

A Call to Action: Shaping Healthier Places for Children in Belfast

Consultation Document

April 2015



**Making life better,
together**
Belfast Strategic Partnership

Key messages

‘A good place for children is a good place for everyone.’

This Call to Action is based on comprehensive engagement with children and calls on stakeholders in Belfast to respond to the issues identified by the children

What is Place?

Place comprises of the environment in which we live, shop, work, learn and play; the people that inhabit these spaces and the quality of the life that comes from the interaction of people and their surroundings. It means **our** cities, **our** towns and **our** neighbourhoods, and includes **buildings; public space** and **landscape**.

Why is Place important for children's health?

Because **place** has a significant impact on our health and wellbeing. **Successful places** give children a sense of belonging, a sense of identity and a sense of community.

Positive places can be the critical factor in determining whether children's lifestyles are active and healthy. Supportive places enable children to walk or cycle to school, play outdoors, mix with people of different ages and incomes, and observe nature.

Young children spend most of their time in **their local surroundings** and their development is more affected by the environment in which they live compared to older children.

Not everyone enjoys **equal access** to a good quality environment. There *is* a clear link between place, health inequalities and health outcomes.

Poor quality surroundings can have a negative impact on children's health. Place, if properly designed and managed, is an **asset** which can **create the conditions** for children's health to flourish.

Does Child Friendly Place have a role in Belfast?

Yes! Almost **one in five** people in Belfast are aged 13 or under.

Engaging with children is essential - it allows children to **shape their neighbourhoods** and encourages them to be active and **participate in decision making** processes as adults.

Our **vision** is defined by local children. It is a Belfast where quality places **positively benefit children's health**, and enrich their lives through **increased human connectedness** with **access to good quality green space, safe streets** and places for children to **play outdoors**.

The **public sector** has a key role in **delivering good places** for children. A mapping exercise undertaken with a range of voluntary and public sector organisations in Belfast identified limited action or programmes on children and place.

This **Call to Action** seeks to begin a conversation about creating good quality child friendly places in neighbourhoods across the city.

We want your views

The purpose of this consultation process is to:

- ***identify stakeholders' perspective on child friendly places***
- ***respond to the issues raised by children and***
- ***identify organisations who can take action to create good quality child friendly places***

What happens next?

Following consultation, the next step will be to develop a strategic approach. This will include an action plan aimed at responding to both the children's priorities and key issues identified during the consultation process.

The deadline for responses is **Friday 26 June 2015**.

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1. Introduction

Why a *Call to Action*?

Where we live, and the conditions in which we live, has a significant impact on our health and wellbeing. Access to high quality housing in safe neighbourhoods, green spaces, strong communities and good transport systems all contribute to positive health and wellbeing. In an urban environment, spatial planning and good urban design can help improve health outcomes in significant ways, including:

- reducing exposure to hazards through controlling traffic, pollution and noise;
- supporting mental and emotional wellbeing by creating liveable environments that encourage social contact and cohesion
- improving access to jobs, education and services by promoting mixed use neighbourhoods
- encouraging physical activity by strengthening connectivity on foot and bike and safeguarding green space¹

The built and natural environment is particularly important for children's health and wellbeing, as it provides the context for their everyday lives and shapes lifelong habits and behaviours. Younger children are more affected than older age groups, since they spend most of their time in their local neighbourhood.

Healthy urban environments can also help tackle place inequalities in health². Overall, there is a link between the built environment, health inequalities and health outcomes. The rise in diseases associated with inactive lifestyles, including Type 2 diabetes, obesity and respiratory problems are strongly linked to where and how we live. Differential access to good housing, employment, education and training, open space and affordable, nutritious food is a key element of health inequalities between areas and population groups. People from the most disadvantaged groups are more likely to be subject to an 'obesogenic' environment which discourages walking and cycling, perceiving their neighbourhoods to be busier with traffic, less attractive, and Less supportive of walking.³ They also often disproportionately bear the impacts of car-dominated urban planning practice.⁴

¹ Bristol Public Health (2010) Health in the Urban Environment, Health and Wellbeing Factsheet, http://www.bristol.gov.uk/sites/default/files/documents/health_and_adult_care/health_and_medical_advice/Bristol%20public%20health%20factsheet%20-%20built%20environment.pdf

² Marmot, Michael Author (2010) Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010. London: Marmot Review

³ Giles-Corti et al (2002) Socio-economic Status Differences in Recreational Physical Activity Levels and Real and Perceived Access to a Supportive Environment, Preventative Medicine

⁴ Van Lenthe et al (2004) Transport policy and health inequalities in physical activity: the role of neighbourhoods attractiveness, proximity to local facilities and safety in the Netherlands, Social Science and Medicine, 60

This *Call to Action* sets out a vision for Belfast as a child friendly place. The vision is identified by local children, and is intended as a starting point for conversations about how future spatial planning and decision making processes in the city can begin to address children's aspirations. The indicative actions outlined are based directly on children's priorities, and are designed to inspire further discussion. This *Call to Action* seeks to start this conversation and engage stakeholders to identify their perspective on child friendly places.

The places and environments developed today will, in most cases, last for several decades. Today's children will not only grow up with them, but also live in them as adults. Therefore, engaging them in shaping these places is important, to gain an understanding of what children need, and what they can contribute. Giving children a sense of ownership of place will also encourage them to become adults actively involved with their environment and decision making around it.

This Call to Action can also be seen as a starting point for identifying an overall vision for sustainable, people friendly places. Other population groups, including young people and older people, will have their own specific aspirations, and following this process, opportunities to identify these can be explored and identified with stakeholders.

Children in Belfast: the context

In Belfast, there are approximately 50,444 children aged 13 years or under, equating to almost 1 in 5 of the population. Just over 1 in 5 of the population is under 18 years of age. The population of children is comparatively young in comparison to much of the western world.⁵

Children in Belfast report largely good health. In the Census 2011, 15% of children aged under the age of 16 reported a long term condition or disability. Educational attainment is also good overall; over half of school leavers in the final year of compulsory education achieve at least five good qualifications (General Certificate of Secondary Education passes at grades A*-C).⁶

However, Belfast is also affected by significant levels of deprivation. Around a third or 33% of children live in low income families (defined as households with an income less than 60% of the median income, or in receipt of key benefits). Seven per cent of children live in households with no one in employment.⁷

⁵ NISRA (2009) Report: A demographic portrait of Northern Ireland, http://www.nisra.gov.uk/archive/demography/publications/Pop_Trends_NI_Article.pdf

⁶ NINIS/NISRA, <http://www.ninis2.nisra.gov.uk/>

⁷ NISRA (2010) Northern Ireland Multiple Deprivation Measure, National Statistics, http://www.nisra.gov.uk/deprivation/archive/Updateof2005Measures/NIMDM_2010_Report.pdf

The term ‘child’ refers to people less than 18 years of age. In this *Call to Action*, the categorisation in Table 1⁸, which focuses on the degree of support required, is used, and focus is put on children under 13 years of age.

Table 1. Child population sub groups

Children
0 -5 years: babies, toddlers and pre-schoolers (requiring assistance from parents, carers and other family members)
6-10 years: young children (requiring assistance from parents, carers and other family/community members), primary school
11-14 years: older children/pre-teen/early teens (limited independence, still requiring assistance), post primary school
Young people
15-17 years: older teens (can move independently within the community), post primary school/vocational training
Young adults:18-25 years: young people who may still live at home or live independently, may be in work or in study or unemployed (outside scope of this Call to Action)

What is a Child Friendly Place?

A child friendly built environment welcomes children of all abilities and supports their needs. It respects their rights as citizens to access community services and facilities and to participate in community development processes. A child friendly built environment contributes to implementing the UN Convention on the Rights of the Child (1989).⁹

A good city for children has been described as one in which children of all abilities can grow and develop to the extent of their powers; where they can build their confidence and become actively engaged in the world; yet be autonomous and capable of managing their own affairs.¹⁰

A healthy community for children, in turn, has been described as one that raises healthy children who maintain their involvement in community and love for nature into adulthood, and transmit these values to their own children.¹¹ When children are able to move about a city safely, to play outdoors with peers, to mix with people of different ages and incomes, and to observe and appreciate nature, then a city

⁸ Redland City Council (2010) Child and Youth City Friendly Report, http://www.redland.qld.gov.au/PlanningandBuilding/SocialPlanning/Documents/RCC_Child_Youth_Friendly_City_Report_080811.pdf

⁹ UNICEF (1989) The United Nations Convention on the Rights of the Child, http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf

¹⁰ Lynch, K (1971) *Growing up in cities*, Cambridge, MA: MIT

¹¹ *International making cities liveable conference* (2014) <http://www.livablecities.org/articles/child-friendly-communities>

becomes a good one for all of its residents. A good community for children is a good community for everyone.^{12,13}

The Child Friendly Places programme forms part of the World Health Organization (WHO) European Healthy Cities Network programme on Healthy Urban Environments. The programme draws on the concept of child friendly cities as developed by UNICEF (see Chapter 4 for further detail). Both the World Health Organization and UNICEF are part of the United Nations family. Belfast is a leading city within the WHO European Healthy Cities Network and currently acts as the WHO Secretariat for the European Networks. The child friendly places programme in Belfast is guided by Belfast Healthy Cities' Regeneration and Healthy Urban Environments group (Appendix 1) and a sub group, the Child Friendly Places group (Appendix 2).

