



OFFICIAL REPORT
AITHISG OIFIGEIL

Health, Social Care and Sport Committee (Virtual)

Tuesday 25 January 2022

Session 6



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HEALTH, SOCIAL CARE AND SPORT COMMITTEE

3rd Meeting 2022, Session 6

CONVENER

*Gillian Martin (Aberdeenshire East) (SNP)

DEPUTY CONVENER

*Paul O’Kane (West Scotland) (Lab)

COMMITTEE MEMBERS

*Stephanie Callaghan (Uddingston and Bellshill) (SNP)

*Sandesh Gulhane (Glasgow) (Con)

*Emma Harper (South Scotland) (SNP)

*Gillian Mackay (Central Scotland) (Green)

*Carol Mochan (South Scotland) (Lab)

*David Torrance (Kirkcaldy) (SNP)

*Evelyn Tweed (Stirling) (SNP)

*Sue Webber (Lothian) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Irene Beautyman (Improvement Service)

Dr Josie Booth (University of Edinburgh)

Mike Corbett (National Association of Schoolmasters Union of Women Teachers)

Judy Edwards (Stirling Council)

Kevin Kane (YouthLink Scotland)

Dr Matt Lowther (Public Health Scotland)

Jacqueline Lynn (sportscotland)

Professor Jamie Pearce (University of Edinburgh)

CLERK TO THE COMMITTEE

Alex Bruce

LOCATION

Virtual Meeting

Scottish Parliament
Health, Social Care and Sport
Committee

Tuesday 25 January 2022

[The Convener opened the meeting at 09:00]

Decision on Taking Business in
Private

The Convener (Gillian Martin): Welcome, everyone, to the third meeting in 2022 of the Health, Social Care and Sport Committee. I have received no apologies from members who cannot attend this meeting.

The first item on the agenda is a decision on whether to take items 4 and 5 in private. Do members agree to take those items in private?

Members indicated agreement.

Health and Wellbeing of Children
and Young People

09:00

The Convener: Our second item is an evidence session as part of our short inquiry into the health and wellbeing of children and young people. This session focuses on health and wellbeing in schools and education.

I welcome to the committee Dr Josie Booth, who is a senior lecturer in developmental psychology at the University of Edinburgh; Mike Corbett, who is national official for the National Association of Schoolmasters Union of Women Teachers; Judy Edwards, who is a service manager for Stirling Council; Kevin Kane, who is policy and research manager at YouthLink Scotland; and Jacqueline Lynn, who is head of school and community sport at sportscotland.

I have a bit of housekeeping to do first. The clerks have allocated one member to lead questioning on each of the specific areas that we want to cover. If any other member wishes to ask a supplementary question, they can put an R in the chat box. If I have time, I will come to them.

I will do a round robin of the panellists to get their initial views, but I ask members to direct their questions to individual panellists. If other panellists want to add their views, they can also use the chat box to flag up that they want to come in.

Schools have contact with children and young people for however many hours of the day, five days a week. Pre-pandemic, that contact was always in the same physical space and there were no Covid-related restrictions. We will talk specifically about Covid later, but to what degree are our schools in a position to intervene early in any wellbeing issues that pupils may have and to promote health and wellbeing within the school week?

I know that the picture will vary throughout the country, given that local authorities are in charge of education, but I will go around the panel to get your thoughts about the position that schools are in and whether there are any issues.

Dr Josie Booth (University of Edinburgh): Good morning and thank you for inviting me along this morning. Your question is about schools being in a position to support positive mental health and wellbeing. One of the key challenges is that schools lack resources. Teachers often lack both pre-service and in-service training, and they do not really have the support to promote positive health and wellbeing. One of the key challenges for teachers is that their own health and wellbeing is perhaps not optimal as well. They need to be

supported themselves in order to be at the forefront of helping children and young people to develop positive health and wellbeing and helping them where there might be challenges.

The Convener: You mentioned that teachers do not have mental health training. There has been an intervention, although it is early days, through having school counsellors available to every school. Do you see that as being an important intervention?

Dr Booth: Yes, absolutely, and anything that can be done at the moment is really positive. At Moray House School of Education and Sport, we work with Place2Be, which is a mental health charity, to support student teachers when they are developing their skills so that when they go into the service, they feel better equipped; even while they are on placements, they have some support.

However, that is not in place across all training capacity and it is true that teachers in the service do not have that support. Teachers have to support many pupils, some of whom have complex challenges to their health and wellbeing, and they need the resources and support to do that.

We know that child and adolescent mental health services have lengthy waiting lists and are at capacity. Schools are at the forefront in supporting pupils even before they get to CAMHS. While pupils are on the waiting lists for both assessment and treatment and, perhaps, after they have had a diagnosis, it is schools that support young people. We need whole-systems approaches to doing that. We need to support young people and their families, with schools working with CAMHS and across the whole system to develop positive change.

Mike Corbett (National Association of Schoolmasters Union of Women Teachers): I would say that, historically, schools have been in an excellent position to help young people with their mental health and wellbeing, from class teachers with their day-to-day contact through to well-established guidance and pastoral systems and, often, good personal and social education. That help has always been there, but schools and teachers have also often perhaps felt that things have been left to them and there has not necessarily been enough outside help. The expansion of school counsellors, which you mentioned, is obviously a good thing.

As well as the lack of resources, which has already been mentioned, I would mention that teachers feel under enormous pressure at the moment. Many of them have suffered physically and mentally during the pandemic and they are sometimes not in an optimum position to give what they used to give to their pupils. More support is

needed for the workforce, who can then help the pupils.

Judy Edwards (Stirling Council): I would say that schools are well placed to support children and young people with their health and wellbeing. At the moment, mental health and wellbeing is a top priority in the authority that I work with. I agree with other panel members that it is a priority not just for children and young people; staff wellbeing is also a priority. We are endeavouring to support our staff as best we can through this really challenging time.

I agree that training and resources can always be improved. Given that health and wellbeing is one of the three key areas of the curriculum, it is not unusual that we would strive to do that. However, the landscape has changed because of the pandemic. We are certainly seeking to improve resources and training, and to strengthen our partnership working, to support the challenges that we have.

The Convener: In your local authority, do schools use pupil equity funding money to provide that extra support?

Judy Edwards: Absolutely. Most schools will use PEF money to support health and wellbeing in some way. Some additional funding has come to schools for Covid recovery, which has been most welcome. It is used to support that area of the curriculum and others.

The Convener: Thank you. I come to Kevin Kane.

Kevin Kane (YouthLink Scotland): It is a fantastic question to open on—thanks for tabling something so significant so early in the session.

Any focus on wellbeing in schools needs to consider the role of other practitioners in supporting wellbeing and bringing about the best outcome for the young person in school. It is worth noting that not every young person's experience of school takes place in a classroom or even a school building. Without youth workers, far too many young people would not be in school. We have reams of quotes from young people who have said exactly that.

As committee members will know, a curriculum review is on-going. One of our recommendations is that there needs to be a refreshed narrative of the definition of the curriculum. Youth work is education but, often, the description is education and then youth work.

We also want to ensure that the education system is as inclusive as possible. Youth work practitioners can help us to deliver that in school, around the school and after school.

There are a couple of good examples. St Mungo's academy and FARE Scotland worked in partnership across the school setting. Their focus was on building long-term relationships with the young people and supporting wellbeing, skills and achievement, which included sessions on children's rights and leadership and open discussions and peer-led training sessions on wellbeing. The headline statistic for the committee is that 84 per cent of the participants described improvements in their health and wellbeing.

Another example involved Scouts Scotland—we are seeing the voluntary sector and local authorities work together. Kirkcaldy high school used outdoor adventure days to support and enhance the transition between secondary 1 and secondary 2 and the transition for primary 7 pupils who missed out on residential experiences because of Covid. More than 500 young people benefited. The key thing for the committee, again, is that they all said that they had improved physical and mental health and wellbeing as a result of those experiences. As I prepared for the committee, I thought about what the transformative impact of such a project could be if we scaled it up to national level.

We have to pay homage to the youth work fund, the education recovery fund and the outdoor learning and play fund, which have been fantastic. They have brought practitioners together under the umbrella of getting the best out of a young person in a manner that suits them.

I have two final points. Across several years of the Scottish attainment programme, we have seen that it is not one service or one practitioner alone that better supports young people; it is effective collaboration across the system. We believe that we need to continue that shared vision, to capture the best of a situation that was chaotic but in which we saw such innovative approaches, with youth workers to the fore, and to carry that forward into the future.

Finally, there is an on-going issue with youth workers being able to access facilities. That needs to be addressed imminently, otherwise it will preclude or severely limit the services that are available to young people. The message from us as a sector is that there is still a lot of variability in access to premises. I ask the committee to work to address that, alongside your colleagues, across the parties and even with the Government, because, if it is not resolved, it will continue to impact negatively on the development of young people—especially that of those who are already in a deprived position. We know that Covid has increased inequality; there was a recent Oxfam report to that effect.

The Convener: Thank you very much. You have flagged up quite a lot. We are acutely aware

of the issue of transitions in particular, and it is great to hear of that example from Kirkcaldy, where they have collaborated in jumping in to give those young people the outdoor activities that they missed out on when the residential programmes were taken away because of lockdown. Thank you for flagging that up.

Finally, I come to Jacqueline Lynn.

Jacqueline Lynn (sportscotland): Good morning, everyone. It is nice to be here. Thank you for inviting me.

That was a great question, Gillian. I believe, and we at sportscotland believe, that schools play a significant role in the wellbeing of children. We recognise that that is challenge, given everything that schools have to do.

It is sportscotland's ambition to get more people to take part in sport—particularly children and young people, to make sure that they have an active and healthy lifestyle as they work through the different stages of school. We work across the 32 local authorities—the leisure trusts—to make sure that sport and physical activity is at the heart of schools. We have an active schools network, a sports development network and community sport hubs that provide opportunities for children and young people—before school, at lunchtime, and after school—with a clear connection to physical education and a link to the curriculum for excellence in relation to health and wellbeing.

The whole agenda of physical education, physical activity and school sport is important to everyone, and shows that the partnership is working—that we work with the local authority leisure trusts, their governing bodies and the third sector to have that whole-systems approach to the health and wellbeing of children.

We recognise that it has been a challenge during the pandemic. Before the pandemic, more than 320,000 young people were taking part in the active schools programme in their school environment or their community. We are waiting on some of the evidence to show what that looks like as the restrictions ease.

It is important to recognise that during the pandemic there was flexibility in the active schools network, the community sport hubs and the sports development network. The officers worked locally in childcare hubs, ensuring that they got food parcels to families and did whatever was needed in communities. That has helped to create strong relationships between different practitioners in active schools and sports development hubs, which they did not previously have.

There is an opportunity for sportscotland as the national agency to work with local partners—schools and a range of other local and third sector

partners—to make sure that the health and wellbeing of our children is at the heart of our approach and that they recover positively.

09:15

The Convener: You mentioned that you do not yet have evidence about how strongly things are coming back, but you are monitoring that as we move, we hope, into the endemic phase.

Jacqueline Lynn: Yes—we will have that evidence. We are looking at term 1 in the statistics and waiting on the final stats to come out. We will let people know about that evidence and work with local partners on it.

The Convener: I will go to my colleagues now. Is Stephanie Callaghan there?

Stephanie Callaghan (Uddingston and Bellshill) (SNP): Yes, I am. Is there a wee problem with my camera?

The Convener: We cannot see you, but we can hear you—that is the main thing.

Stephanie Callaghan: Okay. When I have asked my question, I will go offline and come back in. I hope that that will improve things.

Good morning, panel. It is good to have you here. It has already been mentioned that physical wellbeing has a vital role in mental health and wellbeing. How well have universal interventions such as targets for PE, free school meals and access to school counsellors supported health and wellbeing outcomes for our young people?

