

Health for All Children – Guidance on implementation in Scotland

Scottish Executive

Response by Sustrans

1. Background

1.1. About Sustrans

Sustrans greatly welcomes this consultation by the Scottish Executive. Our comments below relate to our area of expertise - transport - and in particular the promotion of health through sustainable, physically active travel.

Sustrans works through practical projects to change the physical environment so that sustainable, physically active ways of travelling are more accessible. We have over 25 years' experience in creating environments for physical activity, such as the UK National Cycle Network programme, and in changing the transport culture to make physical activity possible, as with our national Safe Routes to Schools programme and the successful UK pilots of TravelSmart individualised travel marketing.

1.2. Active Travel Scotland

Sustrans' Active Travel Scotland programme is funded by the Scottish Executive as part of the delivery mechanism for *Let's make Scotland More Active*, the Scottish physical activity strategy. Active Travel Scotland focuses on promoting the health benefits of walking and cycling to policy-makers and practitioners.

The overall aim of Active Travel Scotland is to bring about an increase in the number of Scottish people improving their health through physically active modes of travel. To achieve this we will be:

- working through community planning mechanisms to help to create cross-cutting initiatives between health, education, transport, planning and environment so that active travel and its promotion become part of their culture
- working nationally with decision-makers in these fields on the promotion of active travel and helping to increase the evidence base on the health impact of active travel projects.

In line with the physical activity strategy, the key focus of Active Travel Scotland is on ways of encouraging the most sedentary to become more active, with increasing utility walking a primary target. Active Travel Scotland will help communities to get the fabric of their environment right, removing barriers to walking and cycling and replacing them with positive incentives to walk and cycle, enabling people to take responsibility for themselves.

1.3. Safe Routes to Schools

The Safe Routes to Schools (SRS) concept was introduced in the UK by Sustrans in the 1980s, at which time walking or cycling to school journey were routinely discouraged on 'safety' grounds and car use encouraged through provision of large car parks, drop off areas etc. The Scottish Executive has established a network of school travel co-ordinators. Sustrans Scotland's Safe Routes to Schools team provides specialist support and advice for local authorities and schools, information on Scottish best practice and training to local authority staff, school champions and others involved in SRS projects, helping Safe Routes to Schools projects to make the most of linkages to health, education, environment and transport initiatives across Scotland. We are currently supporting 218 schools in Scotland in Safe Routes to Schools implementation.

Sustrans regards the school journey as of critical importance in establishing healthy travel habits for the future. Encouraging children to walk or cycle to school will make them more physically active and help raise their levels of health and fitness. Children who travel actively to school are also more active than their car-borne peers throughout the rest of the day, and Sustrans believes that both healthy and unhealthy travel patterns can be established for adult life. The health implications of school travel are clearly significant.

2. General comments

2.1. The problem of inactivity and its consequences

Physical inactivity is still a major problem - 27% of boys and 40% of girls fail to meet the recommended minimum of 60 minutes of exercise five times a week¹. Car journeys to school have doubled in the last 20 years, and 27% of primary age pupils now travel by car².

Physical activity has major health benefits for children and young people, including reduction in blood pressure³, reducing body fat and obesity⁴, increased bone strength⁵, improving psychological well being⁶ and reducing the symptoms of depression and anxiety⁷.

Conversely, inactive children who become inactive adults increase their risk of a range of diseases.

It is estimated that about 36% of deaths from CHD in men and 38% in women are due to lack of physical activity and that 9% of these could be avoided if people who are currently sedentary or have a light level of physical activity increased to a

moderate level. Physical inactivity also increases the risk of type 2 diabetes, hypertension, osteoporosis, colon cancer and injuries and accidents⁸.

Physical inactivity is a key factor in the growing epidemic of obesity. Obesity in children is rising; 7.9% of boys and 6.7% of girls in Scotland are obese⁹ - and the problem does not go away as they grow up: of Scottish adults 62.2% of men and 54.2% of women are either overweight or obese.¹⁰

2.2. Active travel as health promotion

"Evidence shows that children today expend about 600 kcal less than their counterparts 50 years ago and contemporary British children, even in the pre-school years - spend much of their time seated. Another example is that of car use, which has grown considerably faster for children than for the rest of the population. In 1964, around 37% of travel by children was in a car; it was more than 70% in 2002.

This decline in physical activity has been exacerbated by the failure of successive governments to provide an environment in which physical activity can be incorporated into everyday life."

*Dr David Ashton, the Imperial College School of Medicine
– excerpt taken from the Guardian, 03/03/04*

Sustrans believes that our over-reliance on private motor transport, and the suppression of cycling and walking on increasingly car-dominated roads, are major contributory factors in the growth of overweight and obesity and related disease. We strongly advocate that more must be done to encourage and facilitate the incorporation of healthy physical activity into the daily routine, by promoting active forms of travel.

One obvious way for children to accumulate physical activity regularly is to commute to and from school by bicycle or on foot¹¹. Environmental interventions can promote physical activity through utility walking and cycling by making local environments perceivably attractive and safe¹². Encouraging walking to school can be part of an holistic approach including EcoSchools and Health Promoting Schools. Schools need to be supported in making the links between the various initiatives to maximise benefits.