A number of agencies already work individually and collectively in Belfast to develop and deliver services highlighted in the UNICEF's definition of a Child Friendly City. A mapping exercise undertaken by Belfast Healthy Cities in 2013-14 to identify specific action on child friendly places found that limited provision exists in this area.

Child Friendly Places is an agreed demonstration project of Belfast Strategic Partnership (BSP), which aims to engage stakeholders across sectors and identify new ways of working and address life inequalities. Belfast is also a WHO Age Friendly City. The Healthy Ageing Strategic Partnership, which is leading on delivery of the Age Friendly Belfast action plan, is also a thematic group of BSP, and whilst its focus is on a range of issues relating to older people, there will be an opportunity through this consultation document to connect/synergise delivery on common place issues.

¹² New Zealand Centre for Sustainable Communities (2015) Robin Kearns: Child-friendly city would let us ease up on cotton wool, <http://sustainablecities.org.nz/2015/02/child-friendly-city/>

¹³ International Making Cities Liveable (2015) Suitable for All ages, how child friendly cities benefit everyone, <http://www.livablecities.org/blog/suitable-all-ages-how-child-friendly-cities-benefit-everyone>

Relevant policies

This *Call to Action* will, as it develops, be aligned with the emerging Belfast Agenda community plan approach, and the forthcoming Local Development Plans for Belfast.

Other existing key strategies, which the approach is linked to include:

Policy	Focus	Level
Children and Young People's Strategy, Office of the First Minister & Deputy First Minister 2006 – 2016 (OFMDFM) http://www.ofmdfmi.gov.uk/ten-year-strategy.pdf	To deliver improved outcomes for all children and young people. The built environment is mentioned among themes.	Regional
Play and Leisure Implementation Plan 2011 (OFMDFM) http://www.northernireland.gov.uk/play_and_leisure_implementation_plan.pdf	A supportive built environment is defined among priorities.	Regional
Making Life Better: A Whole System Framework for Public Health 2013 – 2023 (OFMDFM) http://www.dhsspsni.gov.uk/mlb-strategic-framework-2013-2023.pdf	To improve the health and wellbeing of people in Northern Ireland and reduce inequalities. Supportive environments are identified as an overarching priority and also the development of child friendly spaces.	Regional
Fitter Futures, Department of Health Social Services and Public Safety 2012 - 2022 (DHSSPS) http://www.dhsspsni.gov.uk/framework-preventing-addressing-overweight-obesity-ni-2012-2022.pdf	To address obesity and tackling the obesogenic environment.	Regional
Delivering Social Change for Children and Young People (Consultation Document) 2014 (OFMDFM) http://www.ofmdfmi.gov.uk/dsc-children-young-people-consultation-2014.pdf	To secure improvement on children and young people's health and wellbeing and life opportunities, and considers vulnerable groups.	Regional

Planning Policy Statements (PPSs) set out the policies of the Department of the Environment on particular aspects of land-use planning and apply to the whole of Northern Ireland http://www.planningni.gov.uk/index/policy/planning_statements_and_supplementary_planning_guidance.htm	To promote open and playable space through planning.	Regional
Living Places: An Urban Stewardship and Design Guide for Northern Ireland 2014 (DOE) http://www.planningni.gov.uk/downloads/living_places_-_web.pdf	To promote and encourage a range of qualities when creating new environments.	Regional
Belfast City Centre Regeneration & Investment Strategy 2014 (Consultation Document) (Belfast City Council) http://www.belfastcity.gov.uk/business/developmentplans/Regenerationandinvestmentplan.aspx	Regeneration of city centre, the built environment and prosperity.	Local
A Strategy to improve the lives of people with disabilities 2012 – 2015 (OFMDFM) http://www.ofmdfmi.gov.uk/disability-strategy-2012-2015-revised-010313.pdf	To drive improved performance of service delivery leading to improved outcomes for persons with a disability.	Regional
United Nations Convention on the Rights of the Child 1989 http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf	An international human rights treaty for all children.	International
Health 2020 Policy Framework and Strategy http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf	To promote a whole of government and whole of society approach across governments in WHO Europe to improve health and well-being and reduce health inequalities.	International
WHO European Healthy Cities Network Phase VI (2014-2018) of the European Healthy Cities Network: Goals & Requirements http://www.euro.who.int/__data/assets/pdf_file/0017/244403/Phase-VI-20142018-of-the-WHO-European-Healthy-Cities-Network-goals-and-requirements-Eng.pdf	Goals and requirements for European cities designated to the WHO European Healthy Cities Network.	International

Call to Action: Consultation process

Children's views have been sought and priorities identified as the first step in this process to develop Belfast as a child friendly place. Importantly, priorities are not focused on investment in redesigning neighbourhoods, but the key aspiration of children is to shape the existing local environment in ways that allow them to more fully engage with their local place and community.

The purpose of this consultation process is to identify stakeholders' perspective on child friendly places. Following consultation, the next step will be to develop a strategic approach, including an action plan aimed at responding to both the children's priorities and those identified during the consultation process.

This consultation document also includes a literature review of evidence of the impacts of place on children's health and well-being; the links between place and inequalities and the impact of engaging and empowering children.

Children, families and organisations across Belfast are invited to respond to this Call to Action. An online questionnaire is available at:

www.belfasthealthycities.com/shaping-healthier-places-children, but responses can be made in any format. Individual meetings can also be arranged to explore perspectives and actions that organisations are interested in contributing to.

The deadline for responses is **Friday 26 June 2015**.

For further information or to arrange a meeting, please contact Laura McDonald at Belfast Healthy Cities on (028) 9032 8811 or laura@belfasthealthycities.com.

2. Identifying the priorities - engagement with children

A range of models and approaches supported the engagement process to ensure that children and families from all parts of Belfast had an opportunity to share their views and priorities for place making in the city. Approximately 3000 children were directly engaged using the following methods.

Shaping Healthier Neighbourhoods for Children and Children's Voices: A Charter for Belfast

The Shaping Healthier Neighbourhoods for Children initiative sought to give primary school age children an opportunity to share their views and priorities for their local environments. The initiative engaged over 400 primary school children aged 8-11 years in a total of 17 classes in 12 schools across the city, between 2011 and 2014.

Photography and art were used as methods accessible to all children. The initiative was child led; in most cases, the class identified the walk during which photos of the environment were taken, and in all cases, facilitators from Belfast Healthy Cities focused solely on supporting children to express their thoughts and ideas.

Shaping Healthier Neighbourhoods for Children

Methodology

- Based on 3 x 1 hour long sessions with each primary school group; designed for Key stage 2 (years P5-P7) but adaptable for Key stage 1
- Session 1: An introductory session, introducing the concepts of place and planning and exploring children's understanding and experience of living in their neighbourhood. Participants are given the opportunity to explore elements of healthy environments in a class based setting.
- Session 2: The key element of the project, focusing on a guided walk in the immediate school neighbourhood. Participants are supported to photograph elements they either like or do not like, using disposable cameras or where available, iPads or digital cameras
- Session 3: An imagining session, giving children the opportunity to share their views, ideas and priorities using the photographs from session 2 and additional art and writing. Participants are encouraged to visualise their key messages through posters and electronic presentations

A key aim of the initiative was to give participants an opportunity to share their views with decision makers. The 2011 pilot initiative culminated in an event in Belfast City Hall in 2012 where participating classes shared their views with the then Junior Ministers, Martina Anderson MLA and Jonathan Bell MLA; the then Lord Mayor of Belfast, Niall O'Donnghaile and a panel of senior decision makers. In 2014, the second project celebrated with a similar event, which involved the Minister of the

Environment, Mark H Durkan MLA, the then Deputy Lord Mayor of Belfast, Cllr Maire Hendron and senior policy makers.

A report detailing the pilot project in West Belfast in 2011 can be accessed at: <http://www.belfasthealthycities.com/sites/default/files/HealthierNeighbourhoodsReport.pdf>

Children's Voices: A Charter for Belfast

The findings from the Shaping Healthier Neighbourhoods for Children project were collated into a working charter, '*Children's Voices: A Charter for Belfast*', which can be accessed at:

<http://www.belfasthealthycities.com/sites/default/files/ChildrensVoices-CharterForBelfast.pdf>.

The charter outlines the key priorities identified by children, which form the basis for this Call to Action. A central finding of the initiative was that the priorities are the same for children across the city, and focus on creating a more supportive environment for people who spend most of their time in the local neighbourhood.