Judy Edwards: They have absolutely supported our young people. The importance of children being fed and well nourished will be widely known and recognised by the present group. It puts children in a better place to learn, so that has made a difference. The on-going challenge with universal supports is that there are never quite enough.

The benefit of our PEPASS work was mentioned earlier. We are aware at a local level of the growing gap in children's levels of activity. We are trying to get the most inactive children to be active and we have a focus on girls in sport, but we hear evidence from our schools and nurseries that the gap is growing. Our inability to run the extracurricular programme that provided support services in schools is having an impact on young people's wellbeing. We are working with our schools and nurseries to look at creative ways to continue as best we can and we are currently discussing how we will work to get our extracurricular programme back up and running as the restrictions relax and get our volunteers and sports leaders back in our schools supporting that work.

The Convener: Dr Booth would like to come in.

Dr Booth: Thank you. I hope that you can hear me now.

One issue in Scotland is that we lack nationally representative data about the health and wellbeing of our young people. The “2021 Active Healthy Kids Scotland Report Card” that was published last year showed that there was inconclusive data to report on many of our health challenges. For example, we were not able to report on factors such as fitness, diet and obesity, because we do not have nationally collected data that is representative of our population.

We know that prior to the pandemic our young people's health and wellbeing was among the lowest in Europe, and we know from studies in other countries that those health factors have decreased and the gap has been exacerbated by Covid. However, we do not know the real picture for the whole of Scotland. One challenge is that we think that things have got worse but we do not really know. We have small studies that collect the data but we do not have anything nationally representative on either the physical health or the mental health and wellbeing of young people.

Kevin Kane: Youth workers tell us repeatedly that they want to be part of a holistic approach to wellbeing. In advance of this session, I managed to get a really good example of that in practice from Shetland Islands Council, involving two high schools and the Mind Your Head mental health charity. Two additional youth workers were provided to increase youth work provision in the schools and the wider community. The focus was on social, emotional and mental health and connected issues such as attendance. As part of that, 1,481 young people accessed support through workshops. That included one-to-one support for young people with complex needs.

All the young people who accessed the service—this is going to be a bit of a theme today—said that they felt that their health and wellbeing had improved. A bit of magic happens when you bring together knowledge and learning from across a wide variety of services that are collaborating around the core aim of improving the health and wellbeing of young people. Right in the middle of all that is the principle of universality—not just when it comes to mental health and wellbeing but in relation to taking a universal approach to youth work; it is so impactful on all the areas that we are discussing.

Jacqueline Lynn: It would be fair to say that universal interventions work. There is certainly room for improvement but we can continue to build on that whole-school approach to the PEPASS agenda. It is about physical education, physical activity and sport, and how to get the teachers, the

active schools co-ordinators, the sports development coaches and the youth workers all working together to put the children at the centre and to make sure that physical and mental wellbeing is in there.

We know from evidence that we have got back that 98 per cent of the children who are involved in the active schools programme feel healthier because of it. They make friends and it helps their wellbeing. Judy Edwards mentioned leadership programmes. A whole variety of leadership programmes, including the young ambassadors programme, give young people the chance to have their voices at the heart of that agenda, to drive it and to look at how that can support wellbeing.

Another thing that we have worked on over the past few years is our young people's sport panel, which gives them a national platform and a voice and allows them to look at what they need. They are clear about the value of accessibility and having the young person's voice heard and making sure that sport and physical activity are at the heart of things.

There are a lot of interventions out there. There is always room for improvement in relation to the sectors working together in that partnership approach to really make sure that for the young person, particularly around inclusion, we can have a targeted approach.

Through the pandemic, some areas have been given additional resource because of the work of the active schools programme with young people, particularly in Renfrewshire and Aberdeenshire. There are good examples that show where quality work is taking place.

Mike Corbett: On the principle of universality, particularly in relation to free school meals, there is no doubt that it is helpful and improves matters. There is certainly some research evidence to show that. On physical activity, the evidence seems to be a bit more anecdotal. I certainly echo Dr Booth's point that we could have more research into that. Certainly, what we have seen suggests that it helps, but it would be good to have a wider picture of that.

Stephanie Callaghan: There were some comprehensive answers there—those were interesting and worthwhile interventions. I suppose that they lead me on to my next question, which is about how health and wellbeing outcomes are being measured. How can we as policy makers evaluate the impact of the preventative approaches and the early interventions that you are talking about?

Judy Edwards: The assessment of health and wellbeing is challenging. We hope that the current health and wellbeing census will help us with that.

Health and wellbeing are currently assessed in schools by using the assessment approaches in curriculum for excellence to track and monitor children's progress through the curriculum levels. As was mentioned, it is sometimes difficult to evidence that one thing in particular has made a difference. For example, I am thinking of the impact that sport has on other aspects of a young person's development. Schools take a holistic approach to assessment, which is about bundling experiences and outcomes together to gather evidence. To go back to my first statement, it is challenging to assess health and wellbeing, but schools are doing that as part of their core work.

Stephanie Callaghan: Is there a need for more qualitative data? Are you looking for anything specific in that regard?

Judy Edwards: As I said, it is sometimes difficult to evidence improvements; I mentioned sport in that regard. It is sometimes difficult to measure mental health and wellbeing, and to apportion where improvements have been made and what produced those improvements.

I talked earlier about the health and wellbeing census, which will enable us to gather more good-quality data to help us improve our programme and curriculum. It will allow us to see where the gaps are and where better support is needed, which will help in our assessment of the curriculum.

We have mentioned resources for training. Further staff development and training in assessment of health and wellbeing would be most welcome. We are working collaboratively with partners in our regional improvement collaborative to look at recreational drugs and how we assess that area of our work. The more resources and support that we have from the partners who are supporting us—for example, our health colleagues—the more we are able to find a way through that.

Dr Booth: I echo the sentiments about the challenges of determining health and wellbeing, and how we measure that.

We know that, for some populations, measuring mental health is challenging. A recent study in Scotland looked at neurodiverse young people and included a large group of children with autism. The rates of depression among them varied hugely from nothing to 83 per cent, which seemed to be due to the way in which that was measured.

Some of the existing ways of measuring mental health difficulties do not always give a representative picture of the challenges. Again, that speaks to the need for a whole-systems and holistic view. We cannot tease apart the impacts of some of those interventions on physical and

mental health, because the two areas are intricately related.

Our physical health supports our mental health in preventative and beneficial ways, and our mental health is important in helping us to undertake positive steps for physical health. For example, we are unlikely to want to take part in sport and extra activity if our mental health is challenged. It is important that we take a holistic view in thinking about both physical and mental health and wellbeing, and how we measure that and try to determine the impacts.

That is why we need a whole-systems approach that brings together schools, families, CAMHS and health professionals to look at what is happening. We need not only more qualitative data, which Stephanie Callaghan asked about, but more quantitative data to provide a representative picture. That will enable us to know which groups of young people are more resilient and where there are particular risk factors in order for us to support those young people as best we can.

Mike Corbett: Along with numeracy and literacy, health and wellbeing is one of the areas that all teachers have a responsibility to review and assess. However, as others have said, that is a challenge. It is not a percentage—it is not as simple to measure as that. Consequently, there is probably not quite as much confidence among some teachers about what the standards are, or what the expectations are for the assessment of progress in, for example, mental health.

09:30

We have been looking for some time for additional support from Education Scotland on establishing a standard. There is an opportunity, though, in the forthcoming review of assessment. The headlines have been all about national qualifications, but the review will be of broader assessment in curriculum for excellence. That seems to me to be one of the key areas that we need to dig down into, and one in which we could get more support to understand how to measure outcomes and give teachers a bit more confidence.

Paul O’Kane (West Scotland) (Lab): We have spoken about universal interventions and the importance of knowing young people and getting the data right. I was struck to read that 15-year-old girls continue to be the group with the lowest wellbeing scores, and I would like to take a bit of time to explore the factors driving that. Do the panellists feel that we should tackle gender inequality across policy areas in order to make a difference? Perhaps Dr Booth wants to say something about that.

Dr Booth: One issue is that it is a multifaceted problem. We know that physical health issues are often exacerbated during the transition period, but that some of the decline in physical activity happens even earlier than the start of secondary school. Large data studies show that even seven or eight-year-olds experience a decline in their physical activity levels and an increase in sedentary behaviour. We know that the transition from primary to secondary is important and is often marked by a decrease in mental health, especially for girls. It is not just the case for girls, although a lot of the data highlights girls in particular.

It is not just to do with physical health; we also have mental health challenges. There is a wide range of contributing factors. In the evidence that we submitted, we talked about the fact that bullying, social media, expectations, lack of support and lack of physical activity all contribute to mental health challenges.

I feel like I am saying the same thing again. It is about a whole-systems approach, because we know that if we want to encourage our young people to be more physically active, for example, it is not just about what they do in school; it is about what they do out of school, not only through taking part in sport but through things such as active commuting. If we do not have good infrastructure, young people will not cycle or walk to school. They will not be physically active out of school and, similarly, they will not do the same during break times and so on.

There are a number of programmes to look at the whole system, which might particularly involve support for young girls. There is a charity that aims to support young girls by providing infrastructure where young girls can feel safe to be active such as good lighting and safe spaces where girls feel more able to be outside and moving around. All of those things will work together.

Paul O’Kane’s question was about inequality. There is gender inequality, but inequality is also an issue across all of our young people.

The Convener: Thank you for bringing that up, Paul. It is a really fascinating topic. We have heard testimony from young people about that, with girls in particular being put off physical activity as they enter their teenage years.

Kevin Kane: I echo some of those comments on poverty and inequality, which we know exacerbate a number of issues for women in this country and globally. Poverty and inequality need to be tackled in their own right, but they are also symptomatic of structural issues. Poverty is at the root of a lot of issues.

On the discussion about enhanced focus on community-based support, youth workers identify

and tailor responses to young people's needs all the time. It will not come as a surprise to the committee that I am arguing the case, but it is an easy case to argue, because they do it all the time. They look at the issue for a woman in the context of her world, and the social and family environment that she is in.

Interestingly, youth workers in North Lanarkshire told us that they had never had more demand to work with parents, young mothers and families than they had during the initial phases of lockdown. They were able to pivot into that space because they are used to working around the bureaucracy, breaking down barriers and being innovative. They are also trusted in the community.

We have examples from our food insecurity pilot in which the youth work approach helps to break down the barriers to engaging with the whole family to the point that the relationship building became as crucial as the food provision for getting people involved and possibly even the primary motivator for that. The access to support was secondary. That has a destigmatising effect on people as well.

At the committee's meeting on 18 January, there was talk of children's strategic partnerships, which recognise the need to pool resources and take an asset-based approach to building community capacity. Youth workers promote that approach right now with an understanding that the young person's wellbeing within the context of their situation is fundamental.

Jacqueline Lynn: In 2019-20, we undertook research on the contribution of active schools to the active Scotland outcomes framework. We got more than 9,000 respondents to that across 10 local authorities. We know the numbers—320,000 young people, 7 million visits, 23,000 volunteers and 100 activities—but the more important bit was the qualitative evidence of the young people feeling healthier, making friends and feeling a bit more confident to go outwith the school and participate in clubs and activities in their communities. There is some opportunity in that. It goes back to a whole-school approach to physical education, physical activity and sport.

The situation with girls and women has been a challenge for all of us. How do we work together to improve it? We know through the participation in active schools that there continues to be a drop-off point but we have been working locally to put in interventions that involve speaking to girls. In a number of girls committees throughout the country, such as in Aberdeen and Aberdeenshire, amazing work is going on from girls who are really working on the PEPASS agenda with PE teachers and active schools to change the curriculum to revisit the environments that they are in and put at

the forefront what the girls and young women want, rather than the traditional PE curriculum that you either loved or loathed when you were at school.

