Health Inequalities:
Peer research into the role of communities

Young peer researchers with Chris Ross, Professor Niamh Shortt and Amy Woodhouse
January 2020

Children
in Scotland

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Acknowledgments

This report outlines the research undertaken by a group of young peer researchers. This included Finlay, Marcus, Lucy, Tyana, Jack, Jamie and Lukas from Baldragon Academy, and Lennon, Zoe, Caspar, Shannon, Charlie, Suki, Veronika and Amber from Dalmarnock Primary School. It describes the work they did with the support of Children in Scotland, their findings and analysis. It is written from their perspective and is taken entirely from their research. It also contains additional analysis from Children in Scotland and Professor Niamh Shortt from the University of Edinburgh.

This research would not have been able to take place without help and support from a number of people. Thank you firstly to the 15 young peer researchers who have carried out the work. Also thank you to the Wellcome Trust which funded the project and made this work possible.

Thank you to Nancy Clunie and Chris Lafferty for enabling their schools to be involved and particularly the wider group of children and young people who took part in the research. Thank you also to people who supported with the delivery of the project.

Executive summary

Introduction & Background

Children in Scotland was funded by the Wellcome Trust to support a group of 15 young peer researchers aged from P6 to S2 level to explore the role of community and place in health, wellbeing and inequalities. We worked with children and young people from Dalmarnock Primary School in Glasgow and Baldragon Academy in Dundee.

Methodology

Children in Scotland worked with the young peer researchers to help build their knowledge of health, wellbeing and inequality. We also supported them to develop their research skills.

The young peer researchers decided to focus on the following three topics for the research: Safety, Littering, and Family and Friends.

We collected information through focus groups and an ethnography. An ethnography is where researchers go out and explore the community in more depth. For our ethnography we used photographs to document our findings.

We used the same approaches to collect information across the two schools. The young peer researchers analysed the findings from our focus groups and ethnography with support from Children in Scotland staff.

Findings

Our findings have been presented under the three research topics. A number of key themes were found for each topic. We also identified a number of examples of where the things we found out were linked to research that had already been published by adults.

Safety

We found out about issues relating to substance misuse and crime in the area and thought about how this might affect where children and young people want to go and the reputation of the area. We talked about who helped to keep children and young people safe in their communities. We also heard about certain places, people and times of day that made children and young people people feel unsafe.

Family and Friends

We found out about examples of what children and young people do with their family and friends in the community. This included going for food – we often heard about children and young people going for fast food with both friends and family. We saw that there were lots of fast food options in both areas.

We also heard about a range of positive activities like going to the park, the cinema, and ice skating. We spoke about how a lot of these activities were quite expensive.

We heard about how people go to the shops and go out of the community when they are doing things with family and friends.

Littering

We discovered a lot of things to do with littering that would affect health and wellbeing. We saw a number of items and objects that were in the area. Some of these were dangerous and might have an impact on whether children and young people decided to go to play spaces. We also saw a number of examples of abandoned spaces or damaged areas that were not being used properly.

Discussion

We found lots of different things in the research areas that could affect children and young people's health and wellbeing and contribute to health inequality. It is really important to remember that we found out lots of positives about both areas. We saw that children and young people do lots of activities with their friends and family, and there are parks and outdoor spaces they want to go to.

We saw things that contribute to stigma about some communities. It is concerning that children have already started to experience this from a young age.

We also heard about things like crime, substance misuse and littering that could make people avoid certain places and could mean they miss out on chances to play and exercise. This undermines a lot of work the government is doing to promote play and exercise. It is important these spaces are made to feel accessible.

We found out lots about the types of resources children and young people have access to in their communities. We heard a great deal about fast food restaurants, which might confirm other research about the density of these restaurants in areas of deprivation. But it is important to remember this is providing chances for people to spend time with their family. The researchers want more healthy food options and more free/cheap activities.

Our research also found out a lot about trust and relationships with adults and other people in the area. This might affect the things children and young people do and who they want to do it with. Getting to do things independently is important for helping young people develop. We think it is important to make areas feel safer so people trust each other and can do things on their own and go to local events.

We saw things that might influence the behaviour of children and young people. Seeing alcohol and drugs in the community might mean this becomes normalised.

We also discussed the need to tackle the underlying causes of things like crime and substance misuse to stop them from happening.

Conclusion

We found a number of ways in which community and place can affect health and wellbeing for children and young people. The research also provides some potential explanations for why health inequalities exist. As such the research provides evidence for how to tackle these issues.