The importance of physical activity for children is highlighted by the Heart Health National Learning Network; its draft physical activity recommendations include that all schools develop an active travel plan.¹³

The Scottish Executive's draft walking strategy¹⁴ also emphasises the significant benefits to children from walking to school in terms of their health, social development and education, and recommends that local authorities should link their walking strategies to local health improvement programmes.

There is, in addition, a growing volume of evidence that children who travel actively to school have higher levels of academic achievement.¹⁵

2.3. Exercise and physical activity

The Guidance refers in a number of places to the importance of ‘exercise’. Sustrans believes that using this term risks limiting people’s vision of the potential for promoting increased physical activity to the provision of specific activities whose sole purpose is exercise, such as PE and sport. However, achieving sufficient levels of physical activity in 80% of children (the target in the physical activity strategy) will not be achieved by specifically exercise-focussed activities alone. Indeed for active adults, only 8% of their total physical activity is contributed by participation in sport. The key is to encourage an active lifestyle, through active play and opportunities for incorporating physical activity into daily routines, such as walking or cycling to school.

2.4. Partnership

Although the guidance makes reference in some sections to the need for partnership working between health and other professionals, in the main this is in the context of schools. Sustrans strongly believes that it is vital that child health professionals become more broadly engaged with other sectors such as transport and land use planners, in order that the impact of the environment on children’s health is recognised and taken into account in planning decisions. The community planning process is an opportunity for child health professionals to influence decisions such as the provision of walking and cycling facilities, public safety measures, the siting of schools and the availability of open spaces for play. We would like to see stronger recognition throughout the guidance of the potential involvement of other sectors in the promotion of children’s health through increased opportunities for physical activity.

3. Specific comments

3.1. Comments on Introduction

Paragraph 7

We welcome the recognition given to the need for an integrated approach to child health. However it is important that this extends beyond ‘the provision of services and support’ to encompass explicitly the delivery of health improvement for children in Scotland.

The recognition of the involvement of a wide range of professionals is also welcome, and the list should be extended to include others outwith schools and healthcare settings whose work directly impacts on children’s health, such as school travel co-ordinators, who play a key role in encouraging physical activity beyond the curriculum.

Paragraph 10

Sustrans welcomes the recognition in *Hall 4* and in *Health for all children* that health is more than the treatment of ill-health and must emphasise health promotion and primary prevention. We feel that the description of the recommendations and philosophy of *Hall 4* should better reflect the emphasis given in *Hall 4* to the

environmental and social determinants of health and to the importance of health professionals' involvement in influencing these.

Paragraph 18

Given the importance *Hall 4* attaches to the increasing problem of child obesity, it is vital that this list of related policy initiatives should include the Scottish physical activity strategy, *Let's make Scotland more active*, which sets a target of 80% of children aged 16 and under meeting minimum recommended physical activity levels by 2022; the current situation in Scotland is that 27% of boys and 40% of girls are insufficiently active to reach this level.

3.2. Comments on Health Promotion

Paragraphs 3-7

Sustrans agrees that health promotion is vital to support parents in inculcating healthy behaviours, and in particular a physically active lifestyle, from the early years of children's lives. Although this section recognises the need for social support, the emphasis is on information and advice to individuals. Sustrans believes that if we are to reach the targets in the Scottish physical activity strategy, these types of intervention need to operate alongside environmental adjustments and initiatives creating opportunities for increased physical activity levels, such as Safe Routes to Schools. The physical activity strategy says, '*[...] schools should promote opportunities for children to be active [...] This would include, for example, PE classes, active break times and extra curricular activities as well as promoting opportunities for active travel to school and providing links to broader community activities.*'¹⁶

Beyond 'support through local community networks for healthy living', Sustrans would like to see clear encouragement to health and other professionals to see health promotion as an activity that goes beyond interaction with individuals to persuade them to change personal behaviours, and extends to involvement in community processes such as community planning, to improve the environment to encourage active lifestyles. Children's freedom to walk and cycle to school, and to play actively in the street and in parks and other public spaces, has been dramatically curtailed in the past few decades. Road safety concerns limit their independence and cause parents to add to traffic volumes by ferrying children to school and elsewhere. Insufficient attention to the needs of pedestrians and cyclists in street design perpetuates safety concerns, while under-populated public spaces become the focus for additional personal safety concerns. To achieve improved child health, health and other involved professionals must contribute their knowledge across sectors to ensure that the impact of poor environments on children's health is recognised and action is taken.

Paragraphs 8-11

Alongside the other initiatives described, the appointment of school travel co-ordinators in each local authority provides an opportunity to encourage active travel to school as part of an active lifestyle.

Paragraphs 20-23

The issue of physical activity is key in the prevention of a range of health problems, including obesity in children and its consequences. Sustrans feels strongly that the guidance should include a separate section on physical activity (see comments above on terminology).