There are interventions that we can make. There is a long way to go but, if we can have a collaborative approach across education, sport and health, we can really make a difference for our girls and young women.

The Convener: Thank you. We will move on to questions on Covid-19.

Sandesh Gulhane (Glasgow) (Con): Covid has had a massive negative impact on the mental health of our children. From missing school to lockdown, it has led to a fourfold increase in mental health and wellbeing issues. I note that Includem's submission stated:

"there is a lack of ... evidence for how school-based interventions contribute to a reduction in health and wellbeing inequalities."

Dr Booth, your submission says that you feel that teachers need to be cleared

"to concentrate on their core responsibilities for teaching".

What should we do to improve our children's wellbeing and mental health?

Dr Booth: That is a very big question. As we said in our submission, and as others have said in the meeting, it is about the whole system working together. Schools and teachers are at the forefront of supporting children and young people, and we know that teachers also need to have not only good training but support for their own mental health and wellbeing because, if they are overstretched and overburdened, they cannot support young people to the best of their abilities. We also know that they are inextricably linked factors, so we need to support our physical health as well as our mental health. If we want to close the attainment gap, we need to prioritise health and wellbeing, because our children will not learn well if they are not healthy and mentally well.

We need to listen to young people to find out what their views of the challenges are and where they feel that support is necessary. There have been a number of relevant studies. The James Lind Alliance and the transdisciplinary research for the improvement of youth mental public health—TRIUMPH—network have been listening to young people's voices and finding out their perspective and what they think the drivers are, not only to understand where the problems are but to work out how best to support young people.

One of the strategies that we think is important is taking cross-diagnostic views. Rather than taking the traditional approach that often has to be followed through CAMHS of thinking about children who might have particular areas of

difficulty, we can look across a particular child's difficulties, see the individual young person, and think about where their challenges are and how we can support them individually. Rather than just reacting when there are challenges, we need whole-school approaches for supporting positive health and wellbeing.

We need to increase our physical health, and we need support for positive strategies for young people so that, when they encounter a challenge, they can show their resilience. They are not always able to be resilient if their mental health is challenged.

Mike Corbett: Before I go on to talk about mental health, I note that we should not forget about the impact of the pandemic on the physical health of some pupils. Some are suffering from long Covid and, at the moment, the key group in which the number of Covid cases is still rising is primary school-aged children, so there might still be further physical health impacts for pupils. That poses difficulties for them due to absence, as well as for their teachers in ensuring that the children have the ability to catch up when they return to school, or through remote learning, if they are able to do that. That all adds to the pressure on teachers and increases their workload. There is already a lot going on before we consider pupils' mental health and how that might be supported and improved.

There is still room for a more comprehensive approach to researching exactly what the issues are before we decide what the response could be. The USA and the Netherlands in particular seem to have committed quite significant funding to research and evidence gathering—developing questionnaires, carrying out diagnostic assessments and so on—to identify what the issues are for pupils across the board before deciding what to do in response. Does that mean that some pupils need small-group tuition? Does it mean that improved reading and comprehension support is needed for others? Where there are mental health issues, is additional social and emotional support needed? If pupils are off school with long Covid, do some of them need improved access to technology?

It is a huge question to answer. Dr Booth talked about whole-school approaches. Many things have been left to individual local authorities, which are doing good work, but there needs to be more of a national approach first of all to gathering evidence, and then to formulating strategies and getting the appropriate resourcing behind that to help pupils.

Sandesh Gulhane: Mike Corbett has just spoken about physical health. We are in an obesity crisis in Scotland, with a 6.8 per cent increase in one year in the number of primary 1

children who are at risk of being overweight. Covid has undoubtedly had an impact on that. The Observatory for Sport in Scotland has told us that general sport activity has been reducing among children from the age of 11 upwards, and there is an understanding that council-owned sport infrastructure might be too expensive for inclusive engagement. My question is for Jacqueline Lynn. How can we combat that worrying trend, which our current policies do not seem to be tackling?

Jacqueline Lynn: That is a great question. We recognise that that challenge exists. During the pandemic, the gap between the children and young people who can and cannot afford to take part in sport and physical activity has widened. How do we create the opportunity for all children and young people to take part? For us, it is about where we work. I will keep coming back to the PEPASS agenda and the right of every child to physical education in school. There is a network of teachers to provide that, and there are active schools co-ordinators. There are opportunities for children in the safe environment of school—during and after school hours. The pandemic stopped that activity, but the active schools network and children are trying to do it.

As the restrictions ease, we want to get that activity back up and running so that children and young people have the opportunity to do it. The challenge is how we continue that activity into their lives, including in the club environment and in the community, because there is a cost to that. We in the sector and children and young people have to pay for that, which is a problem. However, we will keep going back to the whole-system and collaborative approach. If we can work together, we will have more chance of helping. We cannot do that in isolation.

09:45

We at sportscotland know that we have a contribution to make on sport and physical activity, but we need to work with Education Scotland on that whole agenda. We also need to work with Public Health Scotland. We recently signed a partnership agreement with PHS around the eight investments for physical activity and how we can have a whole-system approach to general health and wellbeing, as well as a whole-school approach.

On transport, the infrastructure is really important, as well. Active schools have had walking buses for many years, but kids still get dropped off at school in cars. Some of the questions are about how we make the streets safe and use the infrastructure.

Like most issues, that is about how we work collaboratively with the Scottish Government, the

Convention of Scottish Local Authorities, local government and the Scotland network of Community Leisure UK, so that we all pull together to provide lots of quality interventions for our children and young people at a cost that allows all of them to get involved. We can train our workforce to carry out those interventions.

Our partnership with the Scottish Association for Mental Health, which we formed before the pandemic, has been really helpful for us as we have come out of the pandemic. SAMH has helped us to train active schools, our sport development community sport hub and our governing body network to understand mental health, because that is not their bag. It has also helped us to understand how we can begin to have conversations on mental health and really help the children and young people and our volunteers to deal with that and provide quality opportunities in that regard. It is hard, but we in Scotland are big—or small—enough to be able to work together to do that.

The Convener: You have talked about the net zero agenda, free travel for young people and all those things that sit in another portfolio outside health but have an impact on health. It is really interesting listening to you pull all that together.

I come to Dr Booth, who will be followed by Kevin Kane, after which we will move on to questions from Emma Harper.

Dr Booth: I echo Jacqueline Lynn's sentiments about bringing together all those different approaches, because improving the physical activity levels and the health and wellbeing of our young people is about not just participation in sport but physical activity in a holistic way. Therefore, active commuting is key, as is being physically active throughout the day.

We know that good things are taking place in schools. One of the big things that are coming out from research on the issue is the need to think about having physically active lessons. The old idea that children need to sit down to learn is being challenged. We know from evidence that children can learn just as well when they are doing physical things; indeed, sometimes they learn in a better way when they are out of their seats. Such approaches are often down to the innovations of teachers, who are getting pupils outside and moving around, or are using sport halls to engage pupils in movement and pairing that with learning outcomes.

We need to move away from thinking about physical activity as being separate from academic attainment and to see that the two can be combined. We need to support physical health and school attainment rather than see the two as being completely separate.

I echo the point that we need to think about the whole school day rather than just compartmentalising school. We need to build activity into the whole of a young person's day, which means thinking about how we do that and how we can support all aspects of their learning.

Kevin Kane: I agree with those wonderfully made points. It is important not to lose sight of physical wellbeing and support. The issue also ties to the role of outdoor learning, which has been crucial during periods of lockdown. The Organisation for Economic Co-operation and Development and now the Scottish Government have recognised that outdoor experiences should be accessible to young people.

On the initial question about facilities, a little bit of vision is required. The association between physical and emotional wellbeing and all the transferable skills is well known. For our part, youth workers ensure that activities are inclusive and fun. That contributes to the overall confidence and wellbeing of those involved.

I can speak anecdotally about the local YMCA facility near my home, which is religiously manned by a chap called Archie, and about Cumbernauld athletics clubs. I would not have continued in competitive athletics and done my coaching awards—and my skills in dealing with people and groups and working in teams would have been diminished—if the time and space were not available to me in the heart of the community, particularly between the ages of 15 and 17, when I was taking part in activities that were bad for my health.

The availability of those facilities had a diversionary element, and that ignited my enthusiasm for sport and kept me going. Everybody needs an Archie in their life, and everybody should have a right to access what was, now that I think back on it, a youth work opportunity. It was having a facility on my doorstep that made all that possible.

A commitment sits in the Scottish National Party manifesto for the previous election about strengthening the statutory basis of community learning and development. There is an opportunity to push at an open door, to get the right people round the table and to get the direction of travel of the discussion on to providing that opportunity as a right. That would give young people and youth workers, and those who are behind the notion of people having on their doorstep wonderful facilities—and the potential that that brings—the opportunity to make that a reality. Right now, those people cannot access a right to something because facilities can easily be shut down, budgeted against or deprioritised. When we have a right to something, that changes the game entirely, as we have seen with the incorporation of

the United Nations Convention on the Rights of the Child into Scots law and the culture shift in how we approach a wellbeing economy.

I ask members of the committee to think about having a discussion—whether that is with your party colleagues or on cross-party basis—about an education authority’s duty to provide youth work and what that means. We can strengthen that duty. That would mean bringing a lot of people round the table, including the CLD Standards Council.

I hope that my contribution loops back to the initial question. If you start from your vision and work out what you need to do, you can then start to talk about how far away a facility needs to be, what the opening hours should be, who benefits, whether there is a rural dimension and so on.

The Convener: I come briefly to Mike Corbett before I go to Emma Harper.

Mike Corbett: I will be brief, convener. There was mention of getting pupils up and about in classrooms as part of physical activity. I was teaching up until the break last October before I moved into my current post, so I have taught through much of the pandemic. In secondary education in particular, the mitigations and rigid rules that were in place—all of which were absolutely necessary—meant that, for example, kids were not able to work in groups and it was really difficult to build on some excellent work that had been done in previous years to get kids up and about in lessons. Schools have made efforts to do more outdoor learning, but being told to look out the windae is not particularly appealing on some days during the winter in Scotland.

I just wanted to point out that another challenge that we have had over the past 18 months is that a lot of kids have missed out on having such lessons. However, I hope that we can address that.

Emma Harper (South Scotland) (SNP): It has been quite interesting to hear everyone’s thoughts so far. I want to ask a couple of questions about collaboration and multi-agency working, which some of the witnesses have mentioned. Kevin Kane mentioned Scouts Scotland and Jacqueline Lynn described the role of sportscotland in that regard.

I know that the aim is to have multi-agency working. Will the witnesses provide examples of where there has been good collaboration with schools to support health and wellbeing, and set out what some of the barriers to greater collaboration might be? As Kevin Kane mentioned youth workers, Scouts Scotland and rural issues, I will go to him first, if that is okay, convener.

The Convener: Yes. I remind everyone to use the chat box to note if they want to come in on that issue.

Kevin Kane: That is a great question—I am glad that you asked it. We have many great youth work examples—the trouble with preparing for today was going through them all. That says to me that there is a lot of quantitative evidence, which we would be happy to provide.

One of the examples that we have is the Perth and Kinross Youth Work Partnership, which is funded by Perth and Kinross Council and Gannochy Trust. The funds were targeted at those in greatest need. YMCA, the eastern Perthshire youth alliance, Logos youth project, Highland Perthshire, the breathe project in Aberfeldy and Kinross-shire Youth Enterprise—or KYTHE—are involved in the partnership.

That commitment to collaboration delivered a really dynamic programme, and the partnership managed to reach out to new members and locations against a backdrop of Covid-19 restrictions and to proactively build local authority and third sector partnerships under the umbrella of meeting communities where they lived. The difference that that made was that it provided youth work in areas at a time when other services were being curtailed.

