

## Streets for people

Lessons from a return to local living

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# Summary - How is 'local living' reshaping communities?

## More people are working from home

- New work routines can free time previously dedicated to commuting to work. This greater flexibility means that there is more potential for parents to accompany children to and from school by foot or bike, especially for younger children, with the added bonus of parents getting some physical activity into their day as well.

## People are getting to know their communities

- The increase in 'local living' during the lockdown and more people out and about using local streets and parks puts 'eyes on the street' and may help alleviate concerns about not knowing many people in the neighbourhood.

## Children have gained more confidence and skills

- Walking and cycling as a family has hopefully enhanced parental confidence in their child's ability to cycle and to negotiate the streets in their neighbourhood, including en route to school, and at the same time taught children critical skills and enhanced their own confidence to use active modes.

## Less traffic

- The amount of traffic en route to school is one of the top reasons parents give for not allowing their child to cycle to school. This is a significant opportunity to improve the health of our children as well as the planet, the latter being a major concern troubling young people in the face of climate change.

## Introduction

**The coronavirus lockdown dramatically changed daily life. Unprecedented numbers of people working and learning from home, an obligation to stay local, and exercise one of the few reasons people were permitted to leave their homes resulted in more people using local streets and parks for walking, cycling and exercise.**

While there is limited data available, media and Twitter reports suggested bustling local paths, streets and parks and high levels of cycling, with soaring bicycle sales said to be the 'new toilet paper' (Mark 2020).

A report using data from the Victorian Bicycle Network showed 138- 778% increases in bike riders using just eight Melbourne trails on a single Saturday in March 2020 compared with November 2019 (Jacks 2020). As sticking close to home became the 'new normal', levels of traffic plummeted over March (Intelematics 2020).

Indeed, imagery from NASA and the European Space Agency showed that across the world there were dramatic decreases in harmful air pollution due to decreases in road and air traffic and industry emissions (da Silva 2020; Yosufzai 2020). A return to local living has highlighted just how important it is to create 20-minute neighbourhoods where residents have access to everything they need for daily living: shops, services, amenities and high quality parks (Department of Environment, Land, Water and Planning 2017).

The lockdown and restrictions provided people with the chance to become connected to their local neighbourhoods; and having parks nearby and less traffic on roads enabled parents to safely entertain, and recreate with, their children on family walks and bike rides.

In a national survey conducted in May 2020 by Deakin University's Institute for Physical Activity and Nutrition (IPAN), we asked respondents whether they walked for leisure or exercise as a family in a usual week in February 2020 and in a usual week over the previous month. Preliminary results show increases in the proportion of adult respondents reporting walking as a family compared to February, and in the amount of time spent walking as a family, especially among those with a child aged 5-17 years.

## A chance to make it stick

**As children have returned to school and people begin to move around more with the easing of restrictions, maintaining the positive aspects of the coronavirus lockdown is critical.**

By way of example, in Australia, just three in 10 children aged 5-11 years do sufficient physical activity to benefit their health (Australian Bureau of Statistics 2013). Continuing to walk and cycle rather than use cars for local travel is one of the most obvious ways to incorporate physical activity into a child's day.

Walking and cycling to school has declined substantially since the 70s (Salmon et al. 2005; van der Ploeg et al. 2008), and is so low Australia received a grade of D+ for active transport in the latest Report Card for Physical Activity for Children and Young People (Active Healthy Kids Australia 2018).

As children and families have embraced the joys of walking and cycling in their neighbourhoods, the question is how can we keep this going? How can we use the shake-up from coronavirus as an opportunity to revert back to historic school travel norms that favoured active modes of travel? This could make a huge difference to both the health and wellbeing of our children, as well as decreasing traffic congestion, improving air quality and protecting the environment (VicHealth 2019).

Data from a travel survey in Melbourne and Geelong (2012-16) shows that only 39% of children living within 2km of school walk or cycle there. Alarming, just 35% of children who live within 750m of school walk or cycle to school (Carver et al. 2019). Increasing catchments, amalgamation of schools and low density urban sprawl have contributed to increasing the distances that some children need to travel to go to school (Duggan et al. 2018), which is a major barrier to children using active modes.