Paragraph 21 encourages local authorities to promote physical activity through sport and leisure facilities, but makes no mention of promoting opportunities for active travel or informal physical activity. The Local Government (Scotland) Act 2003 gives local authorities the power to promote well-being. The guidance should refer to this, and to the range of actions local authorities can take to use this power to promote child health through increased physical activity, including:

- Safe Routes to Schools, encouraging active travel to school through measures such as improving cycling and walking routes, traffic calming, providing facilities such as cycle parking, initiatives such as walking buses and cycling trains, education and awareness-raising
- Improved facilities for active informal play, such as traffic calming and Home Zones in which better design means pedestrians and cyclists have equal priority as users of street space and outdoor play opportunities are enhanced
- Improved environments to encourage children and families to walk or cycle for many of their everyday journeys, such as improved lighting, better street design, safe cycling routes, traffic calming, less pavement clutter and cleaner streets.

3.3. Comments on Child Health Surveillance – School-age Children and Young People

Paragraphs 5 – 9

The focus of this section on identifying problems is set by the first paragraph as relating to ‘serious disability or disorder’. However, teachers are ideally placed to spot problems such as overweight and physical inactivity, and it is also important that these issues are addressed as early as possible, both to alleviate immediate health risks to the child and to prevent overweight and obese children from becoming overweight and obese adults, with the increased life-long health risks this brings.

It should be recognised in the policy that a child’s additional support needs may relate to obesity and physical inactivity.

Paragraph 10

We would like to see explicit mention of the benefit of school nurses working with school travel co-ordinators and active school co-ordinators to promote physical activity.

3.4. Comments on Delivery

Paragraph 4

Mention should also be made here of the duty on local authorities and health boards, with other partners, to participate in community planning and as part of this to produce a Joint Health Improvement Plan (JHIP). Sustrans believes that it is vital that JHIPs set local targets relating to the physical activity strategy and to improving child health through physical activity. Achieving these targets will require actions across policy boundaries, in areas including health, transport, education, environment and planning.

Health improvement through promotion of physical activity should form part of core child health programmes.

Paragraph 6

The organisational development plan should include plans for partnership working with other professionals such as school travel co-ordinators and active schools co-ordinators in order to increase physical activity levels.

3.5. Comments on Annex 1: Universal Core Child Health Screening & Surveillance Programme

Sustrans welcomes the inclusion of weight measurement in the 3-4 year-old and school entry checks, as it will allow health professionals to work with families whose children are already overweight or obese. For this reason, we also believe it is vital that discussion of the child's physical activity level should be explicitly listed among the health promotion topics.

We are concerned that the Primary 7 and secondary school parts of the programme do not include weight and height measurement. Although the inclusion of physical activity as a health promotion activity is welcome, we do not believe this goes far enough. It is important to identify children and young people who are overweight or obese and support them more intensively to address the problem. Although nutrition plays a part, support to increase physical activity in everyday life is central to helping children and young people maintain a healthy weight.

4. Further information

We should be happy to provide any clarification or further information you might require.

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- ¹ Physical Activity Task Force (2003) *Let's make Scotland more active: a strategy for physical activity*. Edinburgh: Scottish Executive
- ² Scottish Executive (2002) *Scottish Transport Statistics No 21*. Edinburgh
- ³ Armstrong N and Simons-Morton B (1994) Physical activity and blood lipids in adolescents. *Pediatric Exercise Science*, 6, 381-405
- ⁴ Bar-Or O, Baranowski T (1994) Physical activity, adiposity and obesity among adolescents. *Pediatric Exercise Science*, 6, 348-360
- ⁵ Welten D, Kemper H, Post G, Van Mechelen W, Twisk J, Lips P, Teule G (1994) Weight bearing activity during youth is a more important factor for peak bone mass than calcium intake. *Journal of Bone and Mineral Research*, 9, 1089-1096
- ⁶ Gordan J, Grant G (Eds) (1997) *How we feel*. London: Jessica Kingsley Publishers
- ⁷ Calfas K, Taylor C (1994) Effects of physical activity on psychological variables in adolescents. *Pediatric Exercise Science*, 6, 406-423
- ⁸ Physical Activity Task Force, *op cit*
- ⁹ Shaw S, McMunn A, Field J (2000) *The Scottish Health Survey 1998 Volume 1*. Edinburgh: The Stationery Office
- ¹⁰ Shaw et al, *ibid*
- ¹¹ Hardmann A (1999) Accumulation of physical activity for health gains: what is the evidence, *British Journal of Sports Medicine*, 33, pp. 87-92
- ¹² Owen N, Leslie E, Salmon J, Fotheringham M (2000) Environmental determinants of physical activity and sedentary behaviour, *Exercise and Sports Science Reviews*, 18(4)
- ¹³ NHS Health Scotland Heart Health Network (2004) *Physical activity guide (Recommendation LPA9)*; <http://www.phis.org.uk/doc.pl?file=pdf/HHNLN%20PA%20Guide%20-%20Consultation.doc>
- ¹⁴ Scottish Executive (2003) *A Walking Strategy for Scotland - Consultation Document*. Edinburgh
- ¹⁵ California Dept of Education (2004) State study proves physically fit kids perform better academically; www.cde.ca.gov/news/releases2002/rel37.asp
- ¹⁶ Physical Activity Task Force, *op cit*