It has also been really refreshing to see that East Lothian Council’s new strategy aims to capture and model up the best of that multi-agency crisis response. Part of its approach is to make mental health and wellbeing “everyone’s business”; in fact, that is what it is calling its strategy. You can look it up—it is really aptly named. That is also relevant to the overarching question about schools, because the council now has a mental health youth worker in each secondary school cluster—or six full-time youth workers in total—and it is linking that with the East Lothian mental health and wellbeing triage group, which includes national health service, Midlothian Young People’s Advice Service and community learning and development workers.

Cleverly, the council has synced that activity with its Covid youth work recovery funding referrals in relation to wider youth work offers, which means that we can bring in sports, arts, outdoor education and, indeed, awards that go beyond just sitting an examination. That sort of recognition is absolutely crucial, and the Awards Network in Scotland has done a fantastic job of putting the programme together. Crucially for us, the process is aided by youth workers. It has been acknowledged that, during the pandemic, the approach has helped young people to maintain healthy relationships.

On partnerships, I want to very quickly highlight something else that is relevant, example based and crucial to furthering the agenda. We have already talked about giving time and space to young people but, as other witnesses have hinted, youth workers need those things, too. A great example from the outdoor education recovery fund is the Branching Upwards project in the Scottish Borders, which created a forest school with 77 local primary schools and focused on that crucial age when play and youth work intersect. Pupils collaborated and learned in and around nature, and got their outdoor achievement award. Some 76 per cent of participants said that their confidence had improved and, significantly, all of them said that their physical health and wellbeing had improved, too. That view was reinforced by the teaching staff.

The same thing happened in the new tracks project, which involved a partnership between the Youth Community Support Agency in Govanhill, three local secondary schools, voluntary sector groups and Glasgow Life. They worked with 120 young people between 10 and 19 in a number of outdoor projects that focused on art and sport. As a result of that, 83 per cent of the young folk concerned reported that they were more engaged in their learning. In other words, the project not only gave them a breadth of learning experience but impacted on their experience in formal settings. Their self-esteem improved, and more than half of those involved went on to achieve their John Muir award.

In short, what I am saying is that partnerships, collaboration, intervention and prevention are all built into the youth work approach, and there will be an intense need for such an approach as we move forward and continue this discussion on Scotland's recovery and renewal.

Judy Edwards: Before I highlight some examples, I want to echo that schools and nurseries cannot do this alone, and that taking the whole-system approach that has been discussed and seeing the value in further strengthening partnerships is the way forward.

Following on from Jacqueline Lynn, I want to reinforce the benefits of the active schools programme. I have already mentioned our work on turning the inactive into the active, and our active schools colleagues have supported us by identifying data and evidence to show us where we need to focus our efforts.

Our work with active schools has shifted to much more equitable provision, and we have focused on young people in areas of deprivation, as well as on inclusion. With the Duke of Edinburgh award scheme, for example, we have shifted our priorities to support young people in

areas of deprivation or those who need to be more included.

10:00

Another example is the funding that we got last summer for the "Get into summer" programme. I know that there will be national meetings about the programme in the next few weeks. More than 30 third sector organisations in Stirling supported the programme. We focused on, for example, supporting children who were making the transition from primary to secondary school during the pandemic and on those who were identified by our nurseries and schools as having some mental health challenges. That is another example of how, with support from additional funding, we can engage further with our third sector community, which is an invaluable resource in that area of work.

Mike Corbett: I will focus on a couple of organisations. Active Life has done award-winning work with young black children. Intercultural Youth Scotland has also done great work with minorities.

For those organisations, and for many others, the key issue is resourcing. Many organisations need resources to take them beyond the central belt. A huge number of organisations are doing great work, but many of them are doing it in the central belt but not beyond it, and might not be able to move into rural areas. It is important to look at that.

We support the idea of multi-agency work. As I said, schools cannot do everything on their own.

We should not forget the vitally important college sector. We have evidence of different approaches being taken by different local authorities. There is fantastic work in some places where colleges work with school timetables across the local authority to make it easier for pupils to get out to college on some afternoons. In other authorities, school timetables belong to individual headteachers and there is not that level of collaboration. That is also important and could be improved and expanded on.

Jacqueline Lynn: We at sportscotland are very supportive of multi-agency work. We set up a high-level strategic forum that brings together local authorities, leisure trusts, higher and further education, Public Health Scotland, the Scottish Government and our governing bodies. The forum allows us to look at how we can help the recovery and where children and young people fit into that.

Four themes have come from the forum. We all believe in multi-agency work, but there is the challenge of what we do when we come together. We need action. The forum has made 12 recommendations and we are beginning to see

action being taken. If we can do that, that will help us to work better.

The other example that I would like to raise is in line with what Judy Edwards said. The “Get into summer” programme has shown us where a bit of additional resourcing can create good local collaboration with a range of partners that did not work together before. There are great examples from our local authority and third sector partners. The Scottish Government evaluation of that programme is about to come out. I want to highlight that. The more that we can work together, the better.

The Convener: Emma, do you have a follow-up question? I will then go to Evelyn Tweed.

Emma Harper: Yes, I have a quick follow-up question about collaboration and the third sector. There are so many different roles being played. It is important that Mike Corbett mentioned minority groups. We do not want to leave anyone behind.

We can get everyone around the table, but how can we ensure that everyone understands what everyone’s role is? Can more be done to improve that?

The Convener: Emma, have you directed that question to anyone in particular?

Emma Harper: I have not. Maybe Dr Josie Booth could answer it.

Dr Booth: Kevin Kane might have more—and better—examples than I do of how to establish people’s roles. We are talking about whole-system approaches and working together being particularly beneficial, so maybe it is about seeing that roles are not separate and that we all have a combined interest.

I do not know whether I have a good example of somebody leading on that. However, I can talk about the James Lind Alliance and TRIUMPH reports. The research evidence shows that bringing together young people, their families, teachers and those involved in health and actually listening to the young people and letting them drive and determine where they need support and what is most beneficial is probably key to overcoming some of the challenges that we face at the moment.

The Convener: We move to questions from Evelyn Tweed.

Evelyn Tweed (Stirling) (SNP): For the record, I note that I am a councillor in Stirling Council.

What can be done to promote greater co-production of services that actively involves young people and their families? It is great to see Judy Edwards here today, and I put that question to her.

Judy Edwards: [*Inaudible.*] What can be done to produce greater co-production? I think that that was your question. As a local authority, Stirling Council strongly believes—I am sure that others do, too—that we have to listen to our young people and involve them in policy and decision making. Earlier, I mentioned the health and wellbeing census, and that is one way that we can do that.

A few years ago, in collaboration with our health colleagues, we had what we call a gathering of our young people, in order to really listen to them about what they need and want, what would help them and how we can involve them more. Obviously, we must have discussions with our partners about the practicalities of that, but we need to hear from our young people what we are getting right, what we are not getting right and what they think that we can do to help with that.

Going forward, whether data comes from a census or an event such as a gathering—or however else we get it—as leaders and citizens, we have to take that information with us into our work and find ways in which to co-produce with our young people. They are the future. They will tell us what they need and want, and it is our job to take that information, as I said, into everything that we do and find ways—and there are ways—in which to include them and co-produce with them.

Evelyn Tweed: What lessons can we learn from the experiences of collaboration during the Covid pandemic? What is being done to embed those lessons for the future? Those questions go to Jacqueline Lynn.

Jacqueline Lynn: We have already learned lots of lessons during the past two years of the pandemic. To go back to what was mentioned earlier, we need to understand each other and the different roles that we play, but, more important, we must understand the needs of children and young people and their families, particularly vulnerable families. The pandemic has given us all an opportunity to refocus and look at that, but we cannot overestimate the challenge of that.

I go back to the issue of learning. There is a whole workforce in sport and youth work, but we do not all have the same skills. How do we upskill our workforce to meet the needs of those people? How do we work together and learn?

As Judy Edwards said, we have great relationships with Stirling Council. How do we make sure that the teachers are working with active schools, sports development, the third sector, the clubs in the areas and the volunteers who are putting on sport and physical activity? We have learned those lessons, but we need to ensure that we take them forward and recover in a

positive way when we come out the other end of the pandemic.

What is being done to embed those lessons? Already, we see things happening. Earlier, I mentioned the work in Renfrewshire, Aberdeen and Fife, where active schools teams have been given quite significant budgets to start to demonstrate where they can provide sport and physical activity for more vulnerable families. I do not want to paint the picture as being all rosy, because we know that we have a long way to go, but those are great examples of where we can really make a difference to the wellbeing of our children and young people, and sport and physical activity can make a contribution to that.

The Convener: I will bring in Mike Corbett, to be followed by Dr Booth. We will then need to move on to questions from Gillian Mackay.

Mike Corbett: We have talked a fair bit about financial resources, which are obviously vital, but when embedding anything—in this case, collaborative work—time is the key resource.

The OECD review pointed out that Scotland's teachers have more class contact time and larger class sizes than almost any of our competitor nations. I appreciate that there has been a commitment to reduce pupil contact time for teachers, but the commitment is to do that by the end of the parliamentary session. We are pressing for that to be done sooner rather than later.

A reduction in class size is also needed to create the space to allow teachers to meet and collaborate with all the other great organisations that we have been talking about. If that time is not available, and there are stressed-out teachers who have excessive workloads, a lot of the good work that is being done could be lost unless that commitment is met.

Dr Booth: Similarly to Mike Corbett, I know that one of the issues with engaging with teachers is that they do not necessarily have the time to do that and the pressure that they are under is increasing. When the rhetoric is about teachers having to improve academic performance, their ability to focus on health and wellbeing can be given a back seat, if you like. However, as I said earlier, we need to prioritise health and wellbeing because children cannot learn effectively if they are not healthy and well. Teachers need time and resources to be able to do that.

Part of that is about teachers having adequate training and support while they are in service. Having school counsellors is great. However, there should also be opportunities to have training from experts on how to engage children in physical activity. That is not just about telling children that those are the things that they should be doing, but about having a holistic view of a

healthy life, which includes positive health promotion rather than a reactive approach that focuses on dealing with issues. Therefore, it is about how we all support a positive healthy life. Part of that is about role modelling.

I completely agree with Mike Corbett that teachers need to have the pressure taken off them to allow them time to prioritise. They also need time to undertake training, engage in multipartner discussions and to consider how to embed those things. I agree that we need to support teachers to be able to do that.

Gillian Mackay (Central Scotland) (Green): Has the pandemic undermined attempts to take a whole-family approach? Are schools finding it more difficult to engage with parents after remote learning? Mike Corbett, I will come to you first.

Mike Corbett: We do not have comprehensive evidence of that, but, anecdotally, that is definitely an issue.

I will give you examples from when I was still teaching. We tried to teach as many live lessons as we could. However, it was quite often the case that I would be looking at black screens—the pupils who were there had turned off their cameras. That was slightly perturbing, but we got around that. It was also quite often the case that 10 or 12 pupils out of my class of 30 would not have turned up for that live lesson.

There were all sorts of reasons behind that. Schools attempted to address that by making contact with families, which they were able to in some cases. However, they got nothing back in other cases. There was a sense that many students were going in to a protective cocoon. Work needs to be done to re-establish relationships. Although I have some anecdotal evidence about that issue, I am not sure of the extent of the problem, but it needs to be addressed.

10:15

Judy Edwards: During the pandemic, our schools and nurseries found amazing and innovative ways to engage with families and to facilitate and offer online learning.

However, they found that support to, and relationships and work with, families were not the same online. It was okay for some families, but schools and nursery staff tell us that they were not having the same depth of engagement with many families when that engagement was not face-to-face. There has, without doubt, been a detrimental impact on that aspect of our work.