Among other things, convenience of driving, parental confidence in their child's abilities, neighbourhood social interactions and safety-related concerns are also barriers (Ding et al. 2011; Ikeda et al. 2018; Trapp et al. 2012; Trapp et al. 2011). Now is an ideal time to reconsider how children travel to school – before traffic returns to previous levels. Never has it been more possible to create the conditions that would support a return to children enjoying walking and cycling for transport, and for older children, independent mobility.

# The coronavirus lockdown presents a unique opportunity to overcome barriers to walking and cycling for local travel, including to and from school

Coronavirus has unexpectedly created unique conditions that may facilitate walking and cycling for transport, providing a critical opportunity to capitalise and overcome other real and perceived barriers to active school travel:

- Many parents are working from home – a practice that may continue into the future based on predictions of how the coronavirus will change the way we work. Children whose parents report there is not enough time in the morning are half as likely to walk or cycle to school (Salmon et al. 2007). However, new work routines can free time previously dedicated to commuting to work. This greater flexibility means that there is more potential for parents to accompany children to and from school by foot or bike, especially for younger children, with the added bonus of parents getting some physical activity into their day as well. This should be feasible for many: around 80% of children living within 2km of school are already accompanied to school by an adult – but less than 30% of these trips are by walking or cycling and the workplace is the next stop for 24% of accompanying adults (Carver et al. 2019). Converting those car trips to an active mode would not only benefit children, but also benefit parents and the environment. Importantly, children who are capable may also be allowed to travel independently knowing an adult will be home after school.
- People have been getting to know their community and seeing lots of people using the streets and local amenities. The increase in ‘local living’ during the lockdown and more people out and about using local streets and parks puts ‘eyes on the street’ and may help alleviate concerns about not knowing many people in the neighbourhood. The resulting familiarisation with locals, enhanced local surveillance and the notion of safety in numbers may help parents feel comfortable that their child will be safe walking or cycling independently or that someone would come to their aid if required. Fear of strangers is common among parents (Timperio et al. 2004; Zubrick et al. 2010) and is a strong predictor of the extent to which children are allowed to travel independently (Foster et al. 2014).
- Judging from media reports, many children will have gained important skills as pedestrians and cyclists during the lockdown. Walking and cycling as a family has hopefully enhanced parental confidence in their child’s ability to cycle and to negotiate the streets in their neighbourhood, including en route to school, and at the same time taught children critical skills and enhanced their own confidence to use active modes. Our past research showed that parental and children’s confidence in the child’s ability to cycle to school without an adult predicted whether children rode to school (Trapp et al. 2011), while girls’ confidence that they could walk to school without an adult predicted whether they walked to school (Trapp et al. 2012).

- Traffic has not yet returned to pre-coronavirus levels. The amount of traffic en route to school is one of the top reasons parents give for not allowing their child to cycle to school (Cycling Promotion Fund & National Heart Foundation of Australia 2012). This is a significant opportunity to improve the health of our children as well as the planet, the latter being a major concern troubling young people in the face of climate change.

## Challenges

**In 2018, approximately three-quarters of journeys for education purposes made by primary school students in Melbourne were by private vehicle, representing approximately 1.180 million km on an average weekday (Department of Transport 2019). This is a lot of traffic for children to contend with around schools. The more people drive their children to school, the more unsafe it can be for children who use active modes.**

Real or perceived parental concerns about traffic safety remains a major barrier to active travel to school. In particular, living in areas with connected street networks but a lot of traffic, needing to cross busy roads and a lack of lights or crossings are all barriers to active travel (Timperio et al. 2006; Trapp et al. 2012). These barriers are likely to be compounded by the need for social distancing, both on footpaths and at school gates, and the need to limit parents entering school grounds and congregating at the school gates.