We have provided a number of recommendations for local and national decision-makers based on what we found. This includes making parks feel more accessible, having more local activities for children and having local support services available.

1.   Introduction

Children in Scotland is a national children's organisation that works for and with children and young people. We do lots of project work to find out what children and young people think and try to help them make changes in areas that matter in their lives.

Health inequalities are the unfair and avoidable differences in health that people experience.[1] Children in Scotland wanted to do some research with children and young people to find out why and how where young people lived might impact on the health they experience and on health inequalities.

The project received funding from an organisation called the Wellcome Trust. We worked with pupils from Dalmarnock Primary School in Glasgow and Baldragon Academy in Dundee to do this research.

An academic from the University of Edinburgh, Professor Niamh Shortt also worked on the project to
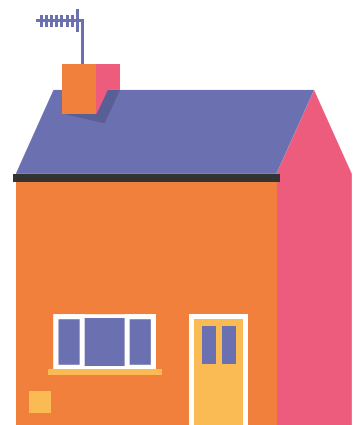
help us think about how the findings from the project linked to research that has already been done.

The project identified both positive and negative things in both communities and placed children and young people at the heart of conversations about this. We used this information to think about how we could support change in these areas and across Scotland as a whole.

The project adds to the research that adults have already published on health inequalities and we describe this in the report. We have tried to make it is accessible as possible.

The project links to a many areas of Scottish Government work to promote better outcomes for children and young people. The Play Strategy sets out how the Scottish Government will make sure all children and young people have the chance to play.* The Place Standard helps communities have conversations about the places they live and visit.* The new National Planning Framework also helps decision-makers make changes to communities, which could affect how children and young people interact with their communities.* The Scottish Government has also recently decided to incorporate the United Nations Convention on the Rights of the Child (UNCRC) into law. This means all decision-makers will need to meet the rights children have under this convention. This includes the right to play and to be safe.

Peer Research Model

The United Nations Convention on the Rights of the Child (UNCRC) tells us that all children have a right to be involved in decisions that affect them.[2] Children in Scotland tries to make sure that all our work looks to support and uphold the rights of children. Because of this we think it is really important to make children and young people active participants in our projects and to lead on our work as much as we can. We work in ways that support the involvement of children and young people, and have our own Participation and Engagement Principles and Guidelines to help us with this.

We and others believe that when you do research with the people who it is about then you get better results. This is because you can ask better questions, make it more likely that people will want to take part, and learn from their experience.[3] When people are involved as researchers in the project, gathering findings themselves, this is known as peer research or participative research.

In this project we worked with young peer researchers to look at health inequalities. They agreed the issues we would look at, gathered evidence

from other children and young people, investigated their communities, and discussed their research to pick out the most important findings. Because the peer researchers knew the area in which the research took place, this meant they knew a lot about it and the research benefitted from their experiences.

What is in this report?

This report tells you about the work the young peer researchers have been doing and lays out their findings and analysis. It also includes some extra analysis and comments from Children in Scotland and Professor Niamh Shortt.

The first part will include background to the topics that are covered in the report. This is to help everyone who reads the report understand some of the more difficult ideas included in it. It also provides some information on the areas where the two schools involved in the project are based. This is to help us understand why these schools were chosen and provides some information to help us understand some of the things we found.

The next part of the report provides information about the participants in the project. This includes basic information about the researchers and also other young people who were involved. We also include a short methods section, which describes how the research was done and all the different steps we took. This is really important if anyone would like to try to do this research in another area.
We then provide a description of all the findings from the different parts of the research. This will help readers to understand the different issues we found out about, tell you about similarities between the two research areas and also some things that surprised us.

The last part of the report looks at what our findings mean and how they might be linked to the health and wellbeing of children and young people and contribute to health inequalities. We also make some suggestions about what changes should be made in these areas and across Scotland to improve the health of children and young people.