The priorities are:

- **Greenspace:** Greenspaces should be good quality, well maintained spaces where children can spend time with friends and family. Children value green space and recognise that it is important in terms of social interaction, pride in the local neighbourhood and opportunities for play and physical activity.
- **Open space:** Open spaces should be safe spaces where children can play and spend time with friends. Play parks are welcome but small open good quality spaces close to children's homes are also welcome.
- **Clean & safe environments:** Children see clean environments as essential to making their neighbourhoods more pleasant and attractive to live in. They are also aware of how others view the areas in which they live and are concerned about dog fouling, broken glass and graffiti.
- **Liveable & connected communities:** Vacant houses should be occupied and derelict land used for children and community activities. Connected communities support independence.
- **Reduced traffic:** Roads should be safer with less cars and increased traffic calming. Traffic has an impact on where children play, walk and cycle. Children recognise the effects of heavy traffic; including congested streets, parking difficulties, noise and air pollution.

Surveys – school pupils and public consultation

In spring, 2014 Belfast Healthy Cities undertook a survey with schools in Belfast, disseminated through Belfast Education and Library Board, as another method of identifying children's priorities. The survey took the form of a questionnaire adapted

from the Spectrum tool developed by Barton and Grant,¹⁴ asking respondents to rate their neighbourhood in relation to open space, play space, condition and safety of roads and street lighting. The survey also sought respondents' views on priority areas for change.

The survey was targeted at key age groups, including Year 4 (7-8 year olds) and Year 7 (10-11 year olds) in primary schools and Year 8 (11-12 year olds) and Year 10 (13-14 year olds) in post primary schools. This included a deliberate focus on the Year 7 and 8 groups, to enable exploration of how the transition to post primary school affects young people's views and priorities. In total 1,200 responses were received, covering schools across the city and including comprehensive as well as grammar schools.

Findings indicate that the survey corroborates and strengthens the findings of the Shaping Healthier Neighbourhoods for Children project. For example, responses show a strong preference for more open and green space and safer, cleaner streets.

The same survey questionnaire was used to engage with the public through a series of sessions in shopping centres across Belfast, which sought in particular to engage the adult public, including parents. In total almost 200 responses were received through sessions held in April-May 2014 in CastleCourt, the Kennedy Centre in west Belfast, Connswater shopping centre in east Belfast, Cityside shopping centre in north Belfast and the Asda store on the Shore Road in Belfast. The key finding from this survey was that responses supported the priorities identified by children and young people.

KidsSpace

KidsSpace is a pop up event, which explores the creation of child friendly space in the city centre. Since 2011, KidsSpace has taken place in a variety of locations across the city centre, including St Anne's Square, Buoys' Park, Writer's Square, Belfast City Hall front lawns, Urban Soul, May Street, a vacant unit in CastleCourt shopping centre and Victoria Square shopping centre mall. It has become a key event in the Culture Night programme, and has contributed to greater visibility for children's events within the Culture Night programme.

The aim of KidsSpace is to encourage children and families to take ownership of public space. Activities such as arts and crafts, dance and puppet theatre are offered to encourage children to engage with the space, along with flexible equipment such as large play equipment and pavement chalk. The events have attracted an average of 1,000 children and families, and have also been used as a platform for public engagement on child friendly places through art based consultation exercises.

The overarching finding from the consultation is that more child friendly space in the city centre would encourage families to visit the city centre more often and stay longer, benefiting the retail sector and civic ownership of the city centre. Priority wishes from children and their families include modification of existing provision, for

¹⁴ Hugh Barton & Marcus Grant (2006-2007) Spectrum appraisal, WHO Collaborating Centre for Healthy Cities, Bristol.

example through increasing the amount of green space and increased usage of existing green and open space, interactive public art and programmed family activity. Some comments from parents include:

Anna (mum) said that she doesn't 'come into town often but will do if something special is on for the kids like KidsSpace to do, otherwise it's a hassle'.

Lorraine (mum) would like more nights like KidsSpace. 'I don't come into town unless something special is on – I would like more free stuff like this for kids to do.'

Claire (mum) would like to see 'more events like KidsSpace where adults and kids can have fun together in the city.'

Turlough (father): 'There needs to be more dedicated child friendly spaces, Belfast has good space which should be utilised better'

The overall conclusion from consultation with participants is that creative use of the existing environment can significantly strengthen the attractiveness of Belfast city centre as a destination for families. Participants also note that comparatively small scale initiatives, such as providing interactive public art, can have a significant impact.

A report on KidsSpace can be accessed at:

<http://www.belfasthealthycities.com/sites/default/files/KidsSquareReport.pdf>

Planning my City

An additional model of engagement took the form of a four day 'Planning my City' event which was held in the Ulster Museum between 28–31 October 2014. The event focused on the role that the built environment and urban planning play in children's lives. A miniature city model was developed and the event centred around mini workshops supporting children to plan and build their own city using key planning principles. This was a partnership project with Belfast Healthy Cities, University of Ulster, Queen's University Belfast, Bricks for Kidz and Royal Town Planning Institute (RTPI). The event formed part of the UK wide RTPI centenary programme and contributed to an increase of an estimated 23% in the Museum's visitor numbers compared to the same period in 2012 and 2013.

More information can be accessed at:

<http://www.belfasthealthycities.com/%E2%80%98planning-my-city%E2%80%99-rtpi-centenary-event>

Streets Ahead

In October 2012, Belfast Healthy Cities presented a variety of child friendly approaches in relation to place to the DSD Belfast Streets Ahead team. This presentation demonstrated how the child friendly approach has been successfully implemented in other cities using new architecture but also adapting existing infrastructure.

This presentation can be accessed at:

www.belfasthealthycities.com/sites/default/files/publications/Child%20Friendly%20Places.pdf

3. A proposed vision and indicative actions

This chapter outlines the potential vision, outcomes, relevant and indicative actions that would begin to respond to the priorities identified by children. It calls on all stakeholders who have responsibility in the priority areas to consider the indicative actions and key approaches for delivery.

Vision

- A city where children are valued community members and their ideas and perspectives are actively gathered, considered and contribute to decision making to create healthy places.
- A city that promotes connectedness, where children and their families feel safe, have freedom of movement, access to open and green space and opportunities for play and imagination.
- An equitable city where all children have access to a supportive built environment that promotes their healthy development regardless of their family's income or background.

Objectives

- To promote Belfast as a Child Friendly City in line with the UNICEF framework with a focus on child friendly places
- Provide opportunities for children to express their views, feel heard and be actively involved in decisions affecting their city/built environment
- Deliver action on the priorities identified by children across Belfast

Indicative actions

Participants' priorities clustered around three distinct themes, which are reflected in the vision outlined above. The indicative actions have therefore been grouped around these themes, which have been summarised as:

1. Engaging and empowering children
2. Creating healthier places & supportive environments
3. Strengthening child centred spatial planning and design

Intended outcomes

At this stage, intended outcomes and proposed outcome measures have been identified for each theme as outlined above. Outcomes and outcome measures for each action will be identified at a stage when actions are more defined with relevant stakeholders.

Theme 1: Engaging and empowering children

Intended outcome:

Children across Belfast have concrete opportunities to engage in decision making processes on spatial planning and mechanisms exist to make children's voices heard.

Proposed outcome measure:

- Number of engagement processes on spatial planning and design specifically engaging children in Belfast
- Number of references made to children's priorities in final plans and policies following engagement

Actions:

- Develop and pilot good practice guidance/guidelines to support active engagement of children in spatial planning
- Identify opportunities to mainstream and embed guidelines in policy and decision making processes
- Develop a resource for use in primary schools to support children's learning and understanding of spatial planning and its effects on people's lives and health

The following themes directly reflect the concrete priorities identified by children in Belfast through the engagement process.

Theme 2: Creating healthier places and supportive environments
Intended outcome: The quality of children's environments in Belfast is mapped and available space provides greater opportunities for social contacts, play and programming for children.
Proposed outcome measures: <ul style="list-style-type: none"> • Number, area and location of green space in Belfast developed or regenerated • Number of measures taken to strengthen equity of access across Belfast • Number, area and location of open space in Belfast developed or regenerated • Cleanliness score • Reported feelings of safety among children in Belfast • Reported experience of connectivity among children in Belfast • Number of days of high air pollution in Belfast • Reported experience of traffic among children in Belfast
Actions: Green space <ul style="list-style-type: none"> • Include children's access to green space and quality of green space in a mapping study identifying the linkages between place and children's health in Belfast • Utilise study findings to identify priority areas and develop a city wide action plan for improving access to high quality green space • Develop/utilise minimum standard guidelines to influence provision of green space in/through local development plans, including housing regeneration • Identify a plan that will pilot minimum standards for green space • Develop a city wide action plan that encourages greater use of existing parks and green space among children and families
Open space <ul style="list-style-type: none"> • Include children's access to neighbourhood open space in a mapping study identifying the linkages between place and children's health in Belfast • Utilise study findings to identify priority areas and develop a coordinated approach to improving access to local/neighbourhood level open space • Develop a resource of case studies identifying creative approaches to developing and animating open space

- Develop a citywide approach seeking to strengthen consistency of programming for children in community and city wide festivals
- Test approaches to transform public space through pop-up child friendly place events

Clean and safe environments

- Include cleanliness of local neighbourhoods in a mapping study identifying the linkages between place and children's health in Belfast
- Utilise study findings to coordinate a citywide approach to improving cleanliness
- Undertake a study identifying key safety concerns of children in Belfast and coordinate action to improve community safety for children
- Promote safety by design as a key principle in local development plans