With gradual easing of restrictions, there are also concerns that roads will become congested as many try to avoid public transport. Respondents in a national survey reported feeling most comfortable travelling by car and least comfortable travelling by public transport if required to travel, with 58% extremely concerned about hygiene on public transport (Beck & Hensher 2020).

Traffic congestion will be further compounded across the network if returning workers switch from public transport to commuting by private motor vehicle. Walking and cycling to school and employment is therefore even more important in the post coronavirus recovery period. Recent investments in pop-up cycling infrastructure are critical and will help ease pressures in the central business district and inner suburbs. What more can be done to make active travel the new normal?



# How can we capitalise on the unique opportunities presented by coronavirus?

**What can we do to address barriers to active transport and capitalise on the opportunity to maintain momentum and keep people of all ages walking and riding? Creating active environments that support walking and cycling for transport is advocated globally (World Health Organization 2018).**

## Reclaim the streets

Cities around the world are implementing a wide range of temporary and ‘pop-up’ measures to encourage walking and cycling in response to coronavirus (Jacks 2020; Laker 2020). This includes widening paths and using the road space to create temporary bike lanes, with movable barriers to traffic. An additional 40km of quick-to-install adaptable bike lanes that provide physical separation from cars are planned in the inner city of Melbourne (Bicycle Network 2020).

Similar measures could be implemented for school travel. Widening footpaths and reclaiming part of the street to assist children to travel to school will help maintain social distancing among adults accompanying children and encourage more active transport.

Cycling boulevards for key routes leading to schools could be trialled. What if we limited the boulevards to local traffic travelling at low speeds only? Limiting speeds on residential streets, areas around schools and other peak pedestrian areas to 30km/hr is strongly advocated to increase pedestrian and cyclist safety and encourage getting around by foot or bike (National Heart Foundation of Australia 2019).

## Design streets for people

‘Complete streets’ could be designed around schools and activity centres. In this approach, space is allocated to all road users, including pedestrians and cyclists, with the safety and needs of all road users prioritised (Bray Sharpen et al. 2017). Ease and safety of movement for all users is key.

What if we could go further and create shared streets, by repurposing and prioritising streets around schools for pedestrians rather than cars, borrowing from established traffic calming measures adopted in Europe. We could trial temporary ‘woonerfs’ close to schools.

Woonerfs or living streets, originally developed in the Netherlands and introduced elsewhere, are streets seen as ‘shared’ space, where cars, pedestrians and cyclists share the space and traffic is calmed and slowed to a walking pace (Ben-Joseph 1995).

Improving safety from cars is critical for children to be able to safely travel by foot or bike and for parents to feel comfortable with them doing so. Internationally, infrastructure changes around schools or on key routes, such as installing crossings, footpath improvements, bike lanes and traffic calming, in conjunction with other measures have been shown in some cases to increase active transport to school (Audrey & Batista-Ferrer 2015).

The Pedestrian Safe Neighbourhood pilot (plan currently under development) is an example of an initiative to create a safer neighbourhood street environment for pedestrians and cyclists, particularly for children and for school travel (City of Glen Eira 2019). A comprehensive range of safety measures are proposed across the neighbourhood and surrounding the school.

These include bike boulevard treatments for cyclists, safety barriers, painted and raised crossings, mid-block crossings, raised intersection platforms with crossings, curb extensions and road decals to prompt cars to slow down, reduced speed limits, and one-way streets, and limited entry points to discourage use of the neighbourhood as a short-cut for cars.

## Improve connections

Commutes often involve more than the immediate environment around the schools or workplaces – the whole journey is important. A better connected and integrated bike network is a key component of the Victorian Cycling Strategy (Transport for Victoria 2017). Many suburban off-road paths lack connections – identifying opportunities to connect these broken links for local cycling is important for cyclists, particularly if these can lead to schools, activity centres and public transport hubs. Four in five parents believe that there are not enough bike paths for children to cycle safely to school (Cycling Promotion Fund & National Heart Foundation 2012).