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[1] NHS Health Scotland, 2015, Health Inequalities: What are they? How do we reduce them? Available at http://www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf

* https://www2.gov.scot/resource/0042/00425722.pdf

* https://www.placestandard.scot

* Planning (Scotland) Act 2019, available at: http://www.legislation.gov.uk/asp/2019/13/contents/enacted

[2] United Nations, Convention on the Rights of the Child, Available at https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

[3] Tisdall, K, Davis, J, M, Gallagher, M 2009, Researching with Children and Young People: Research Design, Methods and Analysis

2. Background

Health Inequalities

Health Inequalities are unfair and avoidable differences in health that people experience.[4] Scotland has some of the worst health in Europe and some of the widest health inequalities. In Scotland people with the most money live around 26 years more in good health than those with the least money.[5]

A recent report by the Royal College of Paediatrics and Child Health (RCPCH)* also found that children from families with the least money in Scotland are more likely to be in poor health, for example they may have problems with their weight, have lower wellbeing or smoke.[6]

Where people live has also been suggested to impact on how long they live. Men who live in some parts of Glasgow are expected to live for around 15 years longer than people in other parts of the city. In Edinburgh there are places two miles apart that have an 11 year difference in life expectancy.[7] Less research has been done about this in Dundee.

This project is not trying to prove that these inequalities exist. We already know that they do. Instead it tries to look at why they exist and in particular how where children and young people live impacts on their health.

Ideas about why health inequalities exist

Lots of research has been done to try to prove why these inequalities in peoples' health exist. NHS Health Scotland* has said that there are three main causes of health inequalities:

- Income – the amount of money people earn
- Power – the ability to do certain things or influence things. This can be affected by who you are or who you know
- Wealth – the amount of money that people have in bank accounts, land or other assets (like houses).[8]

Research Areas

Our research was carried out with a primary school in Glasgow and a secondary school in Dundee. We decided to work in one primary and one secondary to explore different perspectives on how community and place impact on health based on age. Children in primary and secondary may be exposed to different things and this allowed us to think about these differences.

We decided on these areas because they were similar in some ways — both are urban areas with higher rates than average of poverty and poorer health than the country as a whole (See tables 1 & 2).[9] We know that there are many schools in other parts of Scotland that experience similar levels of poverty and health.

We thought very carefully about how we dealt with issues of poverty to make sure we approached this topic respectfully. We are aware that for young people living in these areas that there are both positive and negative aspects about where they live. We wanted to explore all of these different issues. We are grateful for the two schools' willingness to take part in the project and the enthusiasm of the young researchers.

We gathered the local areas statistics from the Scottish Public Health Observatory. They provide lots of different information on health across the country. We have used information based on what is known as a health and social care locality. A health and social care locality is a small geographic area of a city or location-based round health services. This is not directly linked to the schools or their catchment area but provides an overview of health, wellbeing and poverty at a local level. This is the most local data we could find so it helps show us the profile of the area that the schools are based in. Dalmarnock Primary School is located within the Glasgow North East health and social care locality of Glasgow. Baldragon Academy is located within the Strathmartine Health and Social Care Locality.

Knowing about the levels of poverty in these areas helped us to understand some of the difficulties they might face to support children and young people's health.

Table 1 - Levels of Poverty

School (Health and Social Care Locality)	Young People in most income deprived quintile* (2017)	Children in low income families (2016)
Dalmarnock Primary School (Glasgow North East)	59%	30.9%
Baldragon Academy (Strathmartine)	43%	23.7%
National Average	21.5%	16.7%

Health profile

Both schools are based in areas where children are less likely to be of healthy weight in P1 than the national average, although for Dalmarnock this a small difference. Both schools also have poorer dental hygiene in P1 & P7 than the national average.[10] This might mean tooth decay and fillings. (See table 2)

These are really important factors for looking at children and young people's health. Experience of being overweight in childhood can contribute to things like type 2 diabetes and also affect wellbeing, and can also affect children later in life through other health issues like heart disease. Having good dental hygiene is important because it is linked to how much children miss school due to dental pain.

Table 2 - Children's Health

School (HSC Locality)	Child healthy weight in P1 (% of healthy weight)	Child Dental health in P1 (% with good dental health)	Child Dental health in P7 (% with good dental health)
Dalmarnock Primary School (Glasgow North East)	73.3%	57.5%	60.9%
Baldragon Academy (Strathmartine)	68.5%	63.3%	68.7%
National Average	76.5%	70.4%	71.2%

4 NHS Health Scotland, 2015, Health Inequalities: What are they? How do we reduce them? Available at http://www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf

5 http://www.gov.scot/Resource/0052/00529436.pdf

* RCPCH is a group of adults who do research into the health and wellbeing of children and young people.