Before the conversation moved on to that question, I wanted to come in to say that we must keep an eye on family learning as part of what we

consider in this meeting. Although we have talked about health and wellbeing as a curricular responsibility for all teachers, the health and wellbeing of our young people is a responsibility for everyone, including the partners that we talked about earlier, our schools and nurseries and our families.

We can take nutrition as an example. We recently used some funding from a partner agency to provide soup recipes and ingredients. That sounds simple, but it has been eye-opening for some of our families. They are telling us that it is the first time that they have made soup at home. We must focus on how we are educating our families to improve the health and wellbeing of our children and young people.

Kevin Kane: I talked about food insecurity and stigma for families in an earlier answer so I will not say much. It was interesting that one of our members, who works in children's homes, reported that some of the young people engaged better with learning during lockdown because the approach was less formal. Many practitioners could see that there was an impact on the wider family. That led to discussions about the need for greater recognition of the need to engage with families and to continue that approach.

The question of how we do that is connected to the previous questions about rights and recovery. Recently, there has been a lot of debate about having a wellbeing economy. We hope that that will not go away. We believe that a wellbeing economy can work. We need to listen to what youth workers are telling us about partnerships, prevention, early intervention and whole-community and family responses—all the stuff that was at the fore during the crisis.

If we embolden that successful partnership approach and get people round the table, we could develop a multisector, multi-agency workforce that would be dedicated to people's health and wellbeing. That might ameliorate some of the problems that others have highlighted, such as getting together but not taking action, or going off to work in our own lanes. We would have a dedicated scaffold or core that would direct us all to that national vision for a wellbeing economy, with a dedicated multisectoral workforce.

There is so much good work that we could repeat or scale up, but that will take time and patience, including from politicians. It can be easy to continually react with funding, but that leads to people getting caught up in a competitive cycle. If we agree to a core vision, that will strip away some of the competitiveness from the landscape.

Gillian Mackay: In the current context, different schools are working in different ways, depending on their Covid situation. How difficult is it to take a

whole-family approach when one child might be in secondary school and one child in primary school, or when different children might be at different stages of education?

Judy Edwards: In a whole-family approach—that of educating the parents, if you like, along with the child, or in whatever way we do that—children's being in different schools is not too much of an issue. For example, in programmes such as English for speakers of other languages, there would be a whole-family approach. The children and the parents would learn together, outwith the school day. As long as there are such types of activity, in which it is appropriate and relevant that the whole family comes together, I do not see it as a huge issue if the children are in different schools.

Paul O'Kane: Following on from that theme and line of questioning, I want to talk about the community approach. We had started to hear a flavour of the benefit that is associated with taking a community-based approach. Will Kevin Kane expand on some of the benefits of the role of communities in enhancing the wellbeing of young people?

Kevin Kane: The question broke up a wee bit there—I apologise. Was it about the role of communities in—

Paul O'Kane: Yes. In reply to the previous question, you spoke quite powerfully about the community-based approach. I am keen to get a sense from you of what more we can do in communities.

Kevin Kane: First, we have to listen to our communities. At the heart of today's discussion is what is best for young people. I am aware that young people have more access to power—at least, there is an intention that they have such access—in a way that they have not previously had. It is a challenge to do that. The witnesses at the committee today all represent organisations. That is part of our role. We need catalyst organisations and people to bring together information and to advocate for that sector. If we could bring that advocacy, we would more often bring that voice to people in their local communities.

Given that youth work is positioned within the local authority and the voluntary sector, and that we are connected to thousands of young people right now, the right approach would be to invest in that infrastructure. It would also be financially astute. From countless instances of research, including from Unison, we know that there is a social return on investment in youth work, not just in money but in people, facilities, careers, and the time and the space that we have spoken about. If we can do that, we can bring more young people

to every level of decision-making. That would be fantastic. It would also be in keeping with Scotland's ambition on the UNCRC, which received cross-party support, as you know. It was one of the best things that I have ever seen happen in the Scottish Parliament.

We will go through a period of implementation, and youth workers are keenly positioned to drive some of that ambition forward within communities. Young people and youth workers from North Lanarkshire, Ayrshire and Shetland, to name just a few, talked directly to the Equalities and Human Rights Committee on their priorities and hopes for incorporation, but they also do that at a community level, because our sector is rights respecting and rights promoting, and we are unashamed about that. Youth councils are built into local authority structures, and the cultural shift from the UNCRC is such that more people are looking at diverse and innovative ways of bringing communities together.

When I say communities, I am talking about young people and whole families, and the intergenerational potential of the sector to tackle social isolation and bring communities together around a cause. We saw that in Maryhill the other day. People power was to the fore and they kept a library open. That is phenomenal. We believe that, for something like that to happen, it is the youth workers who can enable young folk to realise their article 12 right to be part of the decisions that affect them and, ultimately, to be the change that they wish to see.

The Convener: Thank you, Kevin. I am smiling along because I was on the committee that scrutinised the UNCRC. I remember the evidence that you gave, the amount of work that we did with young people and how strongly they felt about it.

Jacqueline Lynn: That pathway is important in supporting physical activity. That community-based approach is where the sport happens in our clubs and community sport hubs. Since 2014, as part of the Commonwealth games legacy, we have worked across the 32 local authorities to create more than 200 community sport hubs. Those started off very much as sport, but they have evolved and become community-based organisations. If we take the example of Drumchapel, that started off as a gymnastics and table tennis club and was about a pathway to turn young people on to the club and the performance stage. It now has a whole-community approach, with classes and programmes for older people and people with mental health issues. It has become a social space for that community.

The community-based approach is really important as we move out of Covid, particularly for the children and the young people who are outwith school. Where do they go? How do we use the

facilities in our communities to provide those opportunities? More importantly, how do we get an understanding of what the young people would like in those community facilities? From a sport and physical activity perspective, the community-based approach is critical to where we are and how we drive things forward.

Paul O'Kane: I have a supplementary question for Mike Corbett on the role that schools play within the community approach. Schools in my patch are always keen to enhance that strong community approach. They are having to do more with less and they work with community organisations that are experiencing the same. Does Mike Corbett have any reflections on the role of the school in the community approach?

Mike Corbett: You touch on something that was working really well in many areas before the pandemic, which is the whole notion of community schools and, as has been mentioned, the importance of opening up the facilities in schools to the whole community. That has obviously been missing for a while, but it is probably easier to get back to. I will mention one other thing, briefly, because I know that we are short of time. It is how we get not just the pupil voice but the family voice involved. When schools and other organisations do questionnaires and surveys, we have to be careful that we do not just get the usual suspects responding. We need to do more work to reach out, as schools have always done to people who are perhaps not turning up to a parents' meeting or signing off the school report. That point stands more broadly in terms of reaching out to a number of families in the community and genuinely finding out what they want and what we can do to help.

The Convener: Thank you. Our final theme is on deprivation and barriers to wellbeing.

David Torrance (Kirkcaldy) (SNP): We have heard about partnership working in evidence from the panel members who have highlighted several examples. In the area of deprivation and the barriers that it creates for children and young people's health and wellbeing, what role should public services play in bringing together key partners and creating strong networks in deprived communities? How can that be achieved? I ask Kevin Kane first because of his positive comments about Kirkcaldy high school and Scouts Scotland.

Gillian Mackay: I thought you might.

Kevin Kane: I am now feeling a wee bit of pressure to be positive, which I will be. Campaigning around the vision, I can hear that committee members are keen to drive the agenda forward. The short answer is that the role is absolutely huge.

10:30

The local authority elections are coming up, and we will be putting out a manifesto that will have very clearly stated aims. I would actually put the question back to parliamentarians and suggest that the national message be united with the local authority vision, invest accordingly in public services and state that they are sacrosanct and are not going away. That could even be embedded in law, but it is absolutely crucial that it is written in to strategies and plans at every level of government.

Our vision is for young people to be supported through key relationships with youth workers to achieve their potential. As part of the youth work strategy that is coming up, we have been doing a lot of work through the fairer Scotland duty assessment that sits alongside it on youth work's approach in this space, and it is crucial for any plan from the Scottish Government or local authority, regardless of political hue, to recognise youth work's integral role in delivering for young people and communities and as the launch pad or linchpin for local anti-poverty strategies.

The short answer from that long answer, then, is an emphatic yes. That sort of thing needs to be made clear. It will also require a public relations exercise to be carried out to ensure that the message is communicated to the public and that there is a ripple effect, with other people who believe in public services repeating the message to their own people.

The Convener: I call Carol Mochan, who has some questions on poverty.

Carol Mochan: I have found the evidence really useful, but I am particularly interested in finding out how we can encourage young people from poorer backgrounds to take part in sport and other activities that use green spaces. Some of the earlier comments about local services and local government funding were therefore music to my ears.

What are the barriers for young people both in and outwith schools with regard to accessing sport and other activities? What do we as parliamentarians need to do to break down those barriers and give people, particularly those from poorer backgrounds, the opportunity to take part?

The Convener: Perhaps we can go to Jacqueline Lynn first.

Carol Mochan: That would be great.

Jacqueline Lynn: With its commitment to the 32 local authorities, sportscotland is fully committed to driving inclusion and reducing inequalities in sport and physical activity, particularly for children and young people from poorer backgrounds. The barriers are probably

quite well documented, and the issue, I think, is what we are going to do about them. Sometimes the barrier is just finding the confidence to go along and take part in activities, and sometimes it is having the skills and abilities to do so.

The other fundamental barrier is money. There is not enough of it, and issues of poverty and low incomes are huge in all local authorities. We can see the difference that it makes. Indeed, we have evidence from research that we have done through active schools. For example, the opportunities across deciles 1 to 10 are fairly equal, with some dips. However, when you go into the clubs and community organisations, you can see the differences emerging, and that is because of confidence, skills and funding. We also have to remember that young people have choices that they want to make themselves, and we need to listen to them in that respect.

Finally, we have targeted 10 local authorities with projects in which we are driving inclusion. One really interesting project involves the active schools team in North Ayrshire, whose whole-systems approach includes having a dedicated person to drive inclusion in the programme. That person is working with about six families and has really helped to provide opportunities that those families have never had before, such as going swimming together or going to tenpin bowling.

There are opportunities, but I think that those are the barriers that we see, and a multi-agency approach to driving these things and working together would help to take some of them away.

Mike Corbett: In the past, we have done research into problems with the cost of the school day, including things such as school uniform, equipment and money for school trips. The same applies to sport. Money for sports kit and equipment and for travel to where sporting activity is taking place is an issue for many. The past campaign about poverty proofing the school day could be applied more widely to sports activities and other areas.

The Convener: Carol Mochan, is there anything else that you want to follow up on?

Carol Mochan: No, that confirms some of the work that we need to do, which is helpful.

Sue Webber (Lothian) (Con): It has been an informative session. I declare an interest as a councillor in the City of Edinburgh Council. As a mad keen hockey fan and umpire, I have seen at first hand the role that sports clubs and their teams and volunteers can play in addressing those inequalities. I get the sense that it is the hard work of clubs rather than policy that assists with that. I am trying to figure this out in my head. Do you get a sense that the Scottish Government's focus on supporting equity in schools is dovetailing with

other policies that support the health and wellbeing of deprived communities and families?

10:39

Meeting suspended.

Jacqueline Lynn: You make a great point. Clubs have been around for many years. They are run and driven by volunteers who are committed and dedicated people who give up their time. You are right that they do all the hard work to get people involved, although the Government is working hard to tackle that. There is a recognition that more needs to be done, but the recent programme for government included the opportunity to double the budget to £100 million for sport and active living. There is an opportunity here, but it is about how we work with the clubs, the governing bodies and the volunteers to make sure that they are supported on the journey.

We need to keep driving those policies, but for us, it goes back to the active Scotland outcomes framework. We have great policies, but how do we drive the practice and turn it into action, so that children and young people get those opportunities? We have excellent examples of clubs and governing bodies doing fantastic inclusion work in Edinburgh and across the country. There are opportunities, but they need resource and we need to look at how to tackle the issue for young people who live in poverty or on low incomes. That is really hard.