Liveable and connected communities

- Include children's access to walking and cycling infrastructure from home and school in a mapping study identifying the linkages between place and children's health in Belfast
- Share local and international learning and good practice on developing connected and walkable places
- Promote and encourage the use of good practice guidance on liveability, connectivity and walkability in spatial planning and regeneration
- Identify a demonstration project seeking to improve access by foot and bike to a park, open space or school

Controlling and reducing traffic

- Utilise children's audits of city (*see Theme 3*) to identify risk hot spots/areas of concern such as traffic and near misses
- Undertake a mapping study identifying the linkages between place and children's health in Belfast, including exposure to air pollution and road traffic injuries
- Utilise study findings to develop a coordinated approach to addressing a) traffic volumes and b) determinants of road traffic injuries in neighbourhoods, potentially through a local demonstration initiative approach

Theme 3: Tools to support child centred planning and design

Intended outcome: Child Friendly Places is a concept within the community plan, the Local Development Plan and associated policies in Belfast

Proposed outcome measure:

- Number of references to children in spatial plans and policies in Belfast
- Evidence of the impact of the built environment on children's health incorporated in spatial plans and policies in Belfast

Actions:

- Engage local children to develop and pilot a Child Friendly Place audit template for use by children through schools, clubs and community groups
- Develop a set of Child Friendly Places tools to support decision making, including:
 - Typology of child friendly places
 - Criteria for child friendly places
 - Checklist tool
- Identify a concrete demonstration project and test Child Friendly Places criteria
- Develop a resource of evidence and good practice on child friendly places

4. Key concepts and definitions

Concepts

What is child centred planning & design?

Child centred planning is about the need for planning authorities and professionals to consider children as a way to create inclusive and equitable places. There are a number of reasons why it is important for children to be included in decisions such as those for land use planning.¹⁵ In particular, two main motivations include: to better understand children's lives so their needs can be better taken into account; and to directly engage them in the development process.¹⁶

Understanding children's needs can significantly help address traditional assumptions around who has an interest in planning, including the idea that 'adults know best'.¹⁷ Including children in decision making on the built environment is important not only to reduce risks to children's health and wellbeing, but also to support inclusion of children in public life and public spaces as a major population group in society.

What do we mean by a healthy urban environment?

The urban environment means our cities, towns and neighbourhoods. It includes where we live, shop, work, learn, play and interact. It also includes places we think of as natural, such as green open space and rivers, which have been heavily influenced by urban development.¹⁸

Where we live and the conditions in which we live, has a significant impact on our health and wellbeing. Access to high quality housing in safe neighbourhoods, green spaces, strong communities and good transport systems all contribute to positive health and wellbeing. In an urban environment, factors which affect health outcomes include: air pollution, traffic, noise, lack of space, poor housing, urban design which can lead to feeling unsafe and insecure, stress and mental ill health, exposure to infections and limited options for physical activity. Urban design can also contribute to anti-social behaviour and absence of neighbourliness.¹⁹

¹⁵ Day, L., Sutton, L. and Jenkins, S. (2011) Children and young people's participation in planning and regeneration: a final report to the Ecorys Research Programme 2010-11. Ecorys, UK.

¹⁶ Freeman, C. and Vass, E. (2010). Planning, maps, and children's lives: A cautionary tale. Planning Theory & Practice, 11(1), 65-88.

¹⁷ Knowles-Yáñez, K. L. (2005). Children's participation in planning processes. Journal of Planning Literature, 20(1), 3-14.

¹⁸ Bristol Public Health (2010) Health in the Urban Environment, Health and Wellbeing Factsheet, http://www.bristol.gov.uk/sites/default/files/documents/health_and_adult_care/health_and_medical_advice/Bristol%20public%20health%20factsheet%20-%20built%20environment.pdf

¹⁹ Bristol Public Health (2010) Health in the Urban Environment, Health and Wellbeing Factsheet, http://www.bristol.gov.uk/sites/default/files/documents/health_and_adult_care/health_and_medical_advice/Bristol%20public%20health%20factsheet%20-%20built%20environment.pdf

There is a link between the built environment, health inequalities and health outcomes. The rise in diseases associated with inactive lifestyles, including Type 2 diabetes, obesity and respiratory problems are strongly linked to where and how we live. Differential access to good housing, employment, education and training, open space and affordable, nutritious food is a key element of health inequalities between areas and population groups.

A healthy urban environment is one that allows people to lead active lives, access jobs, education and services, socialise and participate in society and choose healthy lifestyles. Healthy Urban Environment (HUE), developed by the World Health Organization (WHO) European Healthy Cities Network since the late 1990s, is a concept that aims to highlight how the physical environment affects people, their lives and their health and wellbeing. It seeks to identify and demonstrate ways in which sectors including design and planning, transport, housing and green space can take a greater focus on people and their health and wellbeing and thus address inequalities.²⁰

A key focus of HUE is to support and encourage decision makers to ensure that spatial plans, initiatives and projects consider health issues at an early stage, as they typically have a long life span. In practice, the Healthy Urban Environments programme of the WHO Healthy Cities Network focuses on building capacity among professionals, collating and sharing evidence of effective and promising practice, and developing models of good practice through innovation and demonstration projects.

What is a Child Friendly Place?

A good city for children has been described as one in which children of all abilities can grow and develop to the extent of their powers; where they can build their confidence and become actively engaged in the world; yet be autonomous and capable of managing their own affairs.²¹

A healthy community for children, in turn, has been described as one that raises healthy children who maintain their involvement in community and love for nature into adulthood, and transmit these values to their own children.²² When children are able to move about a city safely, to play outdoors with peers, to mix with people of different ages and incomes, and to observe and appreciate nature, then a city becomes a good one for all of its residents. A good community for children is a good community for everyone.^{23,24}

²⁰ WHO (2013) A European policy framework supporting actions across government and society for health and wellbeing, http://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf?ua=1

²¹ Lynch, K (1971) Growing up in cities, Cambridge, MA: MIT

²² International making cities liveable conference (2014) <http://www.livablecities.org/articles/child-friendly-communities>

²³ New Zealand Centre for Sustainable Communities (2015) Robin Kearns: Child-friendly city would let us ease up on cotton wool, <http://sustainablecities.org.nz/2015/02/child-friendly-city/>

²⁴ International Making Cities Liveable (2015) Suitable for All ages, how child friendly cities benefit everyone, <http://www.livablecities.org/blog/suitable-all-ages-how-child-friendly-cities-benefit-everyone>

A child friendly built environment welcomes children of all abilities and supports their needs. It respects their rights as citizens to access community services and facilities and to participate in community development processes.

Child friendly cities as a concept has been developed by UNICEF since the 1990s and a Framework for Child Friendly Cities was published in 2004. The most fundamental aspect of a UNICEF Child Friendly City is to guarantee children's rights to essential services, most notably: health; shelter; adequate sanitation and protection from violence and exploitation. Additionally, it calls for young people and children to express their opinions on the city and make decisions on how specifically they would improve their city and participate in community activities, thus empowering them as individuals and making them a participatory and therefore valued member of their community. The initiative implores the fact that children have the right to walk the streets by themselves safely, to meet friends and play in a green, unpolluted environment; they should in no case ever be the victim of discrimination.²⁵

A child friendly built environment contributes to implementing the UN Convention on the Rights of the Child (1989).²⁶ A child friendly built environment supports the right of every young person under the age of 18 years to:

- Influence decisions about their environment (Article 12)
- Express their opinion on the environment they want (Article 13)
- Participate in family and social life (Article 9 & Article 31)
- Receive basic services such as health care, education and shelter (Articles 24, 27 & 28)
- Drink safe water and have access to proper sanitation (Article 24)
- Be protected from exploitation, violence and abuse (Article 19)
- Walk safely in the streets on their own (Article 34 & 35)
- Meet friends and play (Article 15)
- Have green spaces for plants and animals
- Live in an unpolluted environment
- Participate in cultural and social events (Article 31)
- Be an equal citizen of their community with access to every service, regardless of ethnicity (Articles 22 & 30)

²⁵ UNICEF (2004) Building Child Friendly Cities a framework for action, <http://www.unicef-irc.org/publications/416>

²⁶ UNICEF (1989) The United Nations Convention on the Rights of the Child, http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf

Definitions

Liveable Places

A liveable city contains complete communities with mixed-use and affordable housing close to shopping, employment, and cultural centres. Its transportation networks are pedestrian-friendly. It has a vital core with public spaces and economic activity, as well as green spaces such as agricultural lands and parks. Such an environment will best meet the social needs of children and the broader community. By creating communities that are responsive to the needs of children community planning can result in communities, towns, and cities that are economically, ecologically and socially beneficial.²⁷ If families spend more time in a city they are likely to spend money, contributing positively to the economy. Feedback from consultation with parents attending Belfast Healthy Cities KidsSpace events indicates this.²⁸

A liveable city fosters contact with nature and opportunities to walk, cycle and participate actively in a community's social life, thereby improving the health and well-being of adults and children.