## Create drop-off zones

Not all children live within a walkable or cycleable distance to school. In 2018, for example, journeys to primary school in Melbourne averaged 4km (Department of Transport 2019). Drop-off zones could be identified 500-800m from schools. These could link to woonerfs, walking and cycling boulevards or other safe routes, allowing children to enjoy the freedom of travelling independently to school in a safe environment. A small pilot trialling this approach in two schools in Belgium showed increases in walking trips to/from school, as well as higher step counts before and after school (Vanwollegem et al. 2014)

## Build it - they will come

In the post-coronavirus recovery period, stimulus packages will likely provide funding for infrastructure projects. What if some of that funding was spent on creating safe pedestrian and cycling infrastructure leading to all schools, activity centres and train stations? With increased cycling and appreciation of local neighbourhoods, never has there been a bigger opportunity for change. The 1.180 million km of trips associated with dropping off and picking up primary school children by private vehicle is detrimental to the environment and for the health and wellbeing of our children: children are looking to adults to act on climate change.

Coronavirus provides a unique opportunity for adults to show we are listening to our children and their concerns about climate change: as many Australian workers continue to work from home and look to new ways of commuting when they return to work, this is the time to enact a healthy and more sustainable ‘new normal.’

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VicHealth is committed to health equity, which means levelling the playing field between people who can easily access good health and people who face barriers, to achieve the highest level of health for *everyone*.



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VicHealth acknowledges the Traditional Custodians of the land. We pay our respects to all Elders past, present and future.

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## Hitting the streets

Can we make active transport the norm as children return to school?

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# Opportunities

To be inserted

## Introduction

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## A chance to make it stick

**As children start returning to school, maintaining the positive aspects of the COVID-19 lockdown is critical. In Australia, just three in ten children aged 5-11 years do sufficient physical activity to benefit their health (Australian Bureau of Statistics 2013). Walking and cycling to school is one of the most obvious ways to incorporate physical activity into a child's day.**

Yet active travel to school has declined substantially since the 70s (Salmon et al. 2005; van der Ploeg et al. 2008), and is so low Australia received a grade of D+ for active transport in the latest Report Card for Physical Activity for Children and Young People (Active Healthy Kids Australia 2018).

As children and families have embraced the joys of walking and cycling in their neighbourhoods, the question is how can we keep children walking and cycling? How can we seize the moment and use the shake-up from COVID19 as an opportunity to revert back to historic school travel norms that favoured active modes of travel? This would make a huge difference to both the health and wellbeing of our children, as well as decreasing traffic congestion, improving air quality and protecting the environment (VicHealth 2019).

Data from a travel survey in Melbourne and Geelong (2012-16) show that only 39% of children living within 2km of school walk or cycle. Alarmingly, just 35% of children who live within 750m of school walk or cycle to school (Carver et al. 2019). Increasing catchments, amalgamation of schools and low density urban sprawl have contributed to increasing the distances that some children need to travel to go to school (Duggan et al. 2018), which is a major barrier to children using active modes.

Among other things, convenience of driving, parental confidence in their child's abilities, neighbourhood social interactions and safety-related concerns are also barriers (Ding et al. 2011; Ikeda et al. 2018; Trapp et al. 2012; Trapp et al. 2011). With traffic levels so low, this is an ideal time to reconsider how children travel to school. Never has it been more possible to create the conditions that would support a return to children enjoying active travel, and for older children, independent mobility.

## The burden of mental ill health

In any given year around 1 in 5 Australians are living with a mental health condition and, at some point in their life, around 1 in 2 Australians will experience a diagnosable mental health condition. (Productivity Commission 2019) These conditions have significant negative impacts on people's lives, and the lives of carers, families and friends. These impacts occur across multiple life domains, including on education and employment outcomes and in turn contribute to socioeconomic disadvantage. At a societal level, mental health conditions create significant costs relating to healthcare, welfare and business, and thus the broader community. The Productivity Commission has conservatively estimated the cost of mental ill health to the Australian economy to be around \$50 billion per year, with an additional \$130 billion per year associated with diminished health and reduced life expectancy for those living with mental ill health. (Productivity Commission 2019)



