, but the respondent passes all his monitoring data to a specific contact at Health Protection Scotland.
- 6.18 The respondent reports that the single largest local contributor to air pollution is transport, and suggests that a more direct means of improving air quality would be to improve and subsidise public transport to reduce car use.
- 6.19 Further controls enforced by East Dumbartonshire Council are vehicle emissions testing, and deterrence of unnecessary engine idling – including by parents' cars outside primary schools. This has a budget of £16k from the Scottish Government.
- 6.20 Bishopbriggs AQMA was declared in 2005, and covers a 60 metre-wide corridor along the A803. Improvements have since been reported in levels of NO2 and PM10<sup>47</sup>. A further AQMA has been proposed along the A809 in Bearsden, because of parents' complaints about traffic pollution outside the primary school at Bearsden Cross.

### ***Southwest: Traffic emissions***

- 6.21 Measures to reduce traffic emissions in East Dumbartonshire include discouraging short car journeys in the Bishopbriggs AQMA, improving bus fleets to Eurobus standards, and introducing 'scheme buses' to improve links between estates and local services.<sup>48</sup>

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<sup>45</sup> Local Authority respondent, written survey response dated 19/11/2010.

<sup>46</sup> Local Authority respondent, written survey response dated 17/11/2010.

<sup>47</sup> Presentation to the Bishopbriggs workshop by a Local Authority public health practitioner.

<sup>48</sup> Local Authority Participant, Bishopbriggs workshop.

### ***Southwest: Smoke control areas***

- 6.22 Advice and guidance is given to householders who are considering the installation of wood burning stoves or biomass burners. Newspaper articles also raise awareness of potential air quality issues<sup>49</sup>.

### ***Southwest: Homeopathy***

- 6.23 A further source not yet explored is the Glasgow Homoeopathic Hospital, 'The Healing Space'.<sup>50</sup>

### ***North: Asthma support in the Highlands***

- 6.24 This is available from the Highland Branch of the National Asthma Campaign, Tel: 01463 222624.

### ***Further examples of local practice***

- 6.25 Further examples of local practice were collected at the Bishopbriggs workshop on 16/11/2010, and these are presented in Annexe 2.

### **Section summary**

- 6.26 Legislation is in force to maintain air quality, in terms of traffic emissions and smoking. National support is also widely available through charities.
- 6.27 Local practice encompasses the main areas of housing (indoor air quality) and transport (emissions).

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<sup>49</sup> Local Authority Participant, Bishopbriggs workshop.

<sup>50</sup> <http://ghh.info/welcome.htm>

## 7 OBESITY

- 7.1 The aim of this section is to explore interventions in the physical environment, which have been implemented with the intention of improving health outcomes in relation to obesity in children.
- 7.2 This section focuses on interventions in two areas: exercise and nutrition. These correspond to the imbalance of energy consumption and expenditure that leads to obesity.
- 7.3 The first area explores interventions have been implemented with the intention of reversing the trend of reduced levels of physical activity in children.
- 7.4 The second area seeks interventions concerning features of the physical environment which can influence children's nutrition and health.
- 7.5 Although nutrition and exercise have been separated for clarity in this report, it is acknowledged that they may work in combination. The Preventing overweight and obesity in Scotland document (p12) shows that they are interdependent:

*At an environmental level we can also imagine how increasing walkable pedestrian areas in our town centres, without parallel actions to influence the kinds of high calorie snacks and drinks offered by cafes, takeaways and convenience stores could have the opposite outcomes to those we intended by increasing exposure to energy-dense foods and drinks.*

- 7.6 National strategies are considered first, followed by examples of interventions at the local level.

## EXERCISE

### National-level strategies

- 7.7 The Curriculum for Excellence Through Outdoor Learning was introduced in section 4.
- 7.8 'Preventing overweight and obesity in Scotland: A route map towards healthy weight': further detail of individual strategies is given on p23.
- 7.9 The Scottish Government has committed to continue supporting Sustrans to maintain and extend the National Cycle Network, and provide safe routes to schools for children who wish to cycle or walk to school (reported on p21 of the Preventing Overweight document).
- 7.10 NPF2, the National Planning Framework<sup>51</sup>. This is loosely relevant in considering infrastructure development to support active travel (under the theme of Sustainable Places), which reflects the National Transport Strategy's earlier anticipation that planning would promote cycle provision (see section 11). No specific link is made to childhood obesity, which is better reflected in local examples.
- 7.11 Living Streets has developed a Healthy Environments Toolkit, which can be downloaded from their website<sup>52</sup>. This is a collection of a range of techniques and measures that are intended for use by councils to improve conditions in the built

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<sup>51</sup> <http://www.scotland.gov.uk/Publications/2009/06/25082358/0>

<sup>52</sup> <http://www.livingstreets.org.uk/index.php?cID=124>

environment for walking. Most tools have an associated case study demonstrating the practical application of the particular tool.

## **Local-level interventions**

### ***East: Dundee Travel Active***

- 7.12 Dundee Travel Active is a local project intending to improve health by promoting and facilitating active travel as an alternative to motorised transport, over three years (2008-2011)<sup>53</sup>. It is run in partnership between Dundee City Council and JMP consultants, and is the furthest advanced of JMP's active travel projects<sup>54</sup>. It is funded by the Scottish Government's 'Smarter Choices, Smarter Places' fund, and also Dundee City council, NHS Tayside, Tactran and COSLA.
- 7.13 Measures to improve the active travel infrastructure include streetscaping, lighting, cycle storage, signalised crossings and cycleways. The interviewee emphasised the importance of engaging with individuals to encourage changes to the way they travel, in addition to upgrading physical facilities. Measures to encourage changes in the travel behaviour of children include workshops run in 11 primary schools, with access facilitated by the council's Staff Tutor for CFE Health and Wellbeing, and information provision to parents in all 36 of Dundee's primary schools. The school programme has been so well received that two further primary schools outside the target area asked to be included.
- 7.14 A difficulty in engaging with schools has been the negotiation of access, and the interviewee stated that this could not have been achieved without the intervention of the council's Staff Tutor for CFE Health and Wellbeing. Access to the health sector (eg. GPs' surgeries, hospitals, exercise referral programmes) is an outstanding problem. An unanticipated difficulty arising from the project has been the lack of cycle storage facilities at schools for the increased number of bicycles.
- 7.15 An interim evaluation was conducted as a telephone survey three weeks after initial engagement with participants. It found that 40% of (the sample of 500) participants reported an increase in their levels of physical activity; of these, 76% had maintained this increase after a further six months, suggesting that the benefits can be sustained. 4% of the respondents also said they had begun to spend more time with their children. The project outcomes will also be independently monitored at the end of 2012 by DHC Ltd on behalf of the Scottish Government.

### ***East: Come and Play***

- 7.16 The 'Come and Play' project is run by the Aberdeen Play Forum<sup>55</sup>. It is funded by Aberdeen City Council and Inspiring Scotland.
- 7.17 Environmental changes to encourage outdoor play include the construction of new play areas, and ongoing litter-picking and maintenance.

### ***East: Active Schools Aberdeen – Orienteering***

- 7.18 Active Schools is a term given to all schools in Scotland that provides pupils with sufficient opportunities to get active to the extent that it makes a positive contribution

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<sup>53</sup> [www.dundeetravelactive.com](http://www.dundeetravelactive.com)

<sup>54</sup> Interview with a representative of JMP Consultants Ltd., 17/11/2010.

<sup>55</sup> Presentation to the Aberdeen workshop by a representative of the Aberdeen Play Forum.

to their health. The Active Schools Aberdeen Team are responsible for putting in place and driving forward a range of planned activities in both school and community settings to help encourage children and young people's participation in physical activity and sport.

- 7.19 Orienteering courses are set up in the immediate surroundings of schools, with the necessary materials and training supplied by the Active Schools team<sup>56</sup>. This increases opportunities for physical activity, and teachers report that it has improved the attention span of some participants.

### ***East: Engaging Communities: Dundee***

- 7.20 A number of run down open spaces in the Coldside area of Dundee were identified by Dundee City Council in 2008 as priorities for physical improvement. Living Streets Scotland's Engaging Communities Project<sup>57</sup> organised workshops that enabled local groups to propose changes to turn them into places for the wider community to enjoy, which would be funded by Aberdeen City Council.
- 7.21 Actions of particular relevance to children's physical exercise included the replacement of vandalised signs with information on wildlife and the history of spaces, cutting back overgrown vegetation and resurfacing worn out muddy paths, replacing steps with ramps for pushchairs, and the removal of rubbish.
- 7.22 Success is indicated by the fact that the same methods have also been used in the Lochee and Ardler areas of Dundee, to enable more communities to decide how their open spaces can be improved.

### ***East: After school club's wildlife garden***

- 7.23 This activity addressed the physical aspects of the environment; it transformed an area that was largely unused, with little appeal for the children, to stimulate their interest in biodiversity and the natural world and encourage them to take exercise in a safe, appealing environment<sup>58</sup>. The activity was intended to provide a safe area for them to take exercise in a built-up urban area with little available greenspace. It was funded by Aberdeen Greenspace.
- 7.24 The existing environment was a piece of land in front of a building used for an After School Club. Using a group of community volunteers, hedging was planted to provide protection for wildlife and soften the environment. Planters were installed for the children to plant wildflowers and learn about the flora and fauna which might benefit from their garden. Seating was installed to encourage the children to engage in play in the natural environment. The children decorated the seats and planters using stencils and paints to depict what they had learned about biodiversity.
- 7.25 The idea was generated by Aberdeen Greenspace in conjunction with the manager of the After School Club and the children themselves.

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<sup>56</sup> Written survey response, Local Authority respondent, 11/11/2010

<sup>57</sup> [http://www.livingstreets.org.uk/index.php/scotland/community\\_news/community-engagement-project/a\\_dundee\\_revived/](http://www.livingstreets.org.uk/index.php/scotland/community_news/community-engagement-project/a_dundee_revived/)

<sup>58</sup> Written survey response from a former representative of Aberdeen Greenspace, 15/11/2010.