Child friendly cities thrive because people require the same basic things, like an accessible environment and rich social life. Some ideas that foster child friendly liveability include: (i) designing buildings, roads, parks and street furniture to inspire imagination, invite exploration, and serve multiple uses; (ii) planning social spaces such as cafés, shops, and libraries so that they are within walking or cycling distance of residences; and (iii) creating an inclusive environment where people of different age, race, and income groups can live together and learn to appreciate each other's values and differences – all of these ideas contribute to liveable and connected communities.²⁹

Greenspace

Greenspace is any vegetated land or water within an urban area. This includes: parks, gardens, playing fields, children's play areas, woods and other natural areas, grassed areas, cemeteries and allotments, green corridors like paths, disused railway lines, rivers and canals.³⁰

Greenspace has a role to play in improving wellbeing and treating mental ill-health.

²⁷ Thomas, P. Jones, L & Efroymsen, D (2012) Cities for Children: Defining the Dream and achieving the reality, Health Bridge Foundation of Canada

²⁸ For more information on KidsSpace - <http://www.belfasthealthycities.com/kidsspace-exploring-child-friendly-space-city-centre>

²⁹ Suzanne H. Crowhurst Lennard, presentation made at the 48th International Making Cities Liveable Conference, Charleston, SC (USA) 17th October 2010

³⁰ Greenspace Scotland (2011) <http://www.greenspacescotland.org.uk/what-we-do.aspx>

Regular access to natural environments has been shown to have a number of positive benefits for mental health and wellbeing for all ages. Greenspace also plays a role in tackling air pollution, which as outlined in Chapter 2 is a significant health risk.

Greenspaces encourage physical activity and free play, which is critical to tackling obesity. Children in greener neighbourhoods have lower Body Mass Index.³¹ Greenspaces also act as meeting places for people of different ages and population groups, and can contribute to social cohesion.

Open space

In land use planning, urban open space is defined as open space areas for parks and other open areas. The landscape of urban open spaces can range from playing fields to highly maintained environments to relatively natural landscapes and also public realm spaces.³²

Increasing urbanisation has left children with fewer opportunities than previous generations to play freely outdoors and experience the natural environment. Good quality public spaces including well-designed school grounds can help to fill this gap, providing children with opportunities for fun, exercise and learning³³.

Children's access to play and recreational activities is recognised internationally as a fundamental human right. Article 31(1) of the United Nations Convention on the Rights of the Child (UNCRC) states 'parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts'.³⁴

Play is crucial for many aspects of children's development, from the acquisition of social skills, experimentation and the confrontation and resolution of emotional crises, to moral understanding, cognitive skills such as language and comprehension and of course physical skills. However, increasing urbanisation has left children with fewer opportunities than previous generations to play freely outdoors and experience the natural environment.³⁵

³¹ Bristol Public Health (2010) Health in the Urban Environment, Health & Wellbeing Factsheet, http://www.bristol.gov.uk/sites/default/files/documents/health_and_adult_care/health_and_medical_advice/Bristol%20public%20health%20factsheet%20-%20built%20environment.pdf

³² DOENI PPS 8: Open Space, Sport and Outdoor Recreation Annex A: Definition of Open Space http://www.planningni.gov.uk/index/policy/policy_publications/planning_statements/pps08/pps08_annexes/pps08_annex_a.htm

³³ Cabe Space The Value of Public Space How high quality parks and public spaces create economic, social and environmental value

³⁴ Davey, C & Lundy, L (2011) Towards greater recognition of the right to play: An analysis of Article 31 of the UNCRC. Children and Society, 25(1), 3-14

³⁵ Cabe Space (2003) The Value of Public Space How high quality parks and public spaces create economic, social and environmental value

Fear of crime and to a much lesser extent crime itself, can deter people, not just vulnerable groups, from using even good-quality public spaces.³⁶ Children and young people, for example, are often prevented from using parks, squares and streets because of their parents' fears about crime. Physical changes to and the better management of public space can help to allay these fears. Such changes can help everyone to make the most of public spaces.

Clean and safe environments

A liveable city is clean, contains attractive streetscapes and public facilities. It fosters individual unique community identities that make the city as a whole special. Community pride encourages community cohesion and social networking; in other words it is about creating places where residents regularly cooperate and interact with each other. Community attractiveness and identity also cultivate friendliness and consideration, where positive personal interactions between people (including residents, employees, and visitors) contribute to community liveability.³⁷

Strong civic pride is essential for a community to be able to adapt and meet its needs. When individuals feel strong civic pride, they are driven to take actions that either improve or support the well-being of the community. Those who witness displays of civic pride are encouraged to follow suit, adding to the momentum. Civic pride attracts new investment in the community and local economy, and is necessary for keeping local businesses in business. Civic pride discourages litter, graffiti and criminal activity and increases the property values of homes and businesses. Just as important, civic pride helps support the education system and creates an atmosphere for volunteerism and personal responsibility.³⁸

Having a safe neighbourhood is important for positive child and youth development. Communities and neighbourhoods that are perceived to be unsafe are also typically associated with higher rates of deprivation and associated issues, including infant mortality and low birthweight, antisocial behaviour and lower school readiness among preschool children. Conversely, children who live in highly supportive neighbourhoods have positive outcomes such as stronger connections with family, peers and community and greater participation in out-of-school activities.³⁹

³⁶ Cabe Space (2003) The Value of Public Space How high quality parks and public spaces create economic, social and environmental value

³⁷ Thomas, P. Jones, L & Efroymsen, D (2012) Cities for Children: Defining the Dream and achieving the reality, Health Bridge Foundation of Canada

³⁸ Fillmore 2020 <http://www.fillmoreca.com/docs/vision/2020-community.pdf>

³⁹ Evans, G. (2006). Child development and the physical environment. *Annual Review of Psychology*, 57, 423-451 - See more at: <http://www.childtrends.org/?indicators=neighborhood-safety#sthash.csD6BIMj.dpuf>

Reduced/calmer traffic

Traffic calming refers to interventions designed to control traffic speed. It is most often implemented in urban areas and can be used to reduce the number of car-borne commuters using residential streets and the speed of the remaining traffic.⁴⁰

Routes to and from parks and schools and throughout a community can be made safer for children and encourage safe travel by implementing more of the following:

- Traffic calming measures, lower speed limits, speed cushions
- Zebra, puffin, pelican or toucan crossings
- Central refuges
- Paths exclusively for cyclists & pedestrians⁴¹

⁴⁰ National Children's Bureau (2004) Traffic calming and childhood injury on the road

⁴¹ Safe routes to schools, Information for parents and schools, Information Sheet FS01

5. The built environment and impact on children's health

Physical activity

Physical activity contributes to preventing the main chronic conditions and diseases including cardiovascular disease, diabetes mellitus, some cancers and obesity. It also contributes to mental wellbeing. Recent evidence shows that the impact of sedentary lifestyles on health and wellbeing may be more significant than the impact of obesity, highlighting the importance of encouraging physically active lifestyles for people of all ages.

Children who are active will:

- Have stronger muscles and bones
- Have a leaner body because exercise helps control body fat
- Be less likely to become overweight
- Decrease the risk of developing type 2 diabetes
- Possibly lower blood pressure and blood cholesterol levels
- Have a better outlook on life
- Besides enjoying the health benefits of regular exercise, children who are physically fit sleep better and are better able to handle physical and emotional challenges⁴²

National Institute for Health and Care Excellence (NICE) recommendations refer to opportunities for moderate to vigorous-intensity physical activity. Children and young people should undertake a range of activities at this level for at least 60 minutes over the course of a day. At least twice a week this should include weight-bearing activities that produce high physical stresses to improve bone health, muscle strength and flexibility. This amount of physical activity can be achieved in a number of short, 10-minute (minimum) bouts.⁴³

Play is an important element in physical activity for children 13 years and under and for a percentage of this age group, play will contribute to some form of physical activity. Play is a spontaneous and active process in which thinking, feeling and doing can be inventive and creative.⁴⁴

Play is an excellent way to:

- Improve physical activity
- Prevent obesity
- Promote mental wellbeing
- and overall health and wellbeing

⁴² Kids Health, http://kidshealth.org/parent/nutrition_center/staying_fit/exercise.html

⁴³ National Institute for Health & Care Excellence (2009) Promoting physical activity for children and young people, <http://www.nice.org.uk/guidance/ph17/chapter/1-recommendations>

⁴⁴ Play Wales (2014) What is play and what is it important?
[http://www.playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEET S/what%20is%20play%20and%20why%20is%20it%20important.pdf](http://www.playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEET%20S/what%20is%20play%20and%20why%20is%20it%20important.pdf)

Internationally, the importance of play is also recognised and enshrined in the United Nations Convention on the Rights of the Child (UNCRC). Article 31 of the UNCRC states that the child has the right to play and to join in other recreational activities.⁴⁵ Tackling sedentary lifestyles is particularly important, as the habits nurtured in children tend to shape adult lifestyles. Sedentary behaviour in childhood therefore predicts sedentary lifestyles among adults.

The built environment is an important determinant of physical activity behaviour. It can provide the opportunities, support and choices or barriers to being physically active.