Productivity Commission 2019

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## Mental wellbeing and mental ill health

Mental wellbeing is a dynamic state of complete physical, mental, social and spiritual wellbeing that draws attention to the quality of people's lives, their opportunities, and their capacity to cope with the stresses of life and contribute to the community (Foresight Mental Capital and Wellbeing Project 2008; VicHealth 2015a). Conversely, mental ill health occurs when a person's thoughts, feelings or behaviour cause ongoing suffering or an inability to cope with everyday life. Being diagnosed with a serious mental illness does not mean that a person cannot experience mental wellbeing; similarly, having no symptoms of a mental illness does not mean that a person will necessarily have high levels of mental wellbeing.

Both mental wellbeing and mental illness result from complex interactions between the mind, body and environment (VicHealth 2015b).

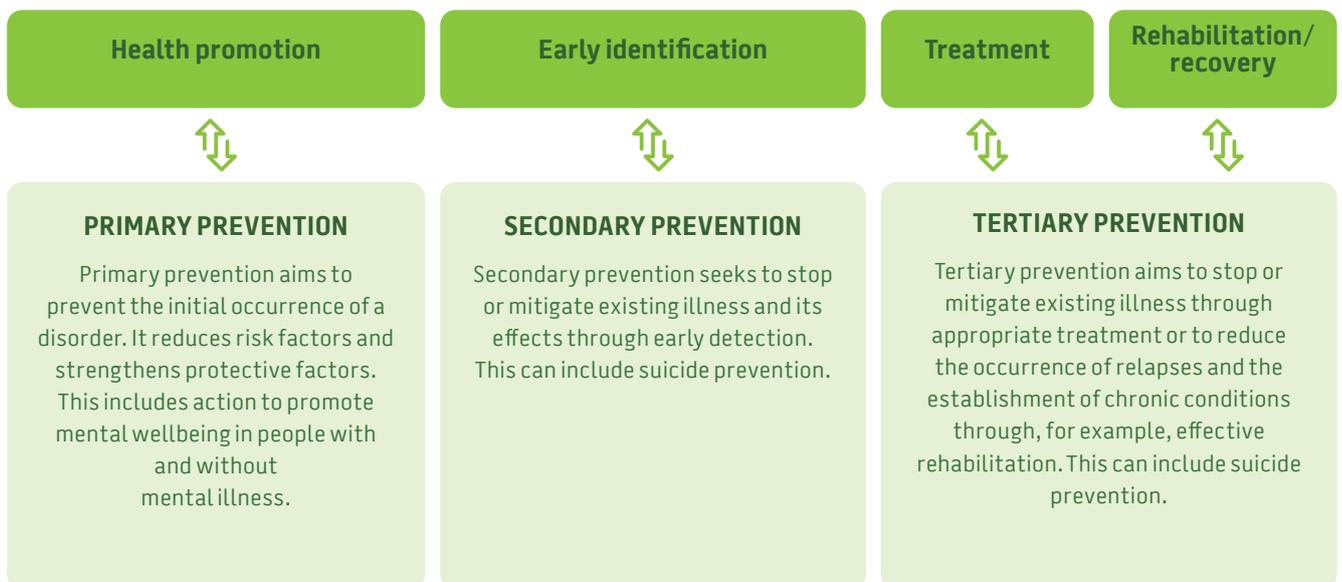
Focusing on addressing mental wellbeing rather than the conventional focus on mental ill health challenges the assumption that the absence of mental illness is a sufficient social, health or policy goal. Addressing mental wellbeing moves away from individually focused interventions targeted at the extreme outcome and relatively small numbers of people, towards investing in the evidence and policy that improve the social contexts in which people live (Welsh et al. 2015).