### ***East: Community tree planting with children***

- 7.26 The Community Tree Planting event was designed to engage the local community in an environmental improvement project in a built-up urban area, to facilitate increased physical exercise, and to encourage community ownership of their local greenspace.
- 7.27 Prior to the project, the area was a largely sterile, under utilised greenspace. The project modified the physical environment using trees to encourage increased wildlife biodiversity and make the area more attractive for residents to visit and use. Tree planting was done by local children, together with adult members of the community and a group of conservation volunteers, over a two-day period.
- 7.28 The activity was one strand of a larger initiative - Granite City Forest<sup>59</sup> - involving local authority and partner organisations, designed to plant a tree for every citizen of Aberdeen. Funding from that initiative allowed the engagement of the local community in the hope that involvement would lead to ownership of the project.

### ***East: Kincorth graffiti wall***

- 7.29 The project was initiated by the Community Council (composed of local residents) of Kincorth, Aberdeen, and carried out by the Community Council with funding from Aberdeen City Council. The police supported in an advisory capacity<sup>60</sup>, and no increase in police presence was required.
- 7.30 The local residents perceived graffiti to be a local problem, and wished to provide an alternative “forum for expression” in a controlled environment. This was to be done by repairing an unused sports equipment shed on school premises, and designating the outside walls for graffiti. The police respondent explained that this is a deprived area with a high crime rate, and consequently widespread fear of crime. The fear of crime, and oppressive (sometimes offensive) vandalised environment deterred parents from allowing children out to play.
- 7.31 A difficulty in launching the project was persuading other residents of its benefits, for which the police cited examples of success elsewhere in Aberdeen. The repair work has been suspended before completion due to City Council budget cuts, so no evaluation can be made on its impact on the fear of crime, or on children’s exercise.

### ***East: Bucksburn safe route to school***

- 7.32 Following the construction of a new school in Bucksburn, on the Northwest edge of Aberdeen, pupils from the village of Kingswells (to the West of Aberdeen) had unattractive travel choices. The two-mile journey is below the threshold for provision of a school bus, leaving the children to walk or cycle on country roads that have been described as a dangerous rat-run, or else spend an hour taking a public bus into the city and back out again<sup>61</sup>.
- 7.33 The first phase is complete and in use, and comprises an upgrade to existing paths for spring/ summer use. The school is very pleased with it, and plans a high-profile launch event to include the whole community.

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<sup>59</sup><http://www.forestry.gov.uk/newsrele.nsf/WebPRByCountryLang/E068698473DADBEB802577D5003613CE>

<sup>60</sup> Regional Police Community Support. Telephone interview 17/11/2010.

<sup>61</sup> Local Authority respondent. Telephone interview 18/11/2010.

- 7.34 It is hoped that popularity of the path will overcome the earlier opposition from some parts of the community, who objected to proposed tarmac and lighting of this rural route that would have suited it to all-year use. Given time the path may be used by community members other than school children.
- 7.35 The hourly use of the path is being monitored and, should figures justify this, a second phase will upgrade the route again to an all-weather surface that can be used year-round.
- 7.36 Concerns had been expressed about the safety of the relatively isolated route, but the respondent has not heard any negative reports.

***East: Northfield Greenspace Project***

- 7.37 This project arose from two concurrent events: the Aberdeen Open Space Audit found Northfield (a suburb of Aberdeen) to have both the lowest quantity and quality of greenspace, and the local community planner expressed an interest in involvement in greenspace<sup>62</sup>.
- 7.38 The community planner has led the project so far, arranging a consultation workshop and sourcing funding (which would normally be done by Aberdeen Planning). Children from the local school, Muirfield Primary, took the initiative and submitted a portfolio of likes, dislikes and suggestions to the consultation.
- 7.39 The respondent anticipates that the project will soon go ahead, as an independent project rather than being included in a larger (and slower) scheme. The work will include planting and play areas, and draw on local volunteer groups and the school in addition to the council's Grounds Maintenance Department and contractors.

***Southeast: Clackmannanshire Land Services***

- 7.40 This concerns the provision and maintenance of playgrounds, which are intended for children over four, with the primary aim of physical activity.
- 7.41 The interesting point is motivation: the council is not under a statutory obligation to provide playgrounds, yet they consider it worthwhile despite budget pressures. There is no formal evaluation of the playgrounds' impact, but the respondent<sup>63</sup> felt that the public would miss them if they were removed.

***Southeast: Rerouting of National Cycle Network Route No. 76***

- 7.42 This project involved moving the cycle route NCN76 from travelling through an industrial estate to travelling through the town, and signing of routes through the town<sup>64</sup>. The move was requested by Sustrans, and carried out by Sustrans and Clackmannanshire Council.
- 7.43 Its aims included promoting cycling as a mode of active travel and to increase numbers cycling to school: the route links three primary schools to the local secondary school. In the respondent's opinion, and contrary to usual assumptions, poor schools can be more sustainable as more children walk to school (compared to better-off families who drive their children to school).

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<sup>62</sup> Local Authority respondent. Telephone interview 18/11/2010.

<sup>63</sup> Local Authority participant, Alloa workshop.

<sup>64</sup> Local Authority respondent. Written survey response 17/11/2010.

- 7.44 It has also improved road safety for users of the modified route. Barriers to implementation included community concerns e.g. reallocating road space for cyclists.

### ***Southeast: Take the Right Route***

- 7.45 Take the Right Route is the locally adopted brand for the Scottish Government's "Smarter Choices, Smarter Places" initiative; the aim of the project is to achieve increased proportions of active travel and public transport use as contributions to Healthier, Greener, and Safer and Stronger outcomes specified in the National Performance Framework. This will be through the use of Smarter Choices and associated demand management mechanisms<sup>65</sup>.

- 7.46 Primary provisional Targets for Take the Right Route:

- To reduce by 20% the number of local trips (under 5 miles) made by car
- To reduce by 15% the number of trips over 5 miles made by car
- To increase the number of trips on local bus services by 15% over the lifetime of the project
- To increase levels of cycling to primary school by 15%

### ***Southeast: Craigmillar regeneration***

- 7.47 Living Streets have provided a case study of the regeneration of Craigmillar in Edinburgh<sup>66</sup>. This used 'home zone' principles to reallocate space from roads to gardens, housing and pedestrians.
- 7.48 The work was undertaken by Edinburgh City Council planners in partnership with the local Urban Regeneration Company<sup>67</sup>. The case study claims an almost instant impact on children's activity: "Within seconds of the first spaces being opened up, local kids on bikes were claiming the streets as their own, free to play and ride on any part of the carriageway as they saw fit."

### ***Southwest: Healthy Habits***

- 7.49 This is a transport initiative in East Dumbartonshire based around Kirkintilloch and Lenzie<sup>68</sup>. It aims to reduce the number of car-based trips, and is funded until 2011 through the Scottish Government and match-funded by Local Authorities. Infrastructure works include paths, cycle paths and guiding traffic on to the link road. Information is also provided to support local people to use local area rather than going elsewhere – making more of the environment as it is.
- 7.50 An evaluation of traffic levels before and after the modifications has been undertaken by RGU. The practitioner view is that funding should be sustained for infrastructure.

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<sup>65</sup> [http://www.falkirk.gov.uk/services/development/transport\\_planning/take\\_the\\_right\\_route.aspx](http://www.falkirk.gov.uk/services/development/transport_planning/take_the_right_route.aspx)

<sup>66</sup> Email correspondence with a representative of Living Streets Scotland, 9/11/2010.

<sup>67</sup> <http://www.urcs-online.co.uk/index.asp>

<sup>68</sup> Local Authority participant, Bishopbriggs workshop.

### **Southwest: The Helix**

- 7.51 The Helix is transforming under-used land between Falkirk and Grangemouth into a new, high quality greenspace centred on creative public art and an extension of the Forth & Clyde Canal<sup>69</sup>. Once completed, the Helix will be an outdoor recreational area open to all, offering easy access to picturesque woodland, a central park with a lagoon, linked walking paths and cycleways.
- 7.52 The Helix has been awarded a £25 million grant by The Big Lottery Fund as part of its Living Landmarks Programme. Significant funding and land has also been committed by Falkirk Council and British Waterways Scotland. The project is being driven by a partnership of Falkirk Council, British Waterways Scotland and Central Scotland Forest Trust through the Helix Trust.

### **Southwest: Active Travel in Glasgow**

- 7.53 The report 'Qualitative Research into Active Travel in Glasgow' presents the findings from a qualitative study of attitudes to active travel in the Greater Glasgow area<sup>70</sup>. The research was commissioned by the Glasgow Centre for Population Health within a wider programme of research around active travel, and conducted by JMP Consultants. It examines attitudes, values and cultural norms around current transport use and opportunities and barriers in relation to a move to more active modes (modal shift). Current barriers and facilitators to walking, cycling and use of public transport are explored. This research adds value to ongoing efforts to promote healthy, sustainable travel patterns amongst those travelling in and around the Glasgow conurbation.
- 7.54 Data collected demonstrated that people travelled by a range of transport modes, shaped by the circumstances of the journey and traveller. In forming journey choice, seven overarching factors or themes were identified that combined to influence mode choice. These consisted of 'objective' factors (pertaining to the available infrastructure and functional attributes of each mode) and 'subjective' factors (emotional responses to that mode). Both factors shaped cultural norms around transport choice.
- 7.55 On the whole, walking was regarded positively with evidence that its health benefits were becoming a widely held cultural norm. Health benefits clearly acknowledged included weight loss and fresh air. The most significant barriers to walking were the amount of time it takes (although for some congested areas in the city centre it was also the quickest), and the weather.
- 7.56 Very few of the participants cycled but, like walking, cycling was generally seen as a healthy activity. The greatest barrier to cycling was the perceived road safety risks. It was generally felt that there were not enough safe cycle routes available, with many participants acknowledging a lack of awareness about the safest routes to take. Other key barriers included fear of cycle theft, inclement weather, lack of storage space at home and lack of showering facilities at the workplace.
- 7.57 The report's recommendations focus very much on the provision of information about active travel routes and planning within existing provision, rather than infrastructure modifications to extend provision.