Features of the built environment which have an impact on physical activity include:⁴⁶

- Location, density and mix of land use, street layout and connectivity
- Physical access to public services, employment, local fresh food and other services
- Safety and security
- Open and green space
- Affordable and energy-efficient housing
- Air quality and noise
- Resilience to extreme weather events and
- Climate change
- Community interaction
- Transport

Several studies have shown a positive association between access to natural environments and increased rates of physical activity for all ages.⁴⁷ Physical activity can help obesity, mental health and overall health and wellbeing.

Mental health and wellbeing

Anyone can be affected by mental health issues, irrespective of age, gender, socio-economic status, or ethnic group. Epidemiological evidence indicates that 20% of children will develop a significant mental health problem. This can impact on day to day coping, educational attainment and may have lifelong impact. The direct and indirect costs associated with mental illness are significant; estimates suggest the total cost is around £2.8 billion in Northern Ireland.⁴⁸

⁴⁵ UNICEF (1989) The United Nations Convention on the Rights of the Child, http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf

⁴⁶ Faculty of Public Health, Built environment & physical activity, a briefing statement, <http://www.fph.org.uk/uploads/briefing%20statement%20%20built%20environment%20and%20physical%20activity.pdf>

⁴⁷ Cooper. R et al (2008) Mental Capital and Wellbeing: Making The Most of Ourselves In the 21st Century State-of-Science Review: SR-DR2. The Effect of the Physical Environment on Mental Wellbeing. GO Science/ Foresight

⁴⁸ North South Inter Parliamentary Association, Positive Mental Health Strategies, 5th April 2013

A study of GP records in the Netherlands indicated that the annual prevalence rates for 15 of 24 chosen disease clusters was lower where there was more greenspace within 1km. This correlation was strongest for anxiety and depression. The correlation was also stronger for children than for adults.⁴⁹

Evidence demonstrates that regular access to natural environment has been shown to have a number of positive benefits amongst children:

- Reduced symptoms among children with ADHD and increased concentration and self-discipline among inner city girls⁵⁰
- Enhanced emotional and values-related development in schoolchildren⁵¹
- Reduced stress in children in rural areas⁵²
- Children's perception of their neighbourhoods in terms of the trustworthiness or honesty of the people who live there or feeling safe walking alone has a strong association with childhood mental health⁵³

Obesity

The prevalence of people who are overweight and obese has been steadily rising in Northern Ireland, in line with the western world, over the last few decades. It has been described as an “obesity time-bomb”; given the impact that obesity can have on physical and mental health and wellbeing.⁵⁴ The financial costs of obesity are high, and rising rapidly as the prevalence of obesity increases. Making precise or comprehensive estimates of the cost is difficult but is estimated to amount to billions of pounds each year.

Almost one in five children in Northern Ireland is overweight by the time they start primary school. The British Health Foundation figures reveal nearly 20% of children are now overweight, or even obese, before they reach just five years of age⁵⁵ rising to 29% of children in Year 8 (aged 11-12).⁵⁶

⁴⁹ Maas, J. Verheij, R.A, de Vries, S. Spreeuwenberg, P. et al. (2009) Morbidity Is Related To A Green Living Environment J Epidemiology Community Health 2009;0:1–7.

⁵⁰ Faber Taylor A, Kuo FE, Sullivan WC. (2002) “Views of Nature and Self-Discipline: Evidence from Inner City Children.” J Environ Psychol.; 22:49-64.

⁵¹ Kellert SR (2002) Experiencing Nature: Affective, Cognitive, And Evaluative Development In Children Children and Nature: Psychological, Socio-cultural and Evolutionary Investigations MIT

⁵² Wells NM, Evans GW (2003) Nearby Nature; A Buffer of Life Stress among Rural Children. Environment and Behaviour 35 (3) 311-330

⁵³ Meltzer H¹, Vostanis P, Goodman R, Ford T. Children's perceptions of neighbourhood trustworthiness and safety and their mental health. J Child Psychol Psychiatry. 2007 Dec; 48(12):1208-13.

⁵⁴ DHSSPSNI (2012) Fitter Futures for All Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022, <http://www.dhsspsni.gov.uk/framework-preventing-addressing-overweight-obesity-ni-2012-2022.pdf>

⁵⁵ British Heart Foundation, www.bhf.org.uk

⁵⁶ NINIS/NISRA, <http://www.ninis2.nisra.gov.uk>

Obesity can affect a child's growth and development. Children and young people who are overweight or obese are also at increased risk of developing negative health factors that contribute to heart disease and include raised blood pressure, blood cholesterol and blood sugar. Obesity in childhood can also be linked to many other factors including social and psychological bullying, low self-esteem, and depression. In fact, the immediate consequence of being overweight, as perceived by children themselves, is social discrimination and low self-esteem. These can have a significant impact upon their future health and wellbeing, especially in relation to mental health.⁵⁷

A child who is overweight or obese is more likely to take this into adulthood. The health conditions associated with obesity will be carried into adulthood and increase the likelihood of developing disease where obesity is a contributing factor. Not only that, but it is likely that the manifestations of these diseases are more likely to occur at a younger age than if the adult did not have existing overweight or obesity issues. Adults who have been obese since childhood are at a greater risk of suffering weight related ill health and have a higher risk of facing an early death than those who may have only become obese later in adulthood.⁵⁸

Road traffic incidents

Traffic is the biggest non-medical cause of death for UK children and the leading cause of death in children aged 5 to 14⁵⁹. Each week on Northern Ireland roads, 4 children are involved in traffic incidents and hurt while on foot.⁶⁰ Children in the most disadvantaged areas are most at risk: children in the lowest socio-economic group are more than four times more likely to be killed on foot than those in the highest group.⁶¹

Slowing down to 20mph in communities is critical in protecting children and other vulnerable road users, because it gives drivers a better chance of stopping in time in an emergency. 20mph limits have been shown to be highly effective in improving safety especially for children on foot. The introduction of 20 miles per hour (mph)

⁵⁷ DHSSPSNI (2012) Fitter Futures for All Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022, <http://www.dhsspsni.gov.uk/framework-preventing-addressing-overweight-obesity-ni-2012-2022.pdf>

⁵⁸ DHSSPSNI (2012) Fitter Futures for All Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022, <http://www.dhsspsni.gov.uk/framework-preventing-addressing-overweight-obesity-ni-2012-2022.pdf>

⁵⁹ Deaths by age, sex and selected underlying cause, (2010) registrations: England and Wales, Office for National Statistics; Table 6.4 Deaths, by sex, age and cause, 2010 registrations, Northern Ireland, Northern Ireland Statistics and Research Agency; Table 6.4 Deaths, by sex, age and cause, Vital Events Reference Tables 2010, General Register Office for Scotland

⁶⁰ 225 children age 0-15 year-old were killed or injured as pedestrians in 2010 in Northern Ireland (1 death, 57 serious injuries and 167 slight injuries); figures obtained by Brake from the Police Service of Northern Ireland, May 2012

⁶¹ Break the road safety charity (2010) Thousands of school children in Northern Ireland join UK-wide march calling for safer roads for kids, <http://www.brake.org.uk/news/6-fundraise/kids-a-schools/866-wb12ni>

zones in parts of London has resulted in a 50% reduction in road accidents over a ten-year period.⁶² Reduction in traffic is also essential to promoting play and the health benefits associated with active play.

Air pollution

Outdoor air quality in the UK is mainly affected by traffic, although in some areas emissions from solid fuel heating and in some cases industrial emissions are also present.⁶³ Exposure to harmful pollutants can reduce life expectancy and heighten the ill effects of some respiratory conditions. WHO has linked transport-related air pollution to numerous health impacts, including mortality, asthma, rhinitis, cardiovascular disease, cancer, adverse pregnancy and birth outcomes and decreased male fertility.⁶⁴ Significantly, poor air quality has been found to be associated with socio-economic status, with people living in deprived areas more exposed to air pollution.

Chemicals in vehicle exhaust are harmful to asthmatics; asthmatic children are particularly sensitive to air pollution. In Northern Ireland 182,000 people (1 in 10) are currently receiving treatment for asthma. This includes 36,000 children and 146,000 adults.⁶⁵ Exhaust fumes can adversely affect lung function and may promote allergic reactions and airway constriction. All vehicles, especially diesel engines, emit very fine particles that deeply penetrate lungs and inflame the circulatory system, damaging cells and causing respiratory problems. Even short-term exposure to vehicle exhaust fumes may harm asthmatics.⁶⁶

Noise

A WHO report⁶⁷ states that each year Europeans lose at least one million healthy life-years due to disability or disease caused by traffic noise, an estimate which is said to be conservative. The new calculation includes data that measure exposure to traffic noise and its impact on health related to cardiovascular disease, cognitive impairment in children, sleep disturbance, tinnitus, and annoyance.

⁶² National Statistics. Statistical series Transport Scotland. Trn / 2013 / 1: Key Reported Road Casualties Scotland 2012. Edinburgh: Transport Scotland; 2012.

⁶³ Environment Agency. (2005). Better Environment, Healthier People. The Environment Agency, Bristol.