6 http://www.gov.scot/Resource/0052/00529436.pdf

7 NHS Health Scotland, 2015, Health Inequalities: What are they? How do we reduce them? Available at http://www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf

8 NHS Health Scotland, 2015, Health Inequalities: What are they? How do we reduce them? Available at http://www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf

9 Scottish Public Health Observatory Online Profile Tool, (Data for Children and Young People, Dundee City, Strathmartine HSC Locality/Glasgow City, Glasgow East HSC Locality), available at: https://scotland.shinyapps.io/ScotPHO_profiles_tool/
*The most income deprived quintile means the bottom 20%.

10 Scottish Public Health Observatory Online Profile Tool, (Data for Children and Young People, Dundee City, Strathmartine HSC Locality/Glasgow City, Glasgow East HSC Locality), available at: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

3.   Methodology

The project used a participative research approach. This means that children and young people were involved in all stages of the project with help from Children in Scotland. We think that this way of doing research helps make to make the researcher stronger, and more focused on what children and young people really think and feel.

The methods section of the report explains how we did that research. This will be split into three parts. We have provided a short description in this section. A full, detailed description of methods can be found in Appendix A (See pagea 43-47).

Recruitment

To recruit children and young people to be involved as young peer researchers we asked schools to each identify eight pupils from one specific year group who we could work with. The only stipulation was they were over 10 and under 18. We asked schools to ask pupils who did not normally get opportunities to be involved in projects like this and wanted to encourage the involvement of children and young people with additional support needs. For the participants in in the focus groups we asked schools to look for a representative group from the year group based on gender, presence of additional support needs and ethnicity.

We made sure that everyone wanted to take part by providing information sheets about the project and gathering written consent from them and their parents/ carers. We also talked about potential risks for the researchers to ensure they were safe throughout.

Peer researcher training

We started the project by building the researchers' knowledge and understanding of health and health inequalities. We also ran activities and games to help them learn about research, and some of the things that help to make research good quality.

Research Methodology

We used a mixed methods approach. This means we used different ways to gather our information. This included focus groups and ethnography. Focus groups are when groups of people come together to discuss an issue and their views are recorded. Ethnography is where researchers go out to explore a community or area and find out more about it.

Our research looked to answer the following questions:

- How do community and place impact on health and wellbeing for children and young people?
- How might this contribute to health inequalities between different areas?

To answer these questions we chose to focus on three research topics. The peer researchers selected these topics themselves based on their previous discussions about how where people live can affect health, wellbeing and inequality.

The following three topics were selected by the peer researchers:

- Safety
- Littering
- Family and Friends.

For our focus groups we asked questions under these three headings. We worked together to chose these questions and decided on a set of questions for each topic.

We made sure that everyone wanted to take part by providing information sheets and gathering consent. We also talked about potential risks for the researchers to ensure they were safe throughout.

Focus Groups

The peer researchers ran focus groups in both schools, with support from Children in Scotland. In total we spoke to 26 children and young people, of whom 13 were in P7 at the beginning of data collection and 13 were in S1. The purpose of the focus groups was to understand what these topics meant to other children and young people in relation to the communities they lived in. We worked together to chose these questions and decided on a set of questions for each of the three key topics. The young peer researchers asked all the questions and took the notes on the discussions.

We analysed this information to find out the key points. We also used the information to decide where to go for our ethnography work.

Maps

We used maps of the local communities to allow people to tell us what areas were safe/unsafe, what areas had lots of litter/not a lot of litter and the sorts of places they went with their families and friends.

Ethnography

We went out into the community to find out more about how they affect health and wellbeing. The young peer researchers carried out their ethnography across four days in each school. The group made notes and also took photographs of the areas to illustrate our findings.

Participants split into groups of 3-4 people to explore their communities. Each group considered a different research theme. All participants used a note sheet with prepared questions to support them to consider the area of the community that we visited. These notes were used later to reflect on the photos taken.

Analysis

The young peer researchers analysed the findings of their research to find key themes, any similarities and differences. We considered the information from both schools at the same time.

We then thought about how the things we found out might affect health and wellbeing. After this Children in Scotland looked at how the findings linked to other academic research that has been published by adults.

After this we agreed what recommendations we wanted to tackle the issues that we identified.