**Figure 1: Definitions of mental wellbeing (VicHealth 2015a) and mental ill health (Foresight Mental Capital and Wellbeing Project 2008; The Global Consortium for the Advancement of Promotion and Prevention in Mental Health 2008)**



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Figure 2: Spectrum of preventive health action



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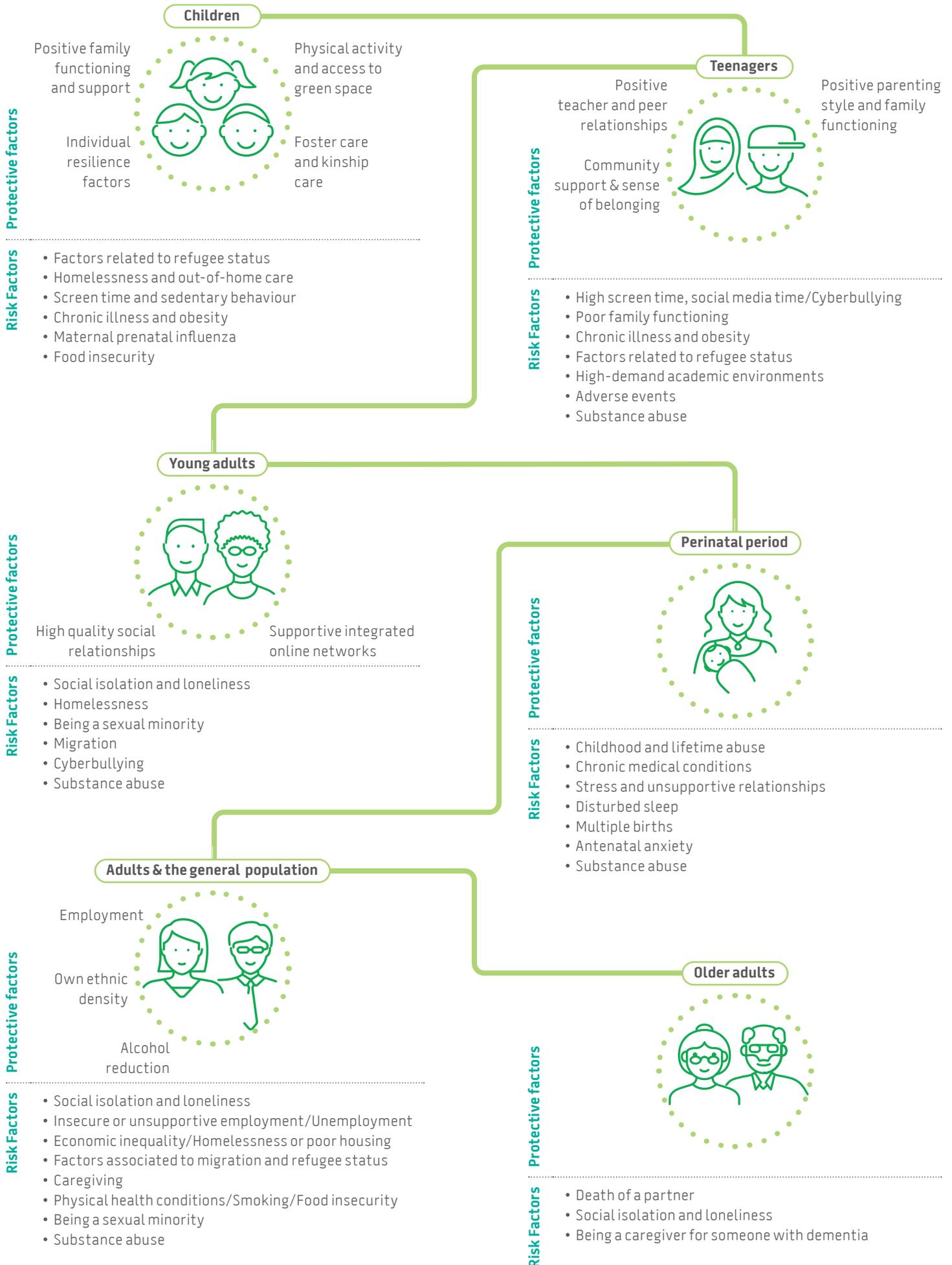
## Risk and protective factors

Mental wellbeing and mental ill health result from a complex combination of events and conditions that take place in biological, individual-psychological, social-psychological and structural domains (Commonwealth Department of Health and Aged Care 2000). The interplay between the individual and the environment is critical. The social determinants approach therefore encompasses the full range of risk and protective factors that determine health at the individual; family, friend, peer; organisation, community; sector/system and society levels.