Dr Booth: I will bring it back to the evidence that came out of Covid. One of the positive things that was reported was many families saying that, because of the restrictions and the one permitted outing per day, they actually spent more time going out for a walk as a family than they had done previously. Some families said that they when they were not taking children to lots of different clubs, they had more time to go for a walk together or access the wonderful outdoor resources that we have in Scotland. That is one of the key things that is not being discussed as much.

We touched on outdoor education, which potentially has an important role. It is not just about clubs, although I am not saying that they do not play a huge part, especially in areas of high deprivation. Encouraging a love of and a view of the outdoors as being something that everybody can access if we support them has a huge role to play, especially for young people from more deprived areas who are not able to go to sports clubs as easily as young people from more affluent areas.

The Convener: I thank our witnesses for the time that they have spent with us. Your evidence is hugely valuable and very much echoes a lot of what we have heard from other panels during the inquiry. I suspend the meeting to allow the next panel to onboard.

10:55

On resuming—

National Planning Framework 4

The Convener: Welcome back. Our third item is an evidence session on the national planning framework 4. I welcome to the committee Irene Beautyman, who is place and wellbeing partnership lead at the Improvement Service; Dr Matt Lowther, who is head of communities and local partners at Public Health Scotland; and Professor Jamie Pearce, who is professor of health geography at the school of geosciences at University of Edinburgh.

One strand of the NPF4 strategy in which we are interested is liveable places and how those will be designed for the benefit of health and wellbeing. What do we know about spaces and liveable places? Do we have enough information on what those will look like and on what we should be striving for? Will any aspects of the framework have a particular impact on our nation's health and wellbeing?

Irene Beautyman (Improvement Service): Thank you for the opportunity to speak today. The issue of liveable places is high up the strategy, which is to be welcomed. The link into public health and keeping us healthy almost joins together the two ambitions of planning to manage land and using buildings in the long-term public interest. That public interest sits within public health, which gives us the evidence and research that tell us what we need to be doing in places and what every place needs for it to be more liveable. That includes using places in a more preventative manner to keep people well, enable them to thrive and deal with other inequalities that Scotland faces.

In my role, I have been doing a lot of work on linking together what the Improvement Service does to help councils and planning authorities to deliver such places with all the evidence that sits in public health about the things that we need to get right.

We have spent a number of years pulling together a set of place and wellbeing outcomes. At the beginning of January, we submitted that as part of our input to the Local Government, Housing and Planning Committee's call for views on NPF4. That sets out what every place needs for everyone in them to thrive. There are different themes, which give a lot more clarity than I can see in the draft framework on how we move around; on our access to space, including open space and streets; on our access to facilities, amenities, affordable homes and work; and on our ability to take part in society, feel safe and have a sense of belonging.

All those aspects are about behaviour change. They give someone stepping out their front door the opportunity not only to lead a more active life that will help their physical and mental wellbeing, but to change the decisions that they can make that impact on whether they live in poverty, whether they feel socially isolated or whether they feel supported by their community when they hit trauma or any issue in their life. We look at our ageing population, which is an important aspect, too. There are evidenced links, which we have submitted along with the set of place and wellbeing outcomes.

I have been hearing comments about how, overall, the framework lacks clarity. Clarity is needed to help us to hit the ground running. The document will be used by development management for big decisions that will be made as soon as the framework is taken on board. We could really hit the ground running and help to deliver places that address all our current crises around climate, inequalities—including health inequalities—Covid recovery and so on.

There needs to be more clarity, and we need to be clear that we need all the policies to be used. We want to avoid a debate across 32 councils, with some councils saying that they are using only 10 and others saying that they are using only four. All sectors need to have clarity and confidence in the framework.

11:00

The Convener: You have hit on the fact that the policy sits at council level and relates to local development plans. We are just about to have council elections, and people who have not been councillors before might come into those roles. Is there a need for them to have a degree of training on the goals of NPF4 and how the decisions that they make need to dovetail with those?

Irene Beautyman: Absolutely. There definitely is a need for training, because the national planning framework has a new set of outcomes for planning to deliver that have not been there before. We now have outcomes for health and wellbeing, and we need to deliver not just on housing and growth but for our ageing population and on biodiversity and the climate. We need to do that together; we should not be off in silos delivering on one aspect of how a place contributes to addressing the climate crisis. It cannot be a healthy town versus a climate-based town; we have to combine those.

The skills to be able to understand that link and add a level of scrutiny when officers and councils move things forward have been highlighted this week. I have seen a lot about one of our councils approving an out-of-town retail centre at a time

when we need to think about car-oriented development and how we change the hierarchy. We need officers and councillors to buy into that and understand it so that they can truly represent the needs of all people in our society. They need to understand how decisions that are made about an out-of-town development have an impact on people who live in the town but have no access to a car.

Dr Matt Lowther (Public Health Scotland): Public Health Scotland welcomes NPF4 and the focus on public health. It is probably the first time that the planning framework has had such a focus on health—it is writ large throughout the document, which is really good to see from a public health perspective. We have recognised for quite a while the impact that good-quality places can have on long-term health outcomes, but it is really welcome to see that formally recognised and embedded in such an important document.

You specifically asked about the liveable places policy, convener. That is where the majority of the health stuff sits, but health could be woven through other elements of the framework. Sustainable places, productive places and distinctive places will all ultimately have an impact on health.

You asked about the components of a neighbourhood or place that affect health. There are lots of those. When we talk about place, we use a fairly broad definition of it in relation to health. We might touch on the place standard, which has 14 different themes. All of those themes are place based and have evidence behind them that shows the impact on health. I will pick out a few.

We know how our neighbourhoods are designed. They are where people live, work and play. How they are designed can have significant impacts on health. It can improve the way in which people interact socially, improve levels of physical activity, reduce air quality and improve access to services, for instance.

Another key element is housing, which can impact on health through a raft of different mechanisms. Perhaps we will talk about housing later.

Place policy can also have a significant impact on our local food environment. Our lifestyle is affected by our access to good-quality food and to alcohol and other substances that could harm our health. We have lots of good-quality evidence on access to good-quality natural and sustainable places—I am sure that Professor Pearce will touch on that. We know that just being in contact with nature and having access to it is good for our mental and physical health.

Another key element that is important to health from a place perspective is transportation—how we move around and access services and how we increase our levels of physical activity through active travel and transport.

There is a variety of mechanisms. Overall, we welcome the focus on health in the policy.

The Convener: That is really helpful.

Professor Jamie Pearce (University of Edinburgh): Good morning. It is worth reminding ourselves of some of the public health challenges in Scotland and connecting those to the discussion. The committee will be aware that we have some of the most significant public health challenges in western Europe. If we think about what some of those challenges are, we would probably identify mental health, alcohol, tobacco use, drug use, lower life expectancy and greater health inequalities, both socially and spatially.

A range of processes explain that and the things that we can do. The planning system is integral to that. As the other witnesses have said, we very much welcome the focus on the planning system and the significant opportunities that it offers us to improve the health of everyone in Scotland, not least by reducing inequalities, which is an important part of the approach.

As Matt Lowther said, many elements in the NPF documentation offer welcome steps that can benefit the health of people in Scotland. Access to, and the quality of, green spaces is a good example. We know that green spaces are beneficial for health throughout someone's full life, from birth through to older age. In particular, we know that formative experiences of green space have a lifelong impact. There are some really welcome things in the document.

As a public health researcher who is interested in the connections between health and place, I argue that there is quite a piecemeal approach to thinking about those connections. Some aspects are represented really well and some are largely overlooked. One of my take-home messages is that there is an opportunity to think holistically about the key public health challenges in Scotland. What are some of the underlying aspects of the planning system that are integral to addressing those challenges? How can we bring those things together to make a large-scale impact in improving public health in Scotland?

The Convener: It would be remiss of me not to pick up on what you said about aspects being overlooked. Are you able to articulate what those are?

Professor Pearce: Yes. It is useful for us to look at the food system, for example. We know that obesity is one of the big challenges. It is

important to address the proliferation of highly saturated food in our communities and to improve access to high-quality food, and that work is starting to come through.

We know that other commodities are really bad for our health. Alcohol and tobacco are two of the remaining big health challenges in Scotland. For example, one in five deaths in Scotland is attributed to tobacco. However, the availability of tobacco and alcohol is not represented in the document. An important part of the planning system is making sure that we support our communities to have the healthy lifestyles that we all aspire to. That is one example of the opportunities to make a significant difference.

The Convener: That is helpful. The next questions will dig into the place of health in the framework.

Emma Harper: Good morning. You have talked a bit about what the national planning framework contains with regard to aspirations for supporting health and wellbeing. Does the framework give enough priority to health and wellbeing in relation to planning decisions? I am not sure who would like to answer that.

The Convener: Professor Pearce, we will go to you first.

Professor Pearce: That is a key point. You will not be surprised to hear me say that, although the climate and net zero-carbon priorities are important, I would like the opportunities for improving public health in Scotland to be given a high priority, too.

Elements of health are peppered throughout the document, but I think that Scotland would benefit from health being given a high-level strategic priority in relation to planning. That is how we will ensure that all Scots have access to a healthy environment in a way that will support their health and wellbeing and reduce inequalities.

I would like health to be given a high priority, and for that to be evident throughout the document.

The Convener: Do any other witnesses want to come in? I neglected to mention that, if anyone wants to speak but has not been addressed by a committee member, they can type an R in the chat box.

Irene Beautyman: The question about specifically addressing the issue of health and wellbeing is a good one. As Jamie Pearce said, health is peppered throughout the document, but it says that the actual planning policy for Scotland is guided by principles around climate and nature. That emphasis surprised me, because I feel that it must also be guided by what is happening with regard to health inequality, which Jamie Pearce

referred to, and poverty, as well as by climate, nature and all the other outcomes that it is being asked to deliver on.

There is a policy on health and wellbeing, but it is dealt with at a fairly high level and does not get into the meat of the issue. That part of the document moves quickly to a discussion of health and social care facilities, which are only one small part of how we are addressing health.

There is almost a need for a further policy that is akin to the policy that Wales has, which asks people to think about the long-term impact of all our decisions on our ability to prevent the persistent problems that we face in our country. Those problems include climate change, but they also include poverty, health and other inequalities. The places that we create can have a huge impact on those issues. That sort of overarching policy might be missing. Although having climate and nature as guiding principles is laudable, public health is missing from the approach.

Dr Lowther: One of the six outcomes for the national planning framework is about public health, which is to be welcomed. Obviously, the framework is a fairly high-level document that is meant to set the tone. However, with the sort of issues that we are concerned with, the devil is always in the detail, and we know that guidance is being developed that will get into the detail of how the policies will play out.

The key question that we need to ask ourselves—this might be the test—is, if a local planner wants to refuse development on the basis of health, will this suite of documents allow them to do that? We know that, in the past, that has not been the case.

I know that there is a requirement, as part of local development plans, to conduct a health impact assessment, which is to be welcomed, and I know that major developments will be subject to health impact assessments—again, that is to be welcomed. However, the framework does not say much about the ability to approve or reject applications specifically on the basis of health. It would be helpful to have more detail on that. It would be good if it were clear what the mechanism would be for making a decision in a situation in which a local planning department or a local public health team had concerns about a development's impact on health.

11:15

Emma Harper: I have a brief supplementary question for Irene Beautyman or Matt Lowther. Is it sufficiently clear which developments generate significant health effects? I am thinking about how someone's mental health and wellbeing can be impacted by living next to derelict buildings or

vacant or abandoned land. There is research that says that abandoned buildings and shops can make us feel unsafe and that run-down environments contribute to anxiety and low mood.