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<sup>69</sup> <http://www.thehelix.co.uk/>

<sup>70</sup> [http://www.gcph.co.uk/assets/0000/0431/Active\\_Travel\\_in\\_Glasgow\\_Final.pdf](http://www.gcph.co.uk/assets/0000/0431/Active_Travel_in_Glasgow_Final.pdf)

### **Southwest: GoSmart Dumfries**

- 7.58 This sustainable transport project is being run under the Scottish Government's 'Smarter Choices, Smarter Places' programme<sup>71</sup>. It centres on personal travel planning at both the household and the community level.
- 7.59 Engaging with youth groups is a key part of the GoSmart Dumfries Personalised Travel Planning. Over the summer of 2010 GoSmart Travel Advisors attended Youth Groups and play schemes to engage with youths from the ages of 5-16 years old. A series of GoSmart games were developed to engage with youths aged 5-11 years, including the "How do you GoSmart game", whereby the youths were asked to find their way from their house to many well known destinations in Dumfries using the GoBike and GoBus maps. This game educated the group about the local facilities available to travel sustainably.
- 7.60 In its first programme period (May to August 2010), 3700 individuals participated in personal challenges to try out sustainable travel. Self-reported changes included an increase in walking by 47% of participants, increased cycling by 22%, and reduced car use by 24%.

### **North: Wild Things**

- 7.61 Wild Things is a Scottish environmental education charity working in Moray, Grampian and the Highlands. Since 2003, Wild Things has enabled over 5000 children and young people and adults to learn from and be inspired by their local natural environment and the remote wilderness regions of Scotland.
- 7.62 "Our programmes encourage a mutually beneficial relationship between individuals and their natural environment: we provide the opportunity for our participants to understand, appreciate and care for the natural environment whilst at the same time acquiring new skills, confidence, and interests"<sup>72</sup>.

### **North: Nestrans and NHS Grampian**

- 7.63 Nestrans (North East of Scotland Transport Partnership) and NHS Grampian's 'Health and Transport Action Plan' (July 2008)<sup>73</sup> studies the main interlinkages between transport and health including active travel, and detrimental impacts of the transport system on public health such as poor air quality from transport pollution, high background noise levels due to rail or road links and injury/death in road traffic accidents.
- 7.64 The recommended actions for promoting active travel concern setting up a framework to administer and promote active travel. For public health impacts, they include monitoring air quality and noise, and promoting sustainable travel choices.

### **Further examples of local practice**

- 7.65 Further examples were collected at the Aberdeen workshop on 30/6/2010, and these are presented in Annexe 2.

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<sup>71</sup> <http://www.gosmartdumfries.co.uk/index.aspx?articleid=7626>

<sup>72</sup> <http://www.wild-things.org.uk/about.html>

<sup>73</sup> [http://www.nestrans.org.uk/db\\_docs/docs/HTAP%20Final%20Report%20-%20July%202008\\_1.pdf](http://www.nestrans.org.uk/db_docs/docs/HTAP%20Final%20Report%20-%20July%202008_1.pdf)

## Section summary

7.66 Physical exercise is a health area particularly rich in local examples. A number of factors are thought to contribute to this:

- it is very easy to understand the connection between the outdoors and exercise, so respondents easily thought of examples;
- obesity is a major focus of the Scottish Government's health strategy, and funding is more easily obtained for projects that show a connection with this;
- maintaining the outdoor environment is an integral part of the work of many public services, and so does not require entirely new projects to demonstrate progress.

## NUTRITION

### National-level strategies

- 7.67 Curriculum for Excellence: section 4 mentions school cookery classes.
- 7.68 'Preventing overweight and obesity in Scotland: A route map towards healthy weight': p23 contains examples of individual strategies related to the environment.
- 7.69 'Preventing overweight' also describes the need to reduce maternal obesity for the child's health, and to encourage breastfeeding; p23 contains examples of policy and delivery.
- 7.70 The Schools (Health Promotion and Nutrition) (Scotland) Act 2007 and the subsequent Nutritional Regulations aimed to create a health-promoting environment in schools, in part by providing free, balanced and nutritious school lunches to more pupils in the earliest years of primary school (reported on p18 of the Preventing Overweight document).
- 7.71 The Food Standards Agency (Scotland) has been running HHEAPS, 'Hygiene, healthy eating and activity in primary schools', across Scotland since 2006<sup>74</sup>. It runs in partnership with Scottish Rugby and the Scottish Football Association, assisted by Active Schools Coordinators. In school year 2008-09 it was projected to reach approximately 10,000 pupils in 300 schools.
- 7.72 Healthy Eating suggests further sources about modifying the environment to enable healthy food choices: "Beyond the school gate" for environment outside of school (p31), and the "Scottish Grocers' Federation Healthyliving Programme is improving the supply and provision of healthier food choices, focusing on fresh produce, in local neighbourhood shops" (p39).
- 7.73 Healthy Eating states that: "we support the stance that there should be a pre-9pm ban on TV advertising for foods that are high in fat, sugar and salt as defined using the Food Standards Agency's nutrient profiling model. We will liaise with Ofcom and the UK Government in support of this change. In addition we will examine further opportunities to limit the promotion of unhealthy food to children" (p48).
- 7.74 The government's national 'Five-a-day' campaign, although deemed relevant, is not covered in this report
- 7.75 The Food Standards Agency are believed to provide advice on contents of children's lunchboxes, but no further information was obtained for this study. Perth Report 2.1.3: FSA Strategy for 2010-15.

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<sup>74</sup> <http://www.food.gov.uk/scotland/scotnut/hheaps/>

## Local-level interventions

### **Southwest: Glasgow Cooksafe**

7.76 Cooksafe, a cookery course for children run by the Gorbals Healthy Living Network and Strathclyde Fire and Rescue, promoted healthy eating alongside safe cooking<sup>75</sup>. Nutritional guidance was provided by the Community Chef, and participants learned to cook healthy meals from fresh ingredients. Participant feedback showed increased awareness of how to prepare healthy food, and an increased ability to make healthy choices in the future.

### **Southwest: GPBH in Ayrshire**

7.77 Preparations are currently being made to enable local use of the GPBH approach in Ayrshire. The three foci of this effort are:

- cooperation with 'Healthy Futures', a healthy weight community in Stevenston.
- supporting workshops run by 'C'mon Catrine', a healthy weight community in Catrine including children. Detailed information regarding the community's aims and a progress report are held by HPS.
- training of Ayrshire and Arran NHS staff in the application of the Modified DPPSEA Approach.

7.78 These are expected to be running from early 2010, with a GPBH contact.

### **Southwest: MEND**

7.79 'Mind, exercise, nutrition, do it!' is a national charitable programme that has been running since 2004, which has an ongoing and award-winning project in East Ayrshire.

7.80 MEND in East Ayrshire has streams targeting children aged 2-4, 5-7 and 7-13. It is a partnership between East Ayrshire Council and NHS Ayrshire and Arran. It aims to increase nutritional awareness in target families, which are those with overweight children whose body mass index is above the 91<sup>st</sup> centile.

7.81 The GPBH contact from HPS has onward contacts with the Lead Public Health Practitioners for East and South Ayrshire.

### **Southwest: 'Can cook, will cook'**

7.82 This is an ongoing project in South Ayrshire, teaching basic cooking skills to community-based individuals. It aims to increase their nutritional awareness, and in turn, improve nutrition in children aged up to six.

7.83 It has one year's funding from the Food Standards Agency (FSA), and is run by the local authority. Detailed information regarding the teaching programme's aims and content are presented on the FSA application form.

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<sup>75</sup> Written survey response, Local Authority respondent.

### ***Southeast: Youth Under Focus – First***

- 7.84 Youth Under Focus First (YUF-F) is an independent community group based in Stirling who raises funds solely to provide activities for overweight and obese young people and their families to help them become fitter, lose weight and feel better about themselves<sup>76</sup>. The varied programme includes “social eating”, which aims to improve social skills along with modified eating behaviours and increased food knowledge – incorporating portion sizes and vegetables<sup>77</sup>. The environmental element is an atmosphere of support, motivation and mutual respect, rather than a modification to the physical environment.
- 7.85 The YUF-F Summary Progress Report (October 2010) states that participants’ attitudes to health and nutrition, and participation in physical activity, have improved. The main difficulties faced by this project relate to funding and engaging sessional staff.

### ***East: Perth and Kinross Council: promotion of the ‘healthyliving’ award***

- 7.86 This project aimed both to promote the ‘healthyliving’ award, and to encourage catering establishments to make realistic menu improvements in order to improve public access to healthier food. This approach has been described as “health by stealth”: effectively improving people’s diets without their knowledge, by improving the preparation and content of menus, especially in establishments where children would eat and in deprived areas where there is little choice in terms of number of outlets<sup>78</sup>.
- 7.87 It was launched in response to the Scottish Government Healthy Eating Active Living Action Plan 2008-11 (HEAL), the Food Standards Agency Strategic Plan 2005-10 and the Perth & Kinross Single Outcome Agreement. The project was funded by the Food Standards Agency.
- 7.88 Of the 70 businesses participating in the project, eight were cafes or restaurants specifically targeting children. During a day-long seminar participants from these businesses were encouraged to propose ways of reducing salt, fat and sugar, and then to identify those that would be most easily achieved. The seminar was followed up with on-site visits and ongoing support to tailor recommendations to individual businesses.
- 7.89 The council considers the project to have been a great success:
- Nine participating businesses registered for the healthyliving award at the end of the project, compared to the 14 that were already registered before the project started;
- 73% of seminar attendees completed a feedback form, and all of these reported that it had been of benefit to them and the content was easily understandable;
- 85 changes to menus or food preparation were made as a result of the project, of which 42 occurred in premises such as takeaways that could not realistically

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<sup>76</sup> <http://www.volunteerscotland.org.uk/Organisation/Detail/60004/0/Youth-Under-Focus---First>

<sup>77</sup> NHS dietician. Written survey response 19/11/2010.