4. Participants

Peer Researchers

Fifteen young peer researchers were involved in the project. Eight were based in Glasgow and seven were based in Dundee (See table 5). The young peer researchers at Dalmarnock Primary School were in P6 at the start of the project and P7 at completion. In Baldragon Academy the young peer researchers were in S1 at the start of the project and S2 at completion.

Table 3 - Peer Researchers

School	Local Authority	Number of young peer researchers
Dalmarnock Primary School	Glasgow	8
Baldragon Academy	Dundee	7
Total	N/A	15

We worked with nine male young peer researchers and six female young peer researchers. No children and young people involved identified as having an additional support need in advance of the project.

Research Participants

In total we also worked with 26 children as part of the focus groups. Thirteen participants were from Dalmarnock Primary School, 13 came from Baldragon Academy. This was slightly lower than originally intended due to issues like absence on the day of the sessions.

Focus groups took place on Monday 17 June 2019 in Baldragon Academy and Friday 13 September 2019 in Dalmarnock Primary.

Table 4 - Focus Group Participants

School	Numbers
Dalmarnock Primary School	13
Baldragon Academy	13
Total	26

Research participants were selected by the participating schools from the same year group as the young peer researchers. Pupils were selected to provide a balanced cross section of the year group.

We worked with pupils with a mix of gender identities and pupils who identified as having an additional support need. This data has not been provided by either school to ensure anonymity.

5. Findings

The findings from the project have come from the information gathered through both the focus groups and the photos and notes taken as part of the ethnography.

The findings are laid out in a range of themes. The method for identifying themes is explained in Appendix A.

5.1 Safety

Table 5 - Safety Research Themes

Research Topic	Identified Research Themes
Safety	Substance Misuse Crime People Places Time Parking & Road Safety

We found a number of different ways in which safety in the area might affect health and wellbeing (See table 5). These were found in both parts of our research (focus groups and ethnography).

Substance Misuse

Our focus groups and ethnography identified a range of issues relating to substance misuse and safety.

Participants in the focus groups told us that some areas had problems with drug use and that there were lots of places where you could find examples of items to take drugs having been left. This included needles, pill packets and joints. Some participants felt particularly unsafe because of the presence of drug dealers in the area that they lived.

> **"*I just want people to stop people throwing pills on the ground.*"**
>
> (When asked if they felt safe in the area) — Focus group participant, Glasgow

A range of specific types of drugs were highlighted during our research; during the focus groups participants told us that they felt unsafe due to pill packets, needles and joints. A range of other comments from the focus groups also linked alcohol and cigarette use to safety and ultimately to health and wellbeing.

The researchers felt this could have a very negative effect on the health of people who lived in the area. It meant that children and young people might not want to go to certain areas, including local parks and green spaces, because they did not feel safe.

Adults have published research about children not going to these sorts of spaces and have called it an 'avoidance strategy'. This when they know which areas to avoid in the community and make sure not to go there.[11]

Adults have found that drunken behaviour can be a key factor in children and young people using avoidance strategies in their community.[12] Children's Parliament's work on an alcohol-free childhood also found that children may run away from spaces they want to play in if there are drunk people there.[13]

This is important because parks and green spaces give children and young people chances to play or do exercise. Being outside can be help your wellbeing, learning and development.[14][15] Adults have found that feeling unsafe in the area is linked to slightly lower rates of exercise and higher rates of being overweight.[16] Other research has shown that drunken behaviour in the community is linked to lower levels of exercise among children and young people.[17]

Children and young people accessing parks and green space can have a positive effect on their relationships, educational performance and both physical and mental health.[18][19] Research from Scotland has shown that use of green space in cities is linked to better health and wellbeing for children and young people, in particular going to public parks has been associated with better mental health for boys.[20][21] There is also a lot of other research that shows the benefit of accessing green space as a child leads to improved health outcomes in older age.[22]

Getting enough chances to play is also really important as this can help children develop their language, imagination and social skills[23]. These are all linked to health and wellbeing later in life. Not having chances to play because you feel unsafe and don't want to go to places might therefore affect your development in a number of ways.

We also talked about how an area feeling unsafe due to substance misuse might affect the reputation of an area as you might think lots of people are doing it and associate the area with the behaviour. Areas having a bad reputation can mean they become stigmatised or seen as 'problem places'. Stigma is when a person or area is discriminated against because of what people think about it. This has an effect on the people who live there who are often labelled because of where they come from.