If we are trying to support planning to help mental health, should we be trying to expedite planning to deal with the derelict and vacant buildings that affect mental health? There are many such buildings across the region that I represent, from Stranraer to Dunbar, such as the George hotel in Stranraer's town centre. Do we need to ensure that developments generate significant health and wellbeing effects, and also deal with the issue of derelict buildings?

The Convener: I am not sure who wants to come in on that question. Jamie Pearce might be a good person to talk about that.

Professor Pearce: I support what you are saying. There is evidence from research, including research in Scotland, that derelict and brownfield sites have detrimental health impacts. It has also been shown clearly in Scotland that crime and perceptions of crime are also closely linked to mental health. The issue that you raise is a nice example of the way in which the planning system can focus closely on those issues through a public health lens to ensure that development needs also meet health needs. The framework must support that.

Irene Beautyman: I agree with you and Jamie Pearce about the effect of vacant and derelict land on mental health. I would also go so far as to say that most developments of a substantial size have the potential to have a negative impact on mental health or physical health. There is an opportunity to ensure that that is considered in general terms and with regard to different age groups, especially our ageing population.

I am thinking about issues such as out-of-centre housing developments—housing is a big aspect of what the NPF is being asked to deliver on. If we continue to build low-density housing estates on the edge of town, where it is difficult to access services without a car, we are building in inherent physical and mental health problems, particularly as people in that area start to age, but also in terms of social isolation, because people in such developments will not be walking around their areas and building community cohesion.

I would say that the impact of all large developments on physical and mental health needs to be thought about.

Dr Lowther: It is a good question. I agree with Irene Beautyman and Jamie Pearce that all developments have the potential to impact on health.

I want to make a point about the definition of a major development as opposed to a local development. A lot of the focus, particularly in relation to health impact assessments, is on major and national developments. However, we know that the majority of developments are local ones, which I think are those with fewer than 50 homes. I would argue that such developments are really significant, and there are literally hundreds of them across Scotland. They definitely have the potential to impact on health but, as I understand it, the policy focuses only on the major and national developments.

Again, there seems to be a bit of a gap there. As I said before, the devil is always in the detail with these issues.

The Convener: Thank you. We move to questions from David Torrance.

David Torrance: Good morning. In relation to local living, do you expect 20-minute neighbourhoods to have a significant positive impact on health and wellbeing? If so, in what ways?

Dr Lowther: In a word, yes. I welcome the concept of 20-minute neighbourhoods. Over the past couple of years, with our experience of Covid, the power of living locally has been evident. As we were saying earlier, having good-quality access to good-quality local services is important to our health and wellbeing and our communities. Anything that can increase our levels of physical activity and social interaction, which is what 20-minute neighbourhoods can do, is important for our health.

Obviously, there are issues and questions around how many of our communities can become 20-minute neighbourhoods, but the underlying principle of creating much better local access to good-quality key services that people need every day is good and is welcome from a health perspective.

Irene Beautyman: I think that 20-minute neighbourhoods are one of the most noticeably impactful ways of realising the benefits of living locally that we have had for quite some time, so I welcome the idea.

We can look across the world to see what elements other people think it important to include in their 20-minute neighbourhoods. Given that the NPF enables us to assess large applications, we have an opportunity to pin down those elements now. Unfortunately, I have already seen many communications about developments that claim to be 20-minute neighbourhoods because they have put in cycleways and have one local shop, but we are talking about more than that.

If we do not pin down what we require in our 20-minute neighbourhoods, we risk developing a planning system that ends up with local government—which is already not sufficiently resourced to deal with its duties and responsibilities—and people in other sectors having endless debates about what we mean by a 20-minute neighbourhood. The NPF expresses support for 20-minute neighbourhoods but does not say exactly what we mean when we talk about them. We need to talk about other aspects, such as density of housing, people feeling that they have some influence over the place outside their front door and so on. The concept of 20-minute neighbourhoods is about more than active travel.

We could spend a lot of time debating that and taking up a lot of time that planning officers do not have with inquiries and discussions of cost, but it would be better to pin it down now. That is why our set of place and wellbeing outcomes that we have considered and tested includes the sort of wording that could pin down exactly what a 20-minute neighbourhood needs to be. If we pin it down now, everyone in Scotland can start from the same place, and there will be a consistent and comprehensive approach, which will give a lot of confidence to all sectors that participate in the planning system.

The Convener: Are you happy to leave it there, David, or do you have another question?

David Torrance: I have a small supplementary. How will the benefits of 20-minute neighbourhoods be realised in remote and rural areas? How can we ensure that those benefits are achieved? I put that question to Matt Lowther.

The Convener: Irene Beautyman also wants to come in on that, but we will go to Dr Lowther first.

Dr Lowther: Again, that is a good question. For me, the issue is about how we improve our services in those communities so that we can ensure that people can access the daily services that they need. That is why I am so drawn to the concept. It is about trying to improve access to good-quality services for everyone.

We must be realistic and pragmatic. People in some of our rural communities will not be able to walk to all our services within 20 minutes. We should not get too hung up on the 20-minute aspect. For me, the issue is about improving the quality of access to key local services. That is what we should aspire to.

Irene Beautyman: It is a very good question, given how much of Scotland is rural. Whether someone lives in a house on its own in the countryside or in a hamlet of 17 houses, they will relate to their nearest settlement and say that they live outside it. We must ensure that, when people get to their nearest settlement, that place delivers

as much as possible for them, so that they do not have to go on to another settlement 50 or 100 miles away to meet their daily needs.

It is accepted that not everyone can have 20-minute living on their doorstep, but in rural areas, local settlements should be treated as 20-minute hubs and we should think of them like that. We should not think of them as places that can spread and sprawl out because they are in the countryside. They are the 20-minute neighbourhood hubs of the future for their areas. We should build at an appropriate density and should look to provide all the aspects of a 20-minute neighbourhood within those hubs. People can choose to live within them or outwith them, but when they get to those hubs, they should be able to park the car that they needed to use to get there and to access everything that they need in the same way that someone who lived in a more urban environment would do.

There is a big opportunity to think about how we develop rural towns and to address rural depopulation, which is one of the asks in the national planning framework.

The Convener: Sandesh Gulhane will dig more deeply into issues for rural areas.

Sandesh Gulhane: When a housing development is greenlit, an assessment is carried out of the impact that it will have on schools, but there is no assessment of whether primary care will be able to cope. We know that there is a historical lack of staff in rural areas and that the lack of homes and transport infrastructure makes it less likely that those areas will attract staff. Should the framework include an assessment of a minimum requirement for the health and care services that should be provided alongside new developments? I have a supplementary question that I will ask later.

Professor Pearce: Communities need a range of services for people to be able to live healthy and fulfilling lives, and the provision of primary healthcare services is part of that.

The good intention of the national planning framework would be to look holistically across all needs. That comes back to the previous question. In rural communities, those needs might look—*[Inaudible.]*

The Convener: We appear to have lost Professor Pearce. While we try to get him back, I will bring in Dr Lowther.

Dr Lowther: The quality of services and the access to them could be picked up through health inequalities impact assessments or health impact assessments. When an LDP is being formed, the HIA can be used to consider how planned developments might have an impact on health.

That includes an assessment of access to services such as health and social care services. I hope that that would be picked up and taken into account when an HIA is provided as part of an LDP.

Irene Beautyman: The framework mentions that the provision of health and social care facilities should be looked at. It could say a little more about the need for closer relationships with health and social care partnerships in order to ensure that there is provision. I know that that happens in some Scottish councils, although there are fewer better-formed connections in others. In my 28 years as a town planner, I saw a variety of approaches as to whether that was bottomed out before the growth of a particular area was considered.

There could be something in the framework about ensuring that such evidence is looked at, while working more closely and building relationships with the health and social care partnerships to establish where there is capacity and where there is a need for a matching up of provision for areas that are growing.

11:30

Sandesh Gulhane: I see that Professor Pearce is back.

The Convener: In that case, if you want to ask your supplementary question, I will invite Professor Pearce to respond first. He can round off his earlier points and then address your supplementary, if that is okay.

Sandesh Gulhane: Absolutely. Irene Beautyman was talking a little bit about this. Can we really use planning as a tool to improve health services, especially in our rural areas?

The Convener: Let us go back to Professor Pearce. We heard most of what you were saying earlier, but your sound dropped off at the end. It is good that you have been able to rejoin us.

Professor Pearce: Yes—I am sorry. I am not sure when I got cut off, but I was making the case for a holistic approach to health services.

In rural areas, on the point about 20-minute—[*Inaudible.*]*—*that more as a principle and a metaphor. I think that we should be applying that to our health services, too. What are the services that we need? How do we make sure that they are as accessible as possible to those communities? The spatial planning framework helps us to do that, as it makes us think about what we need reasonable access to in our communities, and I am sure that it will be a helpful step towards that.

Irene Beautyman: I think that we can use planning in that way. What we have just been

discussing around 20-minute neighbourhoods and local living means that, in considering existing areas and any future new areas, we ensure that access is provided for people's daily and weekly needs—not hospitals and so on, but access to health services that can be planned in. That requires closer links with health and social care partnerships.

There is frequently a breakdown in sending a local development plan off to the director of public health and the health and social care partnership once the plan has been prepared. However, so many councils are doing great work: they are talking to them up front, planning around what is already there and taking that into account. The emphasis on local living and local facilities can only support that as we move forward.

Dr Lowther: Territorial health boards are key agencies, and they are required to be consulted in relation to local development plans. As Irene Beautyman said, it is a matter of ensuring that that relationship is strong right at the beginning so that, when we produce our local development plans, we do it in the light of the health and social care needs of the population right at the beginning. For me, it is a case of ensuring that those connections are strong right at the beginning of the process.

The Convener: Let us now move on to talk about health inequalities.

Sue Webber: I would be interested to hear your comments about the 20-minute neighbourhood being about more than active travel. How, in your mind, does national planning framework 4 account for the needs and experiences of disabled people? The 39km or 40km of segregated cycle lanes that have been put down in Edinburgh under the premise of spaces for people have caused a lot of concern for disabled people and those with mobility issues. What can be done to build more inclusive settlements?

The Convener: That is a great question. Let us go to Dr Lowther first.

Dr Lowther: Yes—it is a great question. Again, I guess the devil is in the detail. When we are starting to write the guidance that sits alongside NPF4 and describes how it will be implemented, we know that it needs to be clear about how developments can be produced in a way that is truly accessible for all our communities. At the moment, the document does not say a huge amount about that, so it could potentially be strengthened in that area.

You also mentioned inequalities. There is an opportunity for the planning system to have real impact on health inequalities. We might touch on that later in the session, but I think that the guidance that sits alongside NPF4 is going to be

critical for getting that right and making sure that it is truly accessible.

Sue Webber: Where I struggle a bit, Dr Lowther—although maybe the next contributor can address this—is that all the documents go from walking to wheeling. An awful lot happens before someone who walks ends up in a wheelchair. I really struggle with that. It does not seem to allow for those who are striving to walk and want to get out. Do you understand where my approach and my thoughts are?

Dr Lowther: Yes—absolutely; that is what I was trying to say. We need to be clear about that in the guidance. For me, it raises the need for health inequality impact assessments and not just health impact assessments, because that is the whole idea behind a health inequality impact assessment. There are tools and guidance that allow us to do that. We can look very specifically at these sorts of policies and think about how they will impact on all our communities. I would particularly push for health inequality impact assessments as well as health impact assessments, because I think that they will pick up those sorts of things.

Sue Webber: Thank you.

Irene Beautyman: This issue is precisely why I can be known to rant a bit about use of the term “20-minute neighbourhoods” and going on and on about 20 minutes. It is about different population groups. It is about people walking and travelling through their urban and rural places at different paces, and we need to take account of that.