VicHealth recently commissioned an evidence review of the recent, high-level evidence on risk and protective factors for mental ill health and mental wellbeing (Rickwood & Thomas 2019). A total of 92 published systematic reviews were identified, with majority indicating that there was large heterogeneity between studies in relation to both measurement of relevant factors and the outcomes reported (Rickwood & Thomas 2019). Despite inconsistencies, there was evidence supporting risk and protective relationships between mental wellbeing and a range of individual, family, social, environmental, cultural, and community factors (Rickwood & Thomas 2019). Risk and protective factors for mental wellbeing vary by life stage as shown in Figure 3 (Rickwood & Thomas 2019).

# Lifestages

## Risk and protective factors for mental health



# Recommendations

## 1. Prioritising prevention in childhood

Mental ill health affects people of all ages but tends to emerge in young people — 75% of Australians who develop mental ill health first experience it before the age of 25 years (Productivity Commission 2019). Young Australians with mental ill health miss opportunities to develop the skills they need for long-term academic outcomes and post-school opportunities.

# 75%

of Australians who develop mental ill health first experience it before the age of

# 25 YEARS



Productivity Commission 2019

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Exposure to adversity at a young age is an established preventable risk factor for mental and physical ill health (Danese et al. 2009; Copeland et al. 2018). Adverse childhood experiences are common, but often preventable.

Given the above, families and children will offer the greatest potential for improving health, social and economic outcomes.

## 2. Harnessing the benefits of prevention for mental and physical health

Mental wellbeing is essential to overall health; a concept implicit in the WHO definition of health: “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (World Health Organization n.d., p. para 1). Yet, prevention of mental ill health is not prioritised in the same way as prevention of other non-communicable diseases.

World Health Organization definition of health that says

**“Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.”**

World Health Organization n.d., p. para 1

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There is a wealth of evidence showing that mental health conditions coexist with other non-communicable diseases, they share numerous risk factors, and are independent risk factors for each other (Stein et al. 2019). Many interventions designed to improve physical health, particularly multi-component interventions targeting the social determinants of health, also lead to multiple mental wellbeing outcomes. Integrated approaches to prevention should be pursued as much as possible.

## 3. A unified, intersectoral approach is needed

Responsibility for promoting mental wellbeing and preventing mental ill health cannot lie solely with the health sector but should extend across sectors and government departments. Given the strong influence of the social determinants of health, improving mental wellbeing will require policies and programs that address education, standard of living, physical health, justice, family cohesion, transport, environment, income and employment, as well as those that address the prevention and treatment of ill health (World Health Organization 2013).



Improving **MENTAL WELLBEING** will require **POLICIES & PROGRAMS** that address **EDUCATION, STANDARD OF LIVING, PHYSICAL HEALTH, JUSTICE, FAMILY COHESION, TRANSPORT, ENVIRONMENT, INCOME AND EMPLOYMENT, PREVENTION OF ILL HEALTH.**

World Health Organization 2013

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Multi-sector action to promote mental wellbeing will require strong coordination, integration and strategic oversight. It will require a strategy combining universal and targeted interventions, robust collaboration and funding mechanisms that allow resources from one department (e.g. education) to be used to achieve outcomes in another (e.g. mental wellbeing) (World Health Organization 2013). VicHealth has a strong history of engaging non-health sectors (i.e. workplaces, education, sports, the arts) to achieve health outcomes. We look forward to continuing to work in this way as we expand and summarise the available evidence base for action and develop a state-wide framework to guide a unified, intersectoral approach to primary prevention and health promotion activity which recognises the social determinants of mental health and addresses key protective and risk factors for mental wellbeing.