<sup>78</sup> Local Authority respondent. Phonecall 15/11/2010, and written report entitled ‘FSA funded project: promotion of the healthyliving award by Perth and Kinross Council Environment Service, January – May 2010’.

aspire to healthyliving status, demonstrating the reach and inclusiveness of the project;

Capacity building within and beyond the local council district: 18 healthliving award assessors were trained for Perth and Kinross Council (4 assessors), Fife Council (3), Dundee Council (2), Angus Council (3), Stirling Council (5) and Clackmannanshire Council (1).

- 7.90 The report concludes that the project could and should be repeated locally and replicated elsewhere. It requires minimal staff training and draws on existing contacts between local authority environmental health officers and caterers, effectively communicating its message with little additional resource.

### **Section summary**

- 7.91 Nutrition has a high profile at the national level, again because of the emphasis on obesity. Local practice tends to focus on training to enable individuals to prepare more nutritious meals, but Perth and Kinross Council demonstrates an attempt to improve the nutritional standards of the “environment” of catering outlets.

## 8 MENTAL HEALTH AND WELLBEING

- 8.1 The aim of this section is to explore interventions in the physical environment, which have been implemented with the intention of improving health outcomes in relation to children's mental health and wellbeing. National strategies are considered first, followed by examples of interventions at the local level.
- 8.2 10 per cent of children aged five to 15 experience mental distress including emotional disorders (depression, anxiety and obsessions), hyperactivity (inattention and over-activity) and conduct disorders (awkward, troublesome, aggressive and antisocial behaviour)<sup>79</sup>. The attention of this report to "wellbeing" is intended to extend to general aspects of children's socialisation and development, rather than concentrating only on clearly-categorised mental health problems.

### National-level strategies

- 8.3 'Towards a mentally flourishing Scotland: Policy and action plan 2008-2011'<sup>80</sup>. Scottish Government policy document.
- 8.4 'Curriculum for Excellence Through Outdoor Learning' – this was introduced in section 4, and is reflected in the local example of Active Schools in Aberdeen whose orienteering response refers to the Curriculum for Excellence.
- 8.5 The Mental Health Foundation<sup>81</sup> is a UK charity registered in England and Scotland, and is engaged in research, service development, policy and patient involvement teams. This includes work to raise awareness about how to protect children and young people's mental health and improve the services that support them, because the mental and emotional health of children and young people affects their mental health in adulthood and later life. The work takes place in specialist mental health services, such as Child and Adolescent Mental Health Services and in more mainstream settings such as schools, youth clubs and family services. Their work on influencing policy and development of services is specific to Scotland, but target groups (such as older people, employees, asylum seekers, ethnic minorities) do not include children.
- 8.6 MIND<sup>82</sup> describes itself as the "leading mental health charity for England and Wales", and it provides information and advice, and campaigns to promote and protect good mental health for everyone. Ecominds is a grant programme which helps people with experience of mental distress get involved in local environmental projects (in England) that improve mental and physical health.
- 8.7 The Scottish Association for Mental Health (SAMH)<sup>83</sup> is a charity engaged in policy and campaigning work, and in the provision of community based services including care homes, care at home, housing support, employment support and day services. It is also developing five national programmes: anti-stigma, anti-bullying, suicide prevention, trauma, and physical activity and sport. Their current campaigns include improved provision of specialist mental health services for children and adolescents in Scotland, and teacher training to include mental health in order to support its inclusion in the Curriculum for Excellence.

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<sup>79</sup> [http://www.mind.org.uk/help/ecominds/ecominds/mental\\_health\\_and\\_the\\_environment](http://www.mind.org.uk/help/ecominds/ecominds/mental_health_and_the_environment)

<sup>80</sup> <http://www.scotland.gov.uk/Publications/2009/05/06154655/0>

<sup>81</sup> [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk); <http://www.mentalhealth.org.uk/about-us/scotland>

<sup>82</sup> <http://www.mind.org.uk>

<sup>83</sup> <http://www.samh.org.uk>

- 8.8 The Centre for Confidence and Well-being, based in Scotland, is a catalyst for change, focused on the development of confidence and well-being<sup>84</sup>. They provide advice regarding children to parents, teachers and youth workers.
- 8.9 The Work Foundation, report on '0-5: How Small Children Make a Big Difference' (Provocation Series Volume 3 Number 1) by Alan Sinclair<sup>85</sup>. This discusses the effects of parenting on children's wellbeing, and subsequently on their adulthood and employability.

## **Local-level interventions**

### ***Southeast: Clackmannanshire Health Promotion Service***

- 8.10 Clackmannanshire Health Promotion Service (HPS) are establishing a collaborative partnership across Clackmannanshire, entitled "Promoting our children's mental health and wellbeing – joint working, joint agendas, joint outcomes' and focused on children from 1-18 years<sup>86</sup>. The launch conference on 14/2/2011 is intended to share examples of local good practice, and will be opened by Dr. Harry Burns (Chief Medical Officer for Scotland, signatory to the GPBH policy document 2008). Workshop sessions will include early intervention for babies and young children in environments characterised by family breakdown or parental ill-health and substance abuse.

### ***Southeast: Feel, think, do***

- 8.11 This DVD developed by the Forth Valley NHS addresses children's mental health and wellbeing by seeking to improve children's emotional literacy, to improve children's risk assessment skills, to promote children's confidence and to protect them from sexual abuse, by considering safety and risk assessment in the environmental context of the whole community<sup>87</sup>.
- 8.12 The new resource was originally requested by a head teacher, and is now supported by GIRFIC and the Curriculum for Excellence.
- 8.13 The respondent reports a perceived increase in the number of disclosures by abused children, and the programme was externally evaluated by the TASK agency in 2008.

### ***North: Scottish Play Forum, Inverness***

- 8.14 No further information obtained.<sup>88</sup>

### ***North: Council for Voluntary Services, Inverness***

- 8.15 No further information obtained.<sup>89</sup>
- 8.16 Aims to support children's charities where funding is not forthcoming. To realise children's potential despite social, physiological or environmental barriers; helping

<sup>84</sup> <http://www.centreforconfidence.co.uk/index.php>

<sup>85</sup> [http://www.centreforconfidence.co.uk/docs/Final\\_Report\\_0-5\\_How\\_small\\_children\\_make\\_a\\_big\\_difference.pdf](http://www.centreforconfidence.co.uk/docs/Final_Report_0-5_How_small_children_make_a_big_difference.pdf)

<sup>86</sup> Local Authority respondent. Email correspondence 16/11/2010.

<sup>87</sup> NHS respondent. Written response 18/11/2010.

<sup>88</sup> <http://www.playscotland.org/scottish-play-commission/>

<sup>89</sup> <http://www.cvsinverness.org.uk/funding.html>

local communities to improve their area; caring for people suffering from mental or physical illness.

### ***Cosy Kids***

8.17 No further information obtained

### ***SAMH (Scottish Association for Mental Health)***

8.18 SAMH does work with children though no further information obtained for this study.

### ***Further examples of local practice***

8.19 Further examples were collected at the Alloa workshop on 9/11/2010, and these are presented in Annexe 2.

### **Section summary**

8.20 This health area is well-represented at the national level, by both policy and charities. The workshop illustrated the difficulty of associating mental health with the physical environment, either because this association is not yet very clearly understood, because physical and mental health are often considered to be parts of the same issue, or because interventions are at present focused more on support services than on the physical environment.

## 9 UNINTENTIONAL INJURIES

- 9.1 The aim of this section is to explore interventions in the physical environment, which have been implemented with the intention of reducing unintentional injuries to children.
- 9.2 This section focuses on interventions in two areas: road traffic accidents, and burns and scalds.
- 9.3 The first area looks at interventions intended to reduce the number of road traffic accidents involving children.
- 9.4 The second area concerns interventions intended to mitigate factors of the physical environment can lead to burns and scalds in the home.
- 9.5 National strategies are considered first, followed by examples of interventions at the local level.

### ***National-level strategies***

- 9.6 The Royal Society for the Prevention of Accidents (RoSPA)<sup>90</sup> is a charity that promotes safety and the prevention of accidents at work, at leisure, on the road, in the home and through safety education. Their child safety campaigns include both road safety and safety in the home – including the avoidance of burns and scalds.

## ROAD TRAFFIC ACCIDENTS

### **National-level strategies**

- 9.7 Go Safely on Scotland's Roads (2009): although the number of children killed or seriously injured on Scotland's roads has fallen by approximately two thirds between 1997 and 2007, it is still higher per capita than that for England and Wales (p29). Targets for reducing this number are given for the periods from 2010 to 2015 and 2020, and approaches to achieving it include education (see section 4), road engineering and school bus safety.
- 9.8 RoSPA's internet resources address making children safer both as passengers, by fitting appropriate car seats, and as pedestrians/ cyclists. RoSPA Scotland's road safety advice does not have a specific focus on children.
- 9.9 The Children's Traffic Club<sup>91</sup> is an award winning road safety programme for 3 to 4 year olds across the UK. It helps parents and carers teach children how to keep safe when out and about, using presentations and promotional materials including a series of six books. Local authorities (including all Scottish authorities) fund the Club in any given area whilst Health Authorities make it possible by mailing out to all parents and carers with 3 year old children within their area. The club's Research and Evaluation webpage<sup>92</sup> was under construction when this report was written, and would merit a visit in the future.

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<sup>90</sup> <http://www.rospa.com>

<sup>91</sup> <http://www.trafficclub.co.uk/>

<sup>92</sup> <http://www.trafficclub.co.uk/pros/research.asp>

- 9.10 Regarding 20 mph speed limits, Portsmouth was the first site to implement this and an evaluation report is available online<sup>93</sup>.