Adults have published lots of research about how stigma can cause inequality.[24][25][26] They have also linked this to health and wellbeing. Some people suggest it stops people accessing social, economic and community resources.[27][28] Other research has shown people who live in communities that are highly stigmatised are more likely to experience mental health issues or engage in behaviour that is bad for their health.[29][30][31] Research from Glasgow highlighted that smoking is sometimes used as a coping mechanism to deal with stigma.[32]

Other research has also considered how stigma because of where you live affects how people think and feel about themselves. How people think and feel about themselves has been linked to health issues like substance misuse or experience of mental health problems.[33] Stigma based on where you live can influence how other people view you; sometimes people look down on people because of this and it can affect them in education or when they apply for jobs[34]. All of this can be really important for health throughout your whole life, as how well you do in school or the type of job you have affects your income, where you live and what sorts of things you can do.

Adults have also spoken about how stigma can contribute to avoidance strategies because places get a bad reputation. This might affect people who live there in a number of ways. Labelling areas and avoiding them can break down the connections between communities which are really important for health and wellbeing.[35] It can affect how people who live in places that are seen as 'problems' view themselves and how others see them, which can affect their life chances.[36][37]

The peer researchers thought that substance misuse was happening regularly in their communities. They felt this could have a bad affect on children and young people and that people might be peer pressured into a range of risky behaviours because it was seen as normal.

Crime

Crime was also suggested as a big issue that affected whether participants in the focus groups felt safe in their communities. Information about crime was harder to find in the community walk round as we did not go actively looking for it because it was really important we kept safe.

The young peer researchers identified a number of examples of crime that they had seen or heard of including violence, knife crime, threats, physical harm, robbery and people being drunk in the street. We heard a range of comments about how people felt that being safe meant not being attacked. We also heard that people did not feel safe because of gangs in their area, fighting and knife crime. Participants in the focus groups also identified specific examples of when family/friends had been threatened.

> ***"Brother's playing football and strangers said they would bury him."***

Furthermore, it was suggested that gangs having a presence in the community may make people afraid or feel intimidated. Researchers also felt that the gang violence might be linked to wider criminal activity in the area.

The young peer researchers felt issues relating to crime in the area could have a big impact on children's health and wellbeing and how much people would want to access parts of their communities. As we have described above, this could be an example of an 'avoidance strategy' and could limit opportunities to play or exercise. We have spoken a lot about this on page 15.[38] Having experience and knowledge of crime is not necessarily surprising as both areas have a higher crime rate than the national average.[39]

We didn't find anything in our research about specific parts of the community where violence was more likely to happen, but research by adults has shown that this often happens in parks, which we know are really important for children and young people.[40] We have spoken a lot on page 15 about why parks benefit children and young people. Research has also shown that violent crime in the community is linked to children and young people doing less exercise which could affect their health in a number of ways.[41]

The peer researchers said that the prevalence of fighting and knife crime in their community puts children and young people at risk of being hurt or of getting stabbed. Fighting and violence or a fear of this happening might make children and young people not wish to leave their house. The researchers also felt that this might make children and young people mistrust other people in the community.

Some children and young people had a fear of 'being robbed' when they were out of the house or away on holiday. Again, the young peer researchers

felt this fear might mean that children and young people didn't trust other people in the area. It also might mean that people do not want to leave the house and might miss out on other opportunities.

Trusting people in the community can be really important for supporting people's health and wellbeing. Other research has shown that a lack of trust can contribute to stigma and limit how much people will interact with other people in their community and how much they want to do together.[42] Some research has shown that strong community ties and participating in activities in the community can be really important for health.[43]

For the peer researchers, being involved in fighting and violence could cause/ contribute to stress and anxiety or lead to people getting a bad reputation among their peers or with adults in the area. This could influence the sorts of opportunities these young people had. Researchers were particularly concerned about knife crime because children may get drawn into carrying a knife for protection.

People

People were a common theme across the safety theme in the research. They were felt to have both a positive and negative effect on how safe the children and young people we spoke to felt in their community. We did not gather photographic information here as it would not have been appropriate.

Participants in the focus groups told us that a range of responsible adults were important for keeping them safe in the community and stopping them from doing 'dumb stuff'. This included parents and other family members. We heard how family members could support children and young people to do things they wanted to do. Other responsible adults included lollipop people, who could keep them safe on roads or help them access services. Having friends around and being able to be in a big group were also thought to help children and young people feel safer.