⁶⁴ Krzyzanowski, M., Kuna-Dibbert, B. and Sneider, J. editors. (2005). Health Effects of Transport-Related Air Pollution. WHO, Geneva.

⁶⁵ Asthma UK, <http://www.asthma.org.uk/asthma-facts-and-statistics>

⁶⁶ Environment and Human Health, Inc <http://www.ehhi.org/reports/exhaust/summary.shtml>

⁶⁷ WHO (2011) The Burden of disease from environmental noise, http://www.euro.who.int/__data/assets/pdf_file/0008/136466/Burden_of_disease.pdf

Environmental triggers such as traffic noise may impact a child's brain during important developmental periods, increase levels of circulating stress hormones or disrupt a child's ability to sleep and concentrate.⁶⁸

Children are exposed to many different types of noise while at school. Schools may be exposed to high levels of environmental noise, particularly in urban areas. Sources include road traffic, trains, aircraft and construction noise.⁶⁹ Research indicates that traffic has a negative impact on children's learning. In relation to academic learning and performance older primary school children around 11 years of age, appear to be more affected by noise than the younger children.⁷⁰

Previous studies have found an association between exposure to road traffic and aircraft noise at school and child learning problems, though little research has focused on motor vehicle noise at home.⁷¹ However, a study carried out in Munich⁷² indicated that children's exposure to road traffic noise at home may be related to increased hyperactivity.

Age friendly places

The world is experiencing a rapidly ageing population. Recognising this trend in 2005, the World Health Organization (WHO) Global Network of Age-friendly Cities and Communities was established. Its purpose is to provide a new approach to ensure older people's needs are met and promote active ageing. Its focus is on creating an environment where older people continue to participate in social, economic, cultural, spiritual and civic affairs.

An age-friendly environment supports older people to use their local neighbourhood. Creating a barrier free built environment will create possibilities for improved connectivity, enhancing opportunities for social contacts and physical activity levels. It is essential that planners, policy makers and developers design cities that take account of the interests of both age groups – children and older people as they are too often marginalised in current policy and design process. They are hugely important groups and often cities that meet the needs of children and older people meet the needs of everyone.^{73,74}

⁶⁸ Traffic noise linked with kids hyperactivity, <http://www.livescience.com/36953-traffic-noise-kids-hyperactivity-emotional.html>

⁶⁹ Shield, B & Dockrell E (2007) The effects of environmental and classroom noise on the academic attainments of primary school children, http://eprints.ioe.ac.uk/926/1/Shield2008The_Effects133.pdf

^{70 70} Shield, B & Dockrell E (2007) The effects of environmental and classroom noise on the academic attainments of primary school children, http://eprints.ioe.ac.uk/926/1/Shield2008The_Effects133.pdf

⁷¹ Traffic noise linked with kids hyperactivity, <http://www.livescience.com/36953-traffic-noise-kids-hyperactivity-emotional.html>

⁷² Tiesler, C et al (2013) Exposure to road traffic noise and children's behavioural problems and sleep disturbance: Results from the GINIplus and LISAPLUS studies, Environmental Research, Volume 123, May 2013, Pages 1–8

⁷³ New Zealand Centre for Sustainable Communities (2015) Robin Kearns: Child-friendly city would let us ease up on cotton wool, <http://sustainablecities.org.nz/2015/02/child-friendly-city/>

A Call to Action: Shaping Healthier Places for Children in Belfast

Leadership and governance for Age-friendly Belfast is provided by Belfast Strategic Partnership (BSP), which is a collaborative multi-sectoral partnership that aims to reduce life inequalities in Belfast.

The Healthy Ageing Strategic Partnership (HASP) co-ordinates the delivery of the 3-Year Age-friendly Belfast Plan 2014-2017, which has three themes Age-friendly image, Age-friendly lives and Age-friendly neighbourhoods. Opportunities to create joint working on common issues within Age-friendly neighbourhoods and this *Call to Action* on children's place issues will be considered, following the consultation process.

⁷⁴ International Making Cities Liveable (2015) *Suitable for All ages, how child friendly cities benefit everyone*, <http://www.livablecities.org/blog/suitable-all-ages-how-child-friendly-cities-benefit-everyone>

6. Place Inequalities

Physical living conditions are a key determinant of health, and poor quality environments are a significant risk factor to health and wellbeing. The quality of the environment is closely associated with deprivation; the more deprived the neighbourhood, the more likely it is to have social and environmental characteristics presenting risks to health. These include poor housing; higher rates of crime, poorer air quality, a lack of green spaces and places for children to play and more risks to safety from traffic. Creating a physical environment in which people can live healthier lives with a greater sense of well-being is a significant factor in reducing health inequalities. Investing in good physical living conditions, including access to safe and attractive green space and safe walking and cycling routes can significantly contribute to tackling inequalities in health.⁷⁵

The built and natural environment that forms the backcloth to our lives is also an important determinant of health. This is particularly so for population groups disadvantaged by relative poverty, unemployment, low status and disability.⁷⁶ Evidence shows that a disproportionate burden of ill-health associated with the built environment is borne by certain groups within the population.⁷⁷

People from the most disadvantaged groups are more likely to be subject to an 'obesogenic' environment, which discourages walking and cycling, perceiving their neighbourhoods to be busier with traffic, less attractive, and less supportive of walking.⁷⁸ They also often disproportionately bear the impacts of car-dominated urban planning practice.⁷⁹

Disadvantaged children/communities

A report for Environmental Determinants of Public Health in Scotland (EDPHiS) outlines neighbourhood physical design, condition and disadvantage and the impact on children.⁸⁰ Children living in disadvantaged families are often also living in neighbourhoods, which are not well designed. Thus, they suffer from a 'double disadvantage' and the associated cumulative or synergistic risk factors increase the

⁷⁵ Marmot, Michael Author (2010) Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010. London: Marmot Review

⁷⁶ Grant, M. Bird, C & Marnon P (2012) Working Paper, health inequalities and determinants in the physical urban environment: Evidence briefing

⁷⁷ CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health, Geneva, World Health Organisation

⁷⁸ Giles-Corti et al (2002) Socio-economic Status Differences in Recreational Physical Activity Levels and Real and Perceived Access to a Supportive Environment, Preventative Medicine

⁷⁹ Van Lenthe et al (2004) Transport policy and health inequalities in physical activity: the role of neighbourhoods attractiveness, proximity to local facilities and safety in the Netherlands, Social Science and Medicine, 60

⁸⁰ Hiscock R & Mitchell R (2011) A report for Environmental Determinants of Public Health in Scotland, What is needed to deliver places that provide good health to children

risk of harm.⁸¹ The norm of car access has meant that children in households without access to a car cannot access play and physical activity facilities, which have been designed and sited to be available to those who do have private transport.⁸² Where facilities that charge entry are successful in a local area, free facilities may be downgraded. Yet the free alternatives of street play, loitering and skateboarding are often prohibited. Traffic accidents are three times more likely to happen to children from the most deprived compared with the most affluent areas, yet these children are the least likely to be travelling in cars.⁸³

The quality and frequency of maintenance is often lower in disadvantaged areas.⁸⁴ More greenery and less litter is associated with lower levels of obesity and feeling satisfied with the area⁸⁵ but disadvantaged areas tend to have more litter, fly tipping and may actually require more maintenance because they tend to be more densely settled. Services, such as policing and street lighting, may also be relatively poor, compared to more affluent areas. In addition, fear of traffic can be a strong disincentive to allowing children to play outside and to walking and cycling.⁸⁶

Physical activity

The physical environment can have an extremely important influence on opportunities to be physically active. People from the poorest households are least likely to meet the recommended levels of physical activity. These low physical activity levels are a significant cause of health inequalities, with inactive groups suffering poorer health and living shorter lives than the general population.⁸⁷

People from lower socioeconomic groups tend to have poorer access to environments that support physical activity such as parks, gardens or safe areas for play; are less likely to visit green space, and are more likely to live close to busy roads. The local environment appears to be a more important influence on transport-related physical activity (walking and cycling) than recreational physical activity, which may exacerbate social inequalities.

People from lower socioeconomic groups are more likely to live in areas that do not

⁸¹ Evans GW. The built environment and mental health. *Journal of Urban Health*. 2003;80(4):536-55.

⁸² Macintyre S, Ellaway A, Cummins S. Place effects on health: how can we conceptualise, operationalise and measure them? *Social Science & Medicine*. 2002;55(1):125-39.

⁸³ Beunderman J, Bradwell P, Hannon C. Seen and Heard. www.demos.co.uk: DEMOS 2007; available from: <http://www.demos.co.uk/publications/seenandheardreport>).

⁸⁴ Beunderman J, Bradwell P, Hannon C. Seen and Heard. www.demos.co.uk: DEMOS 2007; available from: <http://www.demos.co.uk/publications/seenandheardreport>).

⁸⁵ Reid S, Curtice J. Scottish Social Attitudes Survey 2010: Sustainable Places and Greenspace: Scottish Centre for Social Research 2010; available from: <http://www.scotland.gov.uk/socialresearch>).