## Local-level interventions

### **Southwest: Glasgow 20 mph zones**

- 9.11 The “zones” should not be confused with mandatory speed limits, such as those that already operate on a part-time basis outside all of Glasgow’s schools as a result of a Scottish Government proposal in 2003.
- 9.12 Zones are different because they are designed to be self-enforcing, with traffic calming measures not more than 100m apart. This reduces the burden on police enforcement, compared to limits that need not have traffic calming, although there is a trade-off with the cost of installing traffic calming measures. (For further detail on the debate over limits or zones, see the Living Streets policy document on 20 mph<sup>94</sup>.)
- 9.13 In 2009 the Glasgow Health Commission recommended that 20 mph zones be applied in all residential areas of the city<sup>95</sup>, and the recommendation was endorsed by the council’s executive committee on 14/8/2009. Due to the large scale of this project, the first phase will address 20 areas across the city where traffic-calming measures are already in place, meaning that the only remaining action is to apply a Traffic Order. The public consultation will run until mid-December 2011, after which the zones can come in to force in the absence of objections.
- 9.14 The identified barrier to implementation of city-wide zones is funding. The first phase came at lowest possible cost, because sites were chosen where traffic was already calmed. Resource constraints may mean that later phases revert to limits rather than zones.
- 9.15 The only zone that is already in operation is in Partick, bounded by Byers Road, Dumbarton Road, Hindland Street and Highborough Road. No statistics are available as yet to assess its effectiveness, but the respondent<sup>96</sup> considers that speeds are effectively constrained by dense parking outside tenements and existing streetscaping<sup>97</sup>.

### **Southwest: East Ayrshire 20 mph speed limits**

- 9.16 Reduced speed limits around schools and in residential areas receive strong local support:

*East Ayrshire Council has provided full-time and part-time 20 mph speed limits on roads adjacent to 56 schools. In addition 20 mph speed limits have been introduced in 38 residential areas and there are 45 ‘Twenty’s Plenty’ Zones. A questionnaire survey undertaken during the consultations on the*

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<sup>93</sup><http://www.dft.gov.uk/pgr/roadsafety/speedmanagement/20mphPortsmouth/pdf/20mphzoneresearch.pdf>

<sup>94</sup> <http://www.livingstreets.org.uk/resources/>

<sup>95</sup> The Commission’s report is available online at <http://www.glasgow.gov.uk/NR/rdonlyres/019795D2-E4B9-431B-8027-406DB3F12019/0/GlasgowHealthCommissionFinalReport.pdf>

<sup>96</sup> Local Authority respondent. Telephone interview 10/11/2010.

<sup>97</sup> If motivation is of interest as well as the effect of the 20 mph limits, it might be worth digging into the other local examples to see if they are really are focused on children’s safety, where the Glasgow sites have been chosen to tie up legal loose ends where infrastructure is already in place.

*Local Transport Strategy indicated that 92% of residents in East Ayrshire support reduction in speeds in residential areas... The programme of introducing 20 mph speed limits is continuing in residential areas to reduce casualties, enhance the environment and make it easier for... young people to move around residential areas in safety. (Source: Go Safe on Scotland's Roads, p39)*

### **Southeast: Edinburgh 20 mph limits**

- 9.17 The City of Edinburgh Council is committed to the reduction of collisions on our roads. It is working towards meeting the Scottish Executive's target to halve the number of children killed and seriously injured by the year 2010 and, ultimately, to achieve zero fatalities on the roads<sup>98</sup>. Key to the Council's road safety strategy is the reduction of collisions in residential areas. Children are particularly at risk, but by reducing the speed of vehicles both the occurrence and severity of collisions are significantly reduced.
- 9.18 49 zones have been provided since 2005, and a further five are to be provided during the year 2010-11 with Scottish Government funding.

### **Southwest: Argyll and Bute cycle training**

- 9.19 Temporary 'Child Cycle Training' warning signs enable safety training to progress from the school playground onto public roads:

*The Scottish Cycle Training Scheme in Argyll and Bute was recognised as an example of good practice by Cycling Scotland in their National Assessment of Local Authority Cycling Policy, published in May 2008.*

*Child cyclist training takes place 'on road' in 74 of the 80 primary schools in Argyll and Bute and is seen as an integral part of road safety education. 'On road' training is considered as an investment in the future as it provides tomorrow's drivers with a more holistic appreciation of road safety. (Source: Go Safe on Scotland's Roads, p47)*

### **East: Aberdeen School Bus Safety**

- 9.20 Aberdeenshire Council and the Scottish Government are examining ways to improve the safety of children boarding and alighting from school buses, especially in rural areas. Planned physical modifications include additional signs at bus stops, interactive signs to warn drivers of the presence of school buses, and higher visibility markings on buses and passengers.

### **East: 'Safe parking at schools'**

- 9.21 As an extension to the Dundee Travel Active project, this initiative has been launched to reduce the risk of traffic accidents outside schools specifically associated with parents dropping pupils off by car<sup>99</sup>. The partnership consists of Dundee City Council parking enforcement and Tayside Police (for formal enforcement), and JMP consultants who engage with parents to suggest alternative travel options.

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<sup>98</sup> <http://www.edinburgh20zones.co.uk/>

<sup>99</sup> Electronic document supplied by JMP Consultants Ltd.

### ***North: A96 Aberdeen to Inverness***

- 9.22 Road engineering aims to reduce the likelihood of serious accidents (including those that involve children), by modifying the features of existing roads or through the design of new roads. Accident reduction measures on the A96 include a new bypass for the Speyside towns of Fochabers and Mosstodloch, which is expected to divert fast trunk-road traffic from the centres of both towns.

### **Section Summary**

- 9.23 Local practice concentrates heavily on limiting vehicle speed through road engineering. Whilst this is a very effective example of a modification to the physical environment, the constraints on funding are clear from the Glasgow case. 'Safe parking at schools' shows an approach to making the environment safer, but through education and persuasion rather than engineering.

## BURNS AND SCALDS

### National-level strategies

- 9.24 RoSPA's website provides advice on good practice for safety equipment schemes (such as its own national Safe at Home scheme, and the local examples that follow), and for "child-proofing" the home. Suggested modifications of the home environment focus on limiting the area within which the child can move about, for example by fitting safety gates, and restricting their access to potentially dangerous items or equipment. RoSPA Scotland's policy document, 'Can the home ever be safe?' (2008)<sup>100</sup>, recommends that provision for fixing a European Standard fire guard to the fire surround should be included in the specification of all new and refurbished homes. It further advises parents to avoid burns and scalds by using the back rings on a cooker, positioning pan handles so that they cannot be pulled over, keeping hot drinks out of reach of children, and filling baths by running the cold water first and testing the water temperature with the elbow.
- 9.25 Home Safety Scotland: the membership of Home Safety Scotland consists of home safety officers, community safety officers, health promotion officers and others from various local authorities and health boards and representatives from private companies<sup>101</sup>. Current campaigns include the "Year of Safety", launched at Ikea Edinburgh on Wednesday 3rd February 2010, and Christmas Safety.

### Local-level interventions

#### ***Southwest: East End child safety project***

- 9.26 This project aimed to reduce the risk of accidents to children in the home, through the free distribution and fitting of equipment such as safety gates and fire guards, and the provision of advice during the fitting<sup>102</sup>. The respondent considered that the advisory element differentiated this project from others that simply provide equipment, describing it as a "gold standard" project that others should aspire to match. Her evaluation drew on the "Four Es": Environment (engineered changes to reduce risk), Educate (simultaneous advice), Enforce and Empower (empowering parents to make the environment safer, using their new knowledge), and she particularly emphasised the importance of empowerment.
- 9.27 An evaluation report has been provided, entitled 'East End Child Safety Project: An Independent Evaluation' (2008)<sup>103</sup>. It was commissioned by the East Glasgow Community Health & Care Partnership, and written by external consultants<sup>104</sup>. It reports positive views from internal project staff, participating families, professional referrers, and strategic stakeholders, and weaknesses in terms of the size of the team performing the visits, the lack of formal support they received, and funding pressures.

#### ***Southwest: Kitchen safety in Glasgow***

- 9.28 "Alice's Kitchen" was a scaled-up model of a domestic kitchen, intended to give parents a child's-eye-view of potential hazards (including burns and scalds), to

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<sup>100</sup> <http://www.rospace.com/homesafety/Info/Scotland/can-the-home-ever-be-safe-scotland.pdf>

<sup>101</sup> <http://www.homesafetyscotland.org.uk/>

<sup>102</sup> NHS respondent. Telephone interview 8/11/2010.

<sup>103</sup> Local Authority respondent. Email correspondence 18/11/2010.

<sup>104</sup> <http://www.jackigordon.net/projects>

enable them to reduce their own child's exposure to these hazards by making changes in their own homes. It was used by After School Care in Glasgow perhaps ten years ago, but the respondent<sup>105</sup> was unable to say who administered it, whether it is still in operation, or had ever been evaluated. The respondent's personal view was that it was very effective in raising awareness, as "visual things have a strong impact on parents", and that the downside was the amount of space the model took. She suggested that an updated equivalent would be a computer-generated model, or a video made from a toddler's eye-level, that could be distributed on DVD to health visitors, but understands that this would not be the aim of the GPBH project.

### ***Southwest: 'Straight Off, Straight In, Straight Away'***

- 9.29 This is a campaign developed by the Health Improvement Team from NHS Greater Glasgow and Clyde to raise awareness of hair straightener burns to children. Other agencies involved are; colleagues from the Burns Unit and A&E consultants from the Royal Hospital for Sick Children (Yorkhill) Glasgow; Strathclyde Fire and Rescue Service; and the James Watt College – Glasgow.
- 9.30 Most of the children who suffered burns due to hair straighteners are 0-3 years old and male and the burns were sustained when the child either stood on the straighteners or picked them up, and most occurred when the straighteners had been turned off. The safety message is to switch off the straighteners at the wall and unplug them, put them in the free promotional thermal bag and store in a place out of reach of children and to do it Straight Away.
- 9.31 At the Glasgow GPBH workshop, a delegate from NHS Greater Glasgow and Clyde reported that the distribution of thermal bags through hairdressers had been very successful, and that hairdressers had requested more bags.