These all seem to be examples of where the participants valued relationships where they could trust the other person. Lots of other research with children and young people has shown the importance they place on trusting relationships.[44] [45]

However, we also heard how a range of people could make children and young people feel unsafe in their communities. These could generally be grouped under a category of scary/threatening people. This included 'drunk people' and other people whose behaviour made them feel uncomfortable. Similar concerns were raised in research with young people in England where participants said they did not feel safe due to people who might want to harm children.[46]

The research participants felt that fears around 'drunk people' in the community might affect children and young people in a number of ways. They felt it might make people not want to go to certain places in the community that were associated with this behaviour. The researchers felt that fears around drunk people could be down to their lack of control over the situation. As we have already mentioned, Children's Parliament's recent work on alcohol-free childhoods also said that drunken behaviour can make children feel unsafe and makes them uncertain around adults[47].

Bridgeton, Glasgow

However, the peer researchers also felt that not all drinking would make children and young people feel unsafe. Whether this made people unsafe was felt to be linked to how drunk people were and the wider environment within which this took place.

Other types of adult behaviour that children and young people identified as making them feel uncomfortable or unsafe included people screaming at night or feeling like they were being watched. The researchers felt this might be particularly bad for younger children as they might 'over-react' and it might stop them sleeping.

The focus groups also contained a number of comments that related to fear of people who might want to harm children.[48*] The comments were about a perception or fear of this within the community. It was thought that this could affect children and young people in a number of ways. It could mean that parents were afraid to let children out on their own, particularly to certain areas, like parks. Other research in Holland has shown that fears

about safety in the area affects how both children and adults feel about children playing outside on their own.[49]

It is really important that children and young people get the chance to do things on their own. Adults have published lots of research about this and have called it 'children's independent mobility'. This looks at how much children and young people are able to explore the areas where they live without adults. Research has shown that this can help young people's brains develop, help them be independent, be more confident, be more responsible, help their self-esteem and their social skills.[50] All of these things can affect health and wellbeing both in childhood and adolescence but also throughout life.

Our researchers also felt that fears about people who may want to harm children or 'drunken behaviour' might affect whether children wanted to go out into the community. The young researchers felt this might contribute to a lack of trust across the community, we have discussed the importance of this on page 15. It also might be a reflection of what parents/carers say about the area.

Places

Certain places within the community were linked to feeling both safe and unsafe. Researchers generally felt that being in an area they knew well would help them feel safer.

Being at home was considered to be safe, as were key public spaces/services like police stations and the school. Being at home made people feel safe as they were with their family and it is was familiar. However the researchers did recognise that if children and young people felt more safe at home than in other public spaces, it might mean that they were less likely to go out and access the rest of the community.

The presence of police stations was thought to be important as children and young people felt that police presence deters crimes, and this could help make children feel less 'stressed'. Researchers felt this might also apply to other services like schools or shops.

Certain specific areas of the community were associated with people feeling unsafe, such as enclosed spaces, roads, places and spaces associated with substance misuse. We also heard about community centres, particular streets and places that children had negative views about. Again, this could contribute to avoidance of these areas and the areas being stigmatised (see pages 15-17).

Reasons why specific areas or streets might feel unsafe included things that people said about them or if things like crime and substance misuse happened there . This could have a negative effect on people who lived in or near these areas. The researchers felt it might make people want to move from the area and impact on whether people want to go out. They thought people who lived in these streets may also get dragged into unsafe behaviour. Children and young people might not want to invite their friends to the area. This also suggests that certain areas and parts of the communities are at risk of stigma, and this might affect how people in these areas feel about themselves and how others view them. We have spoken about this a lot on pages 15-17.

Some adults have also spoken about how stigma affects investment in communities and the resources within it. Areas that are highly stigmatised sometimes miss out on money and this can limit the access to things which are good for the health and wellbeing of people who live there.[51]

During the ethnographic research the researchers also identified that the 'nicer' areas of the community felt safer. The researchers felt they had lots of green space, plants and trees. The fact they look nicer was felt to make people that live their feel better.

Fear of enclosed spaces within the community was considered by the young peer researchers to be linked to an idea of paranoia for children and young people in the community. Paranoia is where you are overly worried that something bad might happen to you. This might mean children didn't want to access parts of the community, and is another example from our research about how safety might contribute to 'avoidance strategies' and may mean they miss out on certain opportunities that are good for their health. We have spoken about the effect of this in more detail on p15.