The place and wellbeing outcomes that we have input into the process so far were very clear that we have to see that through the lens of all our different population groups, including taking into account different abilities for mobility and for how people can move. That issue also touches on what Matt Lowther was saying about other groups in our population and considering how we deliver places with an eye on all those different aspects of a population. We really need to be talking about local living, because it is not about some arbitrary number of minutes, although that has captured the attention.

Where we have used those place and wellbeing outcomes to assess a place and how it is moving forward, we have looked at them through the lens of not just the national outcomes and the place and wellbeing outcomes but all the different population groups, including those with changing mobility, particularly because of our ageing population.

We need more on that. I would certainly like to see it now, so that planning authorities can hit the ground running when they assess this and get that change to happen.

Sue Webber: I have one more question, which is on an issue that Irene Beautyman also alluded to. One of the stated aims of the national planning framework is to increase the density of settlements. However, through the pandemic we have come to understand the value of green spaces in our urban areas. How will the need to support active travel and public transport be balanced with protecting our green spaces, which might be the spaces that are used to create active travel routes?

Perhaps that can go to Professor Pearce.

The Convener: We will go to Irene Beautyman first, with her planner hat on.

Irene Beautyman: Density is very important, but there does not have to be a huge increase in density. We are not talking about going up to high density levels; we are just talking about pulling away from the large detached villa sprawl that we tend to see around most of our towns in Scotland, which does not enable us to live more densely so that we walk more and support our local shops. A certain number of households and size of population is needed to do that. If we want people to use local shops, things have to be a little bit closer together.

That is about having a mix of housing types—terraces, colonies, flats—and making more use of lower ground-floor flats for our ageing population. Many great places in our cities—I am in Edinburgh just now—have a mix of large villas, tenements, colonies and semi-detached houses. We need to achieve more of that mix while still providing access to open space, which is crucial; any development should not come at the cost of that.

There is a cost to always building individual blocks that will not necessarily meet the needs of our ageing population in the future. When we rely on the private sector, we find that it tends to take the approach that makes the most profit for shareholders. That is its business model, which is fine, but it does not enable us to create the greatest places.

We need both things that you mention—we simply need a change in the uniform spread that we currently tend to see.

The Convener: We move to questions on conflicting interests from Gillian Mackay.

Gillian Mackay: Do the witnesses recognise that some of the Scottish Government’s aims and ambitions that the framework highlights conflict? For example, how does the action to support the whisky industry in order to provide sources of local employment line up with the public health aim to reduce alcohol consumption? That equally applies with regard to other areas that we have spoken about today, such as road building, and their

impact on public health. Do you feel that public health should be prioritised over some of those other aims?

Dr Lowther: That is a very difficult question to answer. We know that economic investment is incredibly important and provides public health outcomes. It is difficult to provide a definitive response. From my perspective, I am responsible for creating the right places, and part of that is about creating economic investment, which is important. We also need to ensure that all our decisions are based on the evidence and the science, so that we can model how certain actions could potentially impact on public health.

We need to take a proper evidence-based approach to such decisions. As I said, they are difficult decisions, because we know that economies are so important for local public health outcomes. I apologise if I did not answer the question definitively, but there is no simple response.

Gillian Mackay: That is great—thank you.

The Convener: [*Inaudible.*]

Sue Webber: We seem to have lost the convener. Perhaps the deputy convener can take over.

The Deputy Convener (Paul O’Kane): I think that we are coming to my questions anyway, which is neatly timed. I will kick off this section, in which we are looking at national developments.

There are 18 national developments in NPF4, which seems like quite a lot. These things can often become quite cumbersome, and I am keen to understand what impacts those 18 developments will have on health and wellbeing.

Dr Lowther: As part of the process for developing NPF4, we undertook an evidence assessment that looked at the potential of those national developments and how they impact on health. We concluded that, from a public health perspective, all the developments have the potential to impact on public health. It is difficult to answer the question on the number of developments. I have looked only at the individual developments. I am fairly comfortable and positive about what they say about health impacts.

11:45

The Deputy Convener: I cannot see anyone else wanting to come in on that question at this stage, so I will move along. In national developments, should the impact on health and wellbeing be given equal consideration to, for example, the impact on the climate and the climate emergency? We know that there is a huge focus on that at the moment.

Irene Beautyman: On the impact of the national developments, the policy and the strategy, in every case we need to be considering the impact on both climate and health and achieving that triple win that we keep talking about. When we look to do something that is focusing on climate—the NPF is clear that its primary guiding principle is around climate impact—we must ensure that that will not have unintended negative consequences on health. We can achieve both. It is more important that we work in collaboration to ensure that we are delivering all those things, and it should not be a question of prioritising one over the other. We can do both if we give ourselves a little bit of time to collaborate and talk through what we need to achieve in both areas and how we can do that.

Professor Pearce: I firmly agree with what Irene Beautyman has just said. I would add that applying a public health perspective to the 18 national developments raises the question of how those were chosen. It comes back to the supplementary point that you just made, deputy convener, about ensuring that health is a key principle. If health was a key principle in the selection of those 18 national developments, it would be good to know how those decisions were arrived at. I am being slightly sceptical here, but maybe health was not a key principle in deciding on those.

I go back to the conversation that we had at the start of the meeting about ensuring that health is up there as a key strategic driver. We must think through the benefits in relation to health and wellbeing and inequalities in a forensic way and target them throughout each of the national developments.

The Deputy Convener: The convener is in the process of rebooting her computer, so I will continue to chair the meeting. We move to questions from Stephanie Callaghan on outcomes.

Stephanie Callaghan: Earlier, Irene Beautyman mentioned the work done by the Improvement Service and Public Health Scotland on spatial planning health and wellbeing outcomes. How can the proposed outcomes be embedded in the framework so that they are used consistently?

Irene Beautyman: We already have a set of policies in part 3 of the national planning framework, and the place and wellbeing outcomes provide a lot more clarity than the current set of wordings. Policy 6 talks about the design quality of a place, which is crucial. We could be using the place and wellbeing outcomes wording itself to give much more clarity on the consistent, comprehensive things that we need to be considering in order to ensure that everyone is singing from the same hymn sheet, rather than

debating those over time. They can be embedded in that policy.

At the moment, the wording includes things such as “a sense of joy” and a feeling of “playfulness”, which are not phrases that planning officers who are determining major applications for change in areas can actually use. They need wording that can enable them to make decisions confidently. That needs to be backed up with evidence about inequalities, including health inequalities, in an area. They need confidence from the wording that is established in the national planning framework.

My recollection is that, when we began the process, the national planning framework was to take a lot of the burden off local development plans by putting in place a national policy for Scotland that could then be used to produce slimmer and more agile local development plans, which would speed things up and move them on. I do not think that the level of clarity that is currently in the national planning framework allows for that to happen—certainly, that is what I am hearing from others across the board. It would be beneficial to use the outcomes wording as a strong example of what we could be doing, and then consider whether it needs to be augmented in regard to the specific interventions that are required to deliver on the place and wellbeing outcomes. Every local development plan across Scotland has some of those elements, but not consistently so.

We support planning officers across Scotland, as well as heads of planning, with the planning skills series. The planning officers have told me that, frequently, they do not have the confidence to apply the outcomes, which goes back to what Dr Lowther said earlier. They do not feel that they have the teeth to confidently say to a developer, “Look, you’re not providing a good density, with good-quality open space and all the elements that we need to create a successful place, so we will turn you down.” If councils can build a reputation of taking that approach, they can eventually make a turn in the type of application that comes to them. However, that takes time, which is what concerns me. We need to get going now, and embedding that wording and quality would enable us to do so.

Stephanie Callaghan: That is helpful, thank you. I should say that I am a councillor at South Lanarkshire Council. I am no longer on the planning committee, but I was previously. Deputy convener, is it okay if I follow up with another short question?

The Deputy Convener: The convener is now with us again. I have had my five minutes of fame, so I will pass back to her.

The Convener: Thank you. Stephanie, before you ask your question, Dr Lowther and Professor Pearce wanted to come in on your initial question.

Dr Lowther: I will add to what Irene Beautyman has just described. The health and wellbeing outcomes allow us to clearly describe what a healthy, sustainable place looks like in its totality. However, I do not think that that is clear in any of the documentation that has been produced. The health and wellbeing outcomes are clear: if you want to create a healthy and sustainable place, there are 14 things that that place needs to achieve. The outcomes are very clear in that respect.

There is an opportunity to embed those place and wellbeing outcomes in the guidance on LDPs that is being produced and consulted on at the moment. Potentially, the outcomes could be listed in one of the annexes, so that local planners, developers and others who are involved in the planning system can properly understand what a healthy sustainable place looks like.

Professor Pearce: It is important that the outcomes are tied to the ways in which the planning framework can affect health, with concrete pathways. For example, obesity might be one that is identified. It is important that we think about the pathways, one of which might be improving access to nutritious food, as well as the health outcome, which might be reducing obesity levels among school-age children—that would be an obvious example.

It is important to think about the steps and stages through which the planning system can affect the outcomes, as well as the strength of evidence connecting the two, to ensure that it is informing whatever the outcomes are.

Stephanie Callaghan: That is great; thanks to you all for your responses.

I do not know whether you saw the session with the first panel, but Dr Booth and Jacqueline Lynn stressed the need for infrastructure to allow women and young girls to get active and feel safe in the community. Has that issue been adequately addressed, or should there be more focus on it?

Irene Beautyman: That comes back to what I was saying earlier about mobility. When we are looking at any major proposal for change, we need to run it through the lens of different population groups. That is why those groups are listed at the bottom of the place and wellbeing outcomes. One is women and another is young people. We know that open spaces need a different set of requirements if we are going to get young girls in particular to take part, because they have a different set of asks from that place. We need to consider that.

We also need to consider comments that are made in the policies about equalities. The policies say that we need to talk to communities in an appropriate and—I cannot remember the other word—manner. We need to ensure that we talk to all parts of communities or to our community planning colleagues who are aware of all parts of communities and their needs as well. That is an important aspect of the approach.

It comes back to Katherine Trebeck's wellbeing economy measure of using the ability of 12-year-old girls to cycle to school as a way of monitoring a country's success rather than it being purely about gross domestic product. That is crucial.

The Convener: I promised that, if we had time at the end, I would allow Emma Harper to come back in for her very targeted and brief supplementary question.

Emma Harper: Thanks very much for indulging me, convener. My question is for Dr Matt Lowther. He mentioned the place standard and described the 14 questions in the framework that aim to let communities, public agencies and voluntary groups find aspects of the place to target health, wellbeing and quality of life. How do we know that people are aware of the place standard tool and are using it? Yesterday, I called Dumfries and Galloway Council planning department. It was not aware of the tool but was certainly going to look into it. How do we ensure that such tools, which can support better planning for public health, are available and used?

Dr Lowther: That surprises me, because we know that every local authority is using the place standard tool. We have a national alliance that brings together people who use it. We have representatives in each local authority area with whom we engage about the tool. It has been used hundreds of times across Scotland. We have an accessible website. We have had international recognition for the tool and it is used in dozens of other countries.

That is not to say that we can rest on our laurels. Of course, we will always need to do more. If there is something specific that you think we need to do to get the message out about the tool, or if people think that it is not getting out, we can look at that. However, I am surprised at what you say, because we have a national alliance and we have contact with all our local authorities, which are all using the tool.

Emma Harper: That is good to hear. It was only one person I spoke to, so it might be worth my following it up more widely as well.

The Convener: I thank our three witnesses for their time. It was an interesting discussion and has given us a lot to think about. That is the end of the evidence session.

At our next meeting, on 1 February, the committee will take evidence from the Scottish Government as part of our inquiry into the health and wellbeing of children and young people. We will also take evidence on two common frameworks.

That completes the public part of our meeting.

11:58

Meeting continued in private until 12:31.

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