### ***Southwest: Strathclyde Fire and Rescue (SFR), South Glasgow***

- 9.32 SFR is engaged in a number of programmes to inform children and parents as to ways they can reduce the risk of burns and scalds in their home environment. These include home fire safety visits run in partnership with Glasgow Housing Association (reported at the GPBH Glasgow workshop) and Cooksafe, a cookery course for children run in association with the Gorbals Healthy Living Network<sup>106</sup>. The latter provided guidance on safe cooking practices, had its origins in an earlier fire safety initiative, and was also intended to respond to Scottish Government strategic objectives and the Single Outcome Agreement. The respondent reports that, following the introduction of Cooksafe, SFR's attendance at house fires has significantly reduced, and local understanding of fire safety has increased. It will run again for 2010-2011.

### ***Southwest: Glasgow Home Safety Equipment Project***

- 9.33 The project provided and fitted safety equipment to make the home environment safer for children under five, from roughly 2005-08, across the whole of Glasgow. Target clients were low-income parents referred by health and housing services. The project was launched by Glasgow Community and Safety Services in response to high accident figures, and was funded by the Scottish Government for its first three years of operation. During this time, the NHS reported a slight decrease in the number of Glasgow children attending Accident and Emergency units, and a

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<sup>105</sup> Local Authority respondent. Telephone interview 4/11/2010.

<sup>106</sup> Local Authority respondent. Written survey response.

telephone survey of participating parents showed a reduction in accidents after the fitting of equipment. The project ceased due to lack of funding (no renewal from the Scottish Government, and none available from the NHS or Glasgow Housing Association despite their praise for the project), and the respondent<sup>107</sup> is passionate about the need for a continuation project to be funded.

### ***Southeast: Home Safety***

9.34 North Lanarkshire Council's Home Safety Unit<sup>108</sup> offers another example of a scheme that has had to adapt to a shrinking budget. It used to provide equipment (such as safety gates, fire guards and radiator covers) in addition to advice, but had to stop providing equipment in March 2010 due to a lack of funding. It now focuses exclusively on advice presented during individual home visits: the Home Safety Unit no longer modifies the home environment itself, but informs and encourages parents to do so.

### ***Further examples of local practice***

9.35 Further examples were collected at the Glasgow workshop on 30/9/2010, and these are presented in Annexe 2.

### **Section summary**

9.36 The examples of local practice show a clear shift from modifying the domestic environment on behalf of parents, to enabling them to observe and remedy risks for themselves. This adaptation has enabled these projects to continue to further their aims despite reduced funding. A possible reason for their failure to secure ongoing funding is the lack of a connection between these projects' aims and Scottish Government health targets.

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<sup>107</sup> Local Authority respondent. Written survey response.

<sup>108</sup> Local Authority respondent. Telephone interview 18/11/2010.

## 10 SHARED IMPACTS

### Local activities addressing more than one health outcome

- 10.1 This section aims to highlight interventions that are intended to address more than one health outcome, to draw attention to the possibility of working across rather than just within disciplinary areas or silos.

#### **East**

- 10.2 The orienteering programme run by Active Schools Aberdeen<sup>109</sup> is described in section 7 because its primary aim is exercise, but it also aims to improve mental health and wellbeing under the Curriculum for Excellence.
- 10.3 The wildlife garden and community tree planting in Aberdeen were intended to contribute to children's wellbeing, in addition to providing a pleasant environment to encourage them to exercise (see section 7).
- 10.4 The Bucksburn safe route to school (described in section 7) was designed to avoid the need to walk on dangerous country roads, but also made walking a viable alternative to motorised transport and tied in to the school's Healthy Living agenda.
- 10.5 Active travel, as reported in section 7, focuses mainly on physical exercise but also claims to a side benefit of reduced traffic emissions.

#### **Southwest**

- 10.6 The Glasgow Home Safety Equipment Project (section 9) primarily aims to reduce unintentional injuries to children in the home, but a secondary aim was to reduce the mental strain on parents and children caused by the fear of, and medical treatment following, such injuries.
- 10.7 The Glasgow Cooksafe course had parallel aims of improving nutrition and safe cooking practices; it has been reported in sections 7 and 9.

#### **Southeast**

- 10.8 The Clackmannanshire Health Promotion Service (HPS) conference on 'Promoting our children's mental health and wellbeing – joint working, joint agendas, joint outcomes' (section 8) will also relate mental to physical wellbeing, with examples of practice. The session will be facilitated by the National Development Officer, Learning and Teaching Scotland.
- 10.9 The Alloa Walking Bus escorts children to school in time for the Breakfast Club<sup>110</sup>. It thus addresses physical activity, road safety and nutrition, linking in with national Eco Schools and Health Promoting Schools initiatives. A further beneficial effect is increased physical activity of the parents and teachers who accompany the children on the walking bus. The only barrier to extension is that the Breakfast Club costs 75p for those pupils who do not qualify for free breakfast, so funding is being sought to provide a free breakfast to all.

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<sup>109</sup> Local Authority respondent, written survey response.

<sup>110</sup> Local Authority respondent. Written response 17/11/2010.

- 10.10 Positive Approaches to Health in the Forth Valley aims to further embed health and wellbeing in the whole school community, and to build on the work that schools have carried out previously in relation to obtaining their Health Promoting Schools (HPS) status<sup>111</sup>. This entails a programme of continuing professional development for staff and a workshop for sharing good practice and ideas among Clackmannanshire Health Coordinators. Positive Approaches to Health and Wellbeing builds on the foundation of HPS and is linked to the Curriculum for Excellence, Food and Nutrition (Scotland Act 2007) and GIRFEC. These all support the Clackmannanshire SOA, the Joint Health Improvement Plan and link to the Children's Integrated Health Improvement Plan.
- 10.11 Feel, Think, Do in the Forth Valley was primarily aimed at mental health and wellbeing (section 8), but also had a supplementary aim of reducing unintentional injuries.

### **Common practice across locations**

- 10.12 A number of the local examples show common approaches to problems, across locations. For example, 20 mph restrictions for road traffic accidents, providing play areas to promote physical exercise, home safety equipment and education for burns and scalds.

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<sup>111</sup> Local Authority respondent. Written survey response 18/11/2010, including a copy of the accreditation scheme guide.

## 11 FORTUITOUS IMPACTS

- 11.1 This section considers strategies or practices whose stated aim was not to improve children's health, but which do in fact have a positive health impact. It is anticipated that valuable lessons can be learned by understanding how or why these impacts were achieved.

### Avoiding Overweight

- 11.2 The Avoiding Overweight document lists a number of examples (Appendix 5, p40) of government actions where obesity was not the primary aim – excluding those that are not environmental interventions.

### National Transport Strategy

- 11.3 As explained in section 4, this has core aims of economic growth by reducing congestion, reducing emissions and improving access to public transport. The supplementary or non-deliberate impacts on the GPBH health outcomes will be considered below.
- 11.4 Actions to reduce congestion include reducing demand for transport by “encouraging regional transport partnerships and local authorities to provide safer cycle facilities as part of the urban realm” (p31). This extends to a focus on children where congestion results from the School Run, and recognises a **side-benefit for healthy exercise**: “We will invest £10 million in the next two years to develop innovative and sustainable alternative ways of getting to and from school. We will achieve this by improving access and safety through building more cycle/walking paths... We believe that this will bring benefits not only for congestion, but also for the health and safety of our children” (p36). Fife might be considered to be an example of cycle provision (by Government, local authorities or partnerships) triggered by the policy, with knock-on benefits for physical activity; further information was not obtained for this study.
- 11.5 Another action to reduce congestion around schools is increasing the number of 20mph zones around schools (p36), with a £50 million spending commitment between 2003 and 2008 (p37). The likely reduction in **road traffic accidents** is the motivation behind Glasgow Health Commission's introduction of 20mph zones – see section 9.
- 11.6 Strategies for reducing emissions include the promotion of sustainable transport, and the incorporation of this into town planning and design, with a recognised positive impact on air quality and physical exercise (p45). This will be focused on children in school-based awareness campaigns and cycle training (p49). No overt connection is made between air quality and asthma.

### Southeast: Clackmannanshire Environmental Health

- 11.7 This department works to reduce dog fouling by providing disposal bags (1.5 million per year), and bins (300) that are emptied twice per week. This is done because dog fouling “is always in the top three” of public complaints<sup>112</sup>, and to satisfy the Association for Public Service Excellence (APSE) street inspections, but also has the effect of making the environment more attractive for physical activity. Dog fouling is a deterrent to using the outdoors, as stated by the children of Muirfield Primary School

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<sup>112</sup> Local Authority participant, Alloa workshop.

(source: presentation to Aberdeen Obesity/ Exercise workshop in Aberdeen, by the Aberdeen Planning Authority).

- 11.8 A barrier to greater success is that the enforcement mechanism is inadequate. The sanction of fixed penalties, which was introduced to free up court time, is unenforceable against unemployed individuals from whom debts cannot be collected. The alternative would be to proceed to prosecution, which would have the perverse effect of increasing the workload of courts.

### **Southeast: Clackmannanshire Town Planning**

- 11.9 'Alloa South East Phase 5' is a new-build residential development, aiming to shape the layout such that it better accords with sustainable travel aims in order to accord with national policy 'Designing Streets' (see section 4) <sup>113</sup>. This modified the more usual cul-de-sac environment to develop squares at junctions, provide greenspaces, improve landscape and offer a variety of safe access and egress links.
- 11.10 Residual benefits of this modified environment include promoting active travel (walking and cycling) and providing greenspace to encourage physical exercise. Low vehicle speeds have been designed into the infrastructure to reduce road traffic accidents.