⁸⁶ Public Health England (2013) Social and economic inequalities in diet and physical activity, http://www.noo.org.uk/uploads/doc/vid_19253_Social_and_economic_inequalities_in_diet_and_physical_activity_04.11.13.pdf

⁸⁷ Sustrans, Active Travel and Health Inequalities, How walking and cycling can benefit the health of the most disadvantaged people, Information Sheet FH12

support walking and cycling, but in turn are more likely to need to walk and cycle for transport and to access employment.

Green infrastructure

Greenspace has a significant impact on health, mental health in particular, and wellbeing in general.⁸⁸ Green spaces link directly to levels of physical activity, children with more green space are less likely to be overweight and have a lower Body Mass Index. Residents who live 'near nature' in poorer areas cope better with nature and have an innate sensitivity to and need for other living things and a population is generally healthier if it is near green areas

However, green space is not equally available to all of the population, with poorer neighbourhoods often lacking in green space or with poorly maintained or vandalised green areas. The benefits of increases in physical activity and improved mental health only arise where the green space is high quality, accessible and safe.⁸⁹ Evidence suggests that populations that are exposed to the greenest environments also have lowest levels of health inequality related to income deprivation.⁹⁰

The Marmot review also highlights the importance of the quality of greenspace, pointing out that some groups, including children, can feel excluded if spaces are not designed appropriately and that poor maintenance or cleanliness can impact more widely on perceptions of safety.

Traffic

Lower socioeconomic groups have higher incidences of injury and deaths from traffic accidents. Several recent studies indicate that children living close to busy roads have an approximate 50% increased risk of experiencing respiratory illness including asthma.⁹¹

Residents of busy streets have less than one quarter the number of local friends than those living on similar streets with little traffic as social contact between neighbours is low in car-busy residential streets, but high in quiet residential streets.⁹²

A study of people living in a deprived housing estate on the outskirts of Glasgow where the main road was traffic calmed showed that 20% of adults walked more after the traffic calming, and there was a statistically significant improvement in

⁸⁸ Strategic Review of Health Inequalities in England post 2010, Task Group 4: The Built Environment and Health Inequalities, Final Full Report 12 June 2009

⁸⁹ Croucher K, Myers L, Jones R, Ellaway A, Beck S (2007). Health and the Physical Characteristics of Urban Neighbourhoods: A Critical Literature Review, Final Report. Glasgow, Glasgow Centre for Population Health.

⁹⁰ Mitchell, R., & Popham, F. (2008). Effect of exposure to natural environment on health inequalities: an observational population study. The Lancet, 372(9650), 1655 - 1660.

⁹¹ Strategic Review of Health Inequalities in England post-2010 Task Group 4: The Built Environment and Health Inequalities Final Report 12 June 2009

⁹² University of the West Of England (2008) No friends, blame the traffic, <http://info.uwe.ac.uk/news/uwenews/news.aspx?id=1351>

physical health.⁹³

‘Walkable’ neighbourhoods help because they are by definition more compact and traffic tamed. Many walkable destinations such as shops, schools etc. encourage exercise through cycle routes, parks, and foot paths, which are a prerequisite for ‘active travel’ and healthier life styles.⁹⁴

Disability is highly concentrated in the poorest areas

Among children and young people, the lack of infrastructure for play, walking and so on, actually generates ill health and disability, including obesity and mental health problems. Moreover, disabled people’s level of physical activity is hampered by access barriers and they require a carefully designed built environment and buildings.

People with physical disabilities are less active and more likely to be sedentary than the general population,⁹⁵ and are also more likely to suffer from poor health and obesity. Poorly accessible neighbourhood environments are likely to hinder people with disabilities more than able-bodied people.⁹⁶

Safety concerns

Low physical activity levels are found among those who perceive their neighbourhood to be unsafe due to crime. Concern about personal safety is a major reason for low levels of walking in disadvantaged neighbourhoods. In one study, European residents in neighbourhoods with high levels of social disorder were about 50% less likely to be physically active and about 50% more likely to be overweight or obese.⁹⁷

The lack of play and green space for children in disadvantaged areas is very significant. Parents’ fears about safety lead them to constrain their children. Environmental conditions can give strong signals of problems, and fear generates withdrawal from streets and public spaces, particularly by families and the elderly.

A main issue is the lack of space for children to play as they get older with a concentration of environmental problems in the surrounding areas and a sense of insecurity on streets, in parks and play areas.

⁹³ Morrison et al, 2004 Evaluation of the health effects of a neighbourhood traffic calming scheme, Journal of Epidemiology and Community Health, 58

⁹⁴ Sustrans, Active Travel and Health Inequalities, How walking and cycling can benefit the health of the most disadvantaged people, Information Sheet FH12

⁹⁵ Spivock et al (2008) Promoting active living among people with physical disabilities, American Journal of preventative Medicine, 34

⁹⁶ Kirchner et al, 2008 Community barriers to physical activity for people with visual or motor impairments, American Journal of Preventative Medicine, 34

⁹⁷ Ellaway et al (2005) Graffiti, greenery and obesity in adults: secondary analysis on European cross-sectional survey, British Medical Journal

7. The impact of engaging and empowering children

Working alongside children, treating them as equal stakeholders and valuing their knowledge is now considered a best practice approach to consulting on issues relevant to children. Children are experts about their own experiences and aspirations. Examples of the many benefits of involving children in decision-making are outlined in a Child Friendly Toolkit developed for Victoria in South East, Australia.⁹⁸

Benefits for children:

- Participating in matters that directly affect them
- Seeing their community in a new way
- Meeting new people
- Developing confidence and sense of self
- Improve their experience in receiving services, increasing potential success of interventions

Benefits for community:

- Developing intergenerational interactions and understandings
- Building a strong sense of community
- Recognising the value of children's contribution to community

Benefits for policy makers:

- Grounding decision making in the reality of children's and young people's experience
- Removing assumptions about who children and young people are, what they need and what they want
- Recognising children's right to participate in community development processes as citizens of their community
- Recognise that how children and young people experience their environments differs from adults
- Development of services that reflect the expressed needs of children, thereby improving access and participation

One of the best ways to develop child friendly places is to involve children in creating them. Ideally this begins with children and young people participating in local government and community processes to help set the agenda for community development. At the very least, children and young people should be involved in community projects and decision making processes as they are developed and designed to ensure they contribute to children's wellbeing.

The New South Wales Commission for Children⁹⁹ outlines the major benefits of involving children in developing the built environment as:

⁹⁸ Victorian Local Governance Association (2014) [Child Friendly Cities and Communities Toolkit](#)

⁹⁹ NSW Commission for children and young people (2009) [Built for Kids, A good practice guide to creating child-friendly built environments](#)

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- Grounding adult understanding and decision making in the reality of children's experiences
- Removing the need for assumptions by adults about who children are, what they need and what they want
- Recognising children's right to participate in community development processes as citizens of their community
- Recognising the value of children's contribution to community development
- Recognising that the knowledge and experience of children and their environments differs from adults

Appendix 1

Regeneration and Healthy Urban Environments (R&HUE) Working Group Membership

Anne Doherty	Belfast City Council
Barbara Megaw	BRO/Department for Social Development
Bryan Nelson	Belfast Health & Social Care Trust
Carol Ramsey	RTPI/Department for Social Development
Caroline Bloomfield	Public Health Agency
Claire Patterson	Belfast City Council
Conor McKinney	Ulster Wildlife Trust
Gary McNeill	Belfast City Council
Gavan Rafferty	Ulster University
Geraint Ellis	Queen's University Belfast
Geraldine McAteer	West Belfast Partnership Board
Joan Devlin	Belfast Healthy Cities
Jonna Monaghan	Belfast Healthy Cities
Justine Daly	Turley Associates
Kim Kensett	Belfast Health Development Unit
Laura McDonald	Belfast Healthy Cities
Neil Dunlop	BCC until March 2015, now Independent
Nigel McMahon	Department of Health Social Services & PS
Paul Roberts	Ashton Community Trust
Rebekah McCabe	PLACE
Richard Rogers	Groundwork NI
Robin Hawe	Northern Ireland Housing Executive
Séamus Mullen	Public Health Agency
Tom Reid	Department for Regional Development

Appendix 2.

Child Friendly Places (CFP) Group – Membership

Damien Martin	Northern Ireland Housing Executive
Declan Hill	Forum for Alternative Belfast
Elaine Black	Belfast City Council
Elma Greer	Belfast Health Development Unit
George Kirk	Police Service of Northern Ireland
Gill Hassard	National Children's Bureau
Jill Trotter	Education Authority Belfast Region
Joan Devlin (Chair)	Belfast Healthy Cities
Laura McDonald	Belfast Healthy Cities
Lynne McElhinney	Department for Regional Development
Mairead Kane	PLACE
Margaret Devlin - Hania	Belfast Healthy & Social Care Trust
Margaret Flanagan	Department for Social Development
Martina Lundy	As DOE rep until April 2015
Paul O'Neill	Ashton Community Trust
Roisin McCooey	Belfast Childcare Partnership
Stuart Freeman	Department of the Environment
Susan Kehoe	Playboard NI
Tom Smith	Belfast City Centre Management
Trevor Murphy	Education Authority Belfast Region