### **Southeast: Scene by us**

- 11.11 This is a toolkit designed to allow young people in secondary school to film, produce and distribute a DVD to their feeder primary schools about choices that affect the lives of young people <sup>114</sup>. The toolkit is designed to be filmed in and around the school environment covering issues and health topics that arise in and outside of school. The process should allow young people to identify potential changes to their school environment and the immediate vicinity that could impact on health.
- 11.12 The driver behind it was in fact the then Scottish Executive's strategy for dental health, 'An action plan for improving and modernising NHS dental services'. This mandated 'that all secondary schools will be offered as part of the health promoting schools ethos, an interactive Smile for Health programme, promoting oral health, good eating, no smoking and prevention of sporting injuries to teeth'. The implementation in Clackmannanshire, Falkirk and Stirling extended this to common risk factors that also impact on physical activity, mental health and food.
- 11.13 The toolkit has been well received by educationalists, but engagement with schools has been hindered by the fact that the Curriculum for Excellence (around which the toolkit was designed) has only very recently been adopted and the current lack of understanding of the requisite cross-curricular working. A hard-copy evaluation of this project was received shortly after the completion of this report.

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<sup>113</sup> Local Authority respondent. Written response 17/11/2010.

<sup>114</sup> Local Authority respondent. Written response 18/11/2010.

## **Southwest: Bike and Cycle project**

11.14 This project in Kirkintilloch is primarily about increasing employability, by means of training to repair or refurbish bicycles, but also has the effect of making cycling more accessible to the wider community<sup>115</sup>.

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<sup>115</sup> Local Authority respondent. Bishopbriggs workshop.

## **12 ACTIVITIES THAT DO NOT MODIFY THE PHYSICAL ENVIRONMENT**

- 12.1 This section briefly points out further activities that have come to the attention of the author, that do not modify the environment but rather seek to help the public to make better use of it as is.

### **Scottish National Heritage: Go wild with your child**

- 12.2 This is a series of publications covering Aberdeenshire and Moray (the area referred to in this survey response<sup>116</sup>), Glasgow, and Edinburgh. The aim is to increase public awareness of locations for informal outdoor activities, for the promotion of physical exercise, mental health and nutrition. The main target audience is families, and Grampian NHS health visitors have assisted in its distribution to new parents.

### **Active Schools Aberdeen: Young sports leaders**

- 12.3 This is a scheme that is run locally, with the respondent<sup>117</sup> referring to its implementation in primary schools across Aberdeen. Children in P6 are trained to lead sporting activities and games for children in P1, making best use of any equipment available or else managing without. The aim is to promote physical activity and to engender leadership in the older children, and teachers report it to be effective in both respects – especially where children elect to continue the games independently of any outside organisation. The constraints on the programme are time and resources of the participating schools, and the resources of Active Schools Aberdeen in making repeat visits to schools who fail to internalise the approach.
- 12.4 The various home safety projects where reduced budgets prevent the project providers from continuing to fund equipment or physical modifications, but parents/residents are helped to take on this responsibility for themselves. This may become increasingly relevant as an approach as public sector funding continues to be under pressure.

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<sup>116</sup> SNH representative, written survey response.

<sup>117</sup> Local Authority respondent, telephone interview 11/11/2010.

## 13 CONCLUSION

- 13.1 The main sections of this report have addressed each of the GPBH focal childhood health outcomes in turn. They have identified areas that are strongly supported in terms of legislation and national charities, such as asthma, and those with particularly strong policy backing, such as obesity and mental health and wellbeing.
- 13.2 In the areas with relatively less national support, unintentional injuries from road traffic or burns and scalds, local practitioners have reported some of the most pressing funding concerns. Where lack of funds has caused the cessation of programmes that modified the environment (as is the case with the examples of home safety equipment provision), a shift has occurred that instead emphasises enabling parents to observe and address risks themselves. This was not anticipated at the start of the mapping exercise, but has proved to be a mechanism for continuing projects despite reduced funding.
- 13.3 A number of questions arise.
- Were these projects simply ill-conceived? This is possible, although the supplied evaluations are positive and suggest not.
- Are these projects ill-suited to inclusion in a policy-driven project? Although they appear to lack an associated health policy, this applies only in the constraints of the current prototype phase of the GPBH project: as and when the focus extends from the current four health areas to all areas of childhood health, there will doubtless be more areas without direct policy support.
- Lastly, is the funding of widespread environmental modifications not sustainable?
- 13.4 This last question lies beyond the remit of this report, and a reliable answer would need to be based on a more complete data collection exercise and robust mechanism for comparison. It may, however, be worth retaining a questioning attitude as to who is to be considered to be responsible for funding and implementing the environmental modifications espoused by this project.
- 13.5 The practice described in this study will next be drawn upon in the Evidence Assessment reports being prepared for each of the four health outcomes, which then feed into policy options.

## **ANNEXES**

### **Annexe 1: Topics included in the questionnaire**

#### ***Questionnaire - introductory material***

- 13.6 Please answer the following questions for activities that modify the physical environment, with the intention of positively contributing to the health of children aged up to eight years. The physical environment will be understood to include the natural environment, which refers to plants, the atmosphere, weather and topography, and the built environment, which refers to buildings, spaces, transportation systems, and products that are created, or modified, by people. The activities should seek to reduce the incidence of (1) asthma, (2) obesity (exercise and nutrition), (3) mental health and wellbeing, and (4) unintentional injuries (road traffic accidents, and burns and scalds).
- 13.7 Please complete a fresh response sheet for each activity that your organisation has undertaken.
- 13.8 Your responses will be treated in confidence by the Scotland and Northern Ireland Forum for Environmental Research, and you will not be identified in any output generated from them without your consent.
- 13.9 Are you willing to be identified as a respondent to the survey without direct attribution of your response? Yes/ no. In the event that we wish to quote from your response, we will first contact you to ask your permission.
- 13.10 Please identify your organisation, and your department within it (if applicable).

#### ***Questionnaire - questions relating to each activity***

- 13.11 Please give the name of the activity.
- 13.12 Describe the aims of the activity.
- 13.13 How did it use or modify the existing environment? Which features of the environment did the activity address, and how this was intended to lead to a changed health outcome?
- 13.14 How was the activity implemented?
- 13.15 Reason for introducing the activity. Please include whether this was an idea generated by your organisation, or was a response to an external imperative (e.g. Scottish Government strategic objectives, Single Outcome Agreement statement, support scheme requirements – please specify which), or both.
- 13.16 We would like to know the main health area that the activity was intended to positively influence. Please tell us whether any of the following areas were intended as primary outcomes: (1) Asthma, (2) obesity (exercise and nutrition), (3) mental health and wellbeing, (4) unintentional injuries (road traffic accidents, and burns and scalds), or (5) others – please specify.
- 13.17 Are there any secondary health areas that the activity was intended to positively influence? (1) Asthma, (2) obesity (exercise and nutrition), (3) mental health and

wellbeing, (4) unintentional injuries (road traffic accidents, and burns and scalds), (5) others – please specify.

- 13.18 Has the activity resulted in measurable improvements to children's health? Please say if it is too early to tell, or describe perceived improvements that are not measurable.
- 13.19 Has the outcome of the activity been evaluated, whether internally or externally? Please supply details, or a copy of any evaluation reports if possible.
- 13.20 Has the activity had any unintended consequences, whether positive or negative? Has it affected health areas other than those intended?
- 13.21 Please describe any barriers that have hindered the implementation or effectiveness of the activity.
- 13.22 Please add any further comments relating to this activity.
- 13.23 If you are aware of other organisations whose activity you think would be relevant to this study, please give brief details below for us to follow up.

## Annexe 2: Supplementary data collated from workshops

### Asthma

13.24 Brief examples of local practice were collected at the Bishopbriggs workshop on 16/11/2010, and these are presented below:

Intervention	Details
Local implementation of SG Air Quality Monitoring Programme	Automatic air quality analysers and diffusion tubes used to monitor and reduce levels of PM10 and NOx
Vehicle emission testing/idling programme	SG funded In collaboration with neighbouring counties
Smoking legislation compliance in taxis, buses and vans	Emphasises that smoking in taxis, buses and vans not OK Awareness raising in schools
Smoke controlled areas (introduced in 1960s)	Improved outdoor and indoor air quality
Provide reactive housing advice on ventilation, heating and allergy inducing activity such as pets and construction work	
Bishopbriggs relief road	– planning gain. Building up funding to build new road. Awareness that alternative actions (in addition to new road) are important, otherwise new road will just fill up with traffic.  - School travel plans / transport plans.
Land allocation policy	- housing review within East Dunbartonshire
Proposed new roads	Noise impact and air quality assessments at planning stage - considers health
Cycle to work cycle scheme	Council employees could purchase bicycles tax free. Scheme may be being withdrawn due to tax implications as not all employees are using bikes to travel to work
Smoke free legislation	National legislation applied locally, - local enforcement in public places. Monitoring figures supplied quarterly to Scottish Government.
Smoking cessation	Implemented in tandem with smoke free legislation, implemented through local NHS nursing services.
Greenspace Strategy	Includes: playpark provision, park management and greenspace development. Health is an integral component and embeds the Greenspacescotland "greenspace standard"
Local biodiversity action plan	Improves standard of local biodiversity and access to

	it – improves the provision of healthy ecosystems and air quality etc.
Central Scotland Green Network and integrated habitat networks development	The monitoring strategy of the CSGN includes indicators relevant to human health
Forest school training for school teachers and links with curriculum	Include benefits to health; mental health, exercise and fresh air.
Provision for and maintenance of street trees, woodland expansion and bog restoration etc	Council role in creating and maintaining healthy places, and the use of community planning and the SOA processes.
Section 75, developer responsibility to provide community benefit	Under section 75, there are examples where developers have provided play facilities etc, though post build maintenances has been an issue.
Providing opportunities for work with other agencies eg SNH, FCS, Ranger Service.	Include activities like allotment creation, conservation projects, practical outdoor projects. Sensitises youngsters to outdoor healthy play in “natural” environments.
Air quality infringement enforcement action	Joint working with HSE to investigate particular incidents reported as nuisance (styrene fumes, dust etc), routine inspections of commercial premises to improve neighbourhood air quality.

### **Obesity – exercise**

13.25 Brief examples of local practice were collected at the Aberdeen workshop on 30/6/2010, and these are presented below:

<b>Intervention</b>	<b>Details</b>
'Nature / Nurture Scheme'	Dads and kids (0-3 years, plus older siblings). Dads have been creating and maintaining a garden in the local family centre, repairing broken fences, learning how to use power tools safely etc.
Activity Mondays	Mums and kids group (0-3 years, plus older siblings) Exercise and nutrition Healthy foods that are available on a tight budget
Family days	Family days out (during school holidays) e.g. walking to local parks etc Use Council minibus for longer trips Fully funded by Aberdeen City Council – (no participant contributions)
Health Promoting Schools	Nurseries (attached to schools – not private nurseries) Primary and secondary schools  A holistic approach to health and wellbeing

	<p>Assist teaching staff in delivering curriculum for excellence Accreditation scheme adopted Grampian wide</p> <p>Identify 'healthy projects' i.e. growing plants then using them in lessons (biology / sciences / home economics)</p> <p>Improving routes to schools to encourage walking (environmental improvements, such as organised 'graffiti art' – 'White Space' art group)</p>
Family Centre Play Area	Natural materials
Pensioners Play Park	
Cashback	Street Sports
Active Schools	'Jump to it' - basketball
Active Schools	Boys only dance (hip hop)
Come and Play	
SITA	Ness Farm Landfill/Tuilos Hill Improvements
"Walk to Health", NHS Grampian	Aims to encourage walking in priority areas (esp. regeneration areas). Initiative supported by a "Walk Coordinator" post (currently vacant due to cuts)
Open Space audit is carried out by Aberdeen City Council with partners.	Assesses the use of open spaces. The audit includes their quality, barriers to them being used, their functions. Links with the Greenspacescotland greenspace audit.
Core Paths Plan, Aberdeen City Council with partners that include Aberdeen Greenspace and NESTRANS.	Supports the strategic development of routes for active travel and recreation
Health Promoting Schools and Grounds for Health (national project), partnership approach; NHS Grampian, schools, active schools.	Encourages physical activity within schools, - 2 hours of physical education, outdoor learning, active travel
School travel	Promotes walking/cycling to school, walking buses, park and ride.
Promoting active travel "Go for Gold"	Pilot project mapping route from home to new school
Environmental Health Aberdeen City Council, routine daily work	Encourage use of open space by removing deterrents – anything or situation that could cause possible harm to a child.
Woodlands in and around towns (WIAT) led by Forestry Commission	Improving access to woodlands for communities and activities within them.
Community Woodlands Ranger	Working with schools in regeneration areas to encourage natural play, interacting with the natural environment making things like bird boxes etc.
"Active Communities",	Working with sports clubs to gain "clubcap" accreditation to

Aberdeen City Council	help clubs to be well managed to accept children into these clubs.
"Active Communities", Aberdeen City Council	Compiling a sport and physical activity directory to promote opportunities for activity to the public.
"Active Communities", Aberdeen City Council	Working with partners to facilitate community projects eg. "Transition Extreme" – purchase of skateboards for project at Allan Douglas Park, Northfield, and provision of football field drainage work at Northfield via an ESF grant.
"3R's" public private partnership funding arrangements for new schools	Consideration is given at the outset when planning new schools to provide direct routes for walking and cycling and given priority over car access
Ashgrove Garden and Outdoor Project, Aberdeen City Council, Social Care and Wellbeing – integrated service linking with agendas of other organisations with an interest in mental health and well-being, nutrition and play.	This site based project encourages community involvement and access including for children and support of their mental health and well-being. For children it includes coverage of curricular learning, exercise, freedom and choice in "safe risk" environment, experience of the outdoors in all weathers, physical opportunity through adventure and exploration, appreciation of the natural environment.
Nature Nurture project	Encouraging children to get outdoors
	Targeted at children in vulnerable families
	Building parental confidence
	Encouraging parental/child attachment
Nursery design	Encourage outdoor play in natural environment
	All year round play
Eco schools project	All new schools have facilities for outdoor learning and play
	Outdoor space is designed alongside school buildings
High visibility community wardens	Build parental confidence
	Patrol open plan schools
Sustainable outdoor play areas	Natural
	Potential for less vandalism
Traffic club	Promoted by health visitors as part of health promotion
Develop resources and plans based on what your customer wants	
Go wild with your child	Encouraging parents to get outdoors with their children
Health promoting schools	Encouraging active living and support active schools, eco-schools, nature nurture etc
Senior citizens "play park"	Funded by NHS, a community led initiative

Walking co-ordinator	Funded by NHS, working with communities to encourage walking across all ages
Eat, play, grow well	HEAT 3 family based interventions targeting health behaviour change, nutrition and physical activity

### ***Mental health and wellbeing***

13.26 Brief examples of local practice were collected at the Alloa workshop on 9/11/2010, and these are presented below:

<b>Intervention</b>	<b>Details</b>
Alva Community Council	Buildings: Protect heritage; Listed status ; Address deteriorating buildings: aesthetic, H&S Transport: Proactive response to speed; Safe routes to school; Bus route gaps
Schools and early years establishments  Clacks 1000 Survey (adults)  All Clacks schools	Getting right clothes to take kids out in rain Early years facilities: schools building confidence working with kids who are overweight Primary schools good programmes to encourage physical activity (more than minimum in timetable) discussing possibility of evaluating [something?] NHS HS. Different types of access to new school builds relocation of facilities People being much more inventive  Panel of 1000 people: Improved community safety confidence; Improved wellbeing reported; More improvement in deprived areas  Health Promoting Schools accreditation; Eco schools; Friday morning walk before school with children Coalsnaughton primary [?] Tillicoultry primary lunchtime activities rubber tubing on ski slope cricket, gardening, dance etc. kids offered range of opportunities kids love it, very popular Positive parenting partnership Dance group parenting skill development working with own kids through early years establishments
Anticipatory care in Clacks over 18s	Referrals for couples and families Need support links to social work etc. Need to move to dealing with whole package Holistic assessment of underlying problems impacting on

	<p>health</p> <p>Eg smoking cessation – link with debt problem so includes debt advice</p> <p>Modelled on national keep well project</p> <p>Development of paths...</p> <p>...walking routes, family walks.</p> <p>3 year funded post.</p> <p>Healthy living centres</p>
Clack H&WB in schools pilot	<p>Pathfinder programme; 2-year project in [20 or secondary?] schools; Range of health support</p> <p>Drop in sessions/ school nurse led drop in clinics; Input to partnerships and support development of services for primary school children</p> <p>Clacks new schools building</p> <p>3 new secondary schools; Better environments; Valued community resource</p>
Children and families	<p>Eg. Kids of parents who misuse drugs</p> <p>protect child</p> <p>reduce risk</p> <p>improve opportunities</p> <p>History of partnership working</p> <p>make links to know what's out there</p> <p>YP leaving home or care &amp; appropriate supported tenancy</p> <p>Homeless service</p> <p>Homeless service collocated and moved to social policy.</p> <p>Previously delivered by housing services.</p> <p>Looking after person and dealing with linked issues.</p> <p>Broad St Room</p> <p>Action for children staff</p> <p>supported tenancy</p> <p>move on when can cope</p>
Council funding of anti-social behaviour analyst	<p>identifying problem areas, families, crime figures</p>
Environmental Health	<ul style="list-style-type: none"> <li>- Local Air Quality monitoring</li> <li>- Housing condition surveys</li> <li>- References to Countryside Rangers – community training and events</li> </ul>
	<p>General group discussion round important services that work weekends and assist in improving mental health – noise teams, community wardens etc – these may all be targeted in budget cuts.</p>

## **Unintentional injuries – burns and scalds**

13.27 Brief examples of local practice were collected at the Glasgow workshop on 30/9/2010, and these are presented below:

<b>Intervention</b>	<b>Details</b>
Networking opportunities	Essential Connections Forums (e.g. CHCPs / Housing Associations) – reaching tenants
Accident & Prevention Committee	COBIS (Care of Burns in Scotland) – STATS <ul style="list-style-type: none"> <li>- first aid for burns education</li> <li>- poster campaigns</li> <li>- proactive in influencing “straight off, straight in, straight away” hair straighteners campaign</li> </ul>
Fire Reach	Target age group early teens Participants identified by schools and social work and include fire setters, teenagers with police records. Aims to produce better citizens
Fire Safety Houses South west and south east Glasgow	Participants identify hazards in mock set Every secondary school pupil in south Glasgow will visit a fire safety house e.g. McGill House in Pollock, Kilburnie House in Calton
Fire safety talks	Aimed at pupils in S1 and S2
Cut it out campaign	Available in couth Glasgow schools and targeted at S5 and S6. Highlights hazards associated with driving.
Francis the firefly	Book aimed at nursery age children brought out 10 to 15 years ago. Described by several members in the group as a very good resource
First time parents group	6 week long programme run in North Glasgow included first aid for young children, home fire safety information also provided
Weaning fairs	Babies and parents invited to discuss weaning issues. Fire reps were invited to meetings to provide fire safety advice.
Fireworks campaign	Leaflets sent to householders Radio exposure Wide local coverage across Govan area
Firework/bonfire audit	All NHS areas audit burns one week before and one week after 5th November. The participant highlighted burns sustained the day after bonfire night by children playing in the embers.
Fire guard and stair gates	Distributed in areas of deprivation 15-20 years ago but discontinued due to budget pressures.