The focus groups also highlighted that children and young people felt unsafe around some roads. Little context was provided for this information but researchers felt this could mean that people would not go near certain roads which are deemed too busy. This could impact on the places in the community that they were able to access.

Times

Certain times of day and year were associated with being more and less safe. In general people felt more safe during the day time. The researchers felt this might mean people were more likely to go out and do things. At night-time participants in the focus groups felt more unsafe, however the researchers felt that young people might still want to go out at night with friends despite this. They felt this might be linked to risky behaviours like drinking which were known to be bad for health.

Football matches were also linked with feeling unsafe by the participants in the focus groups. Rivalries between teams were linked to violence and there was a feeling among the researchers that it might be linked to increased levels of substance misuse. Findings about football crowds may also link to other findings in these two areas. The large number of people associated with attending games was also felt to contribute to children and young people feeling unsafe. There has been quite a lot of research by adults in England about how crime increases when football matches are being played.[52]

Celtic Park, Glasgow

Damaged Property

Our ethnographic exploration of the community highlighted a number of areas with damaged property which could contribute to people feeling unsafe in the community.

Broken fences and damaged property were identified as things that might make children and young people feel unsafe. Derelict buildings were associated with drug users. Researchers also thought that high levels of damaged property in an area might affect how people felt about the area and how much they wanted to look after it. This suggests that the upkeep of the area might also contribute to stigma, and areas that have more damaged property might be labelled as a 'problem'. The researchers thought that this could affect how children and young people who lived there felt about themselves and also how others view people who live there. We have spoken about the effects this can have quite a lot already (see page 16).

Damaged property and broken items in play spaces in parks were identified by researchers as potentially impacting on how much children were allowed to go out. They felt parents might not want to take children to play spaces if they were unsafe. We have also briefly spoken about the importance for children and young people of getting to play and explore the community on your own (see page 15).

It was also felt that younger children may still use these unsafe spaces due to peer pressure. They might see older children in the area doing something unsafe in a damaged building and copy this.

Parking/Transport

Road safety was also noted as important in the research. Through the ethnography we found areas which felt particularly unsafe for children and young people. In particular busy roads and parking that blocked off pavements were felt to contribute to people feeling unsafe. Researchers felt this might stop people from going to certain areas or might influence what their parents let them do on their own.

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5.2 Families and Friends

Table 6 - Family and Friends Research Themes

Research Topic	Identified Research Themes
Family and Friends	Activities Shops Food Going out of the community Not going out the house

The young peer researchers identified a number of ways in which the things people do in the communities children and young people live in might affect their health and wellbeing (See table 6). We gathered data from both the focus groups and the ethnographic research. Due to the nature of the information this section has less photographs.

Food

From the focus groups it was clear that children and young people went out for food regularly with both their friends and family. Recent research by adults has also found that children are increasingly eating food in out of home environments.[53] Comments from the focus groups suggested that fast food restaurants in particular were common in both areas, this was confirmed by our community walk round. This backs up research that has already been published by adults which suggests that areas of high deprivation have more fast food restaurants.[54]

The researchers identified that most of the food options were not healthy and were quite restricted, although they did think where you went out to eat would depend what you were in the mood for. They also felt that parents might be more likely to use the fast food restaurants in the area because they were cheaper and quicker. They felt this might contribute to people being overweight or have other related health issues.

However it is also important to highlight that going out to eat offered an important opportunity for children and young people to spend time with their families. Family relationships and being involved in the lives of your child is really important for children's development; having lower levels of involvement is linked to poorer life satisfaction for children while a less warm relationship or high levels of conflict can affect life satisfaction and wellbeing.[55]

The peer researchers thought that children and young people often associate unhealthy food with being tastier than healthy food. This suggests that some

children and young people already have an association or connection with unhealthy food from a young age.

From our community walk round the researchers also saw examples of marketing and logos used by fast food restaurants, which they felt were inviting for children and young people because of the colours and images that they presented. Lots of research has already spoken about the effect of marketing and advertising on children and young people and how it affects the type of food they want to eat.[56]

Activities

We heard about the range of activities that children and young people took part in with friends and family. These included ice skating, soft play, cinema, arcade and going to the park either to play or to walk the dog. We heard several examples of people attending youth clubs. Participants also regularly identified more general comments about playing or hanging out with friends.

While conducting our research it was clear that some of the parks in the areas were viewed as positive places to go with friends and family. Participants identified that coming to these places allowed them to do exercise and could support their mental health. As we have discussed in the safety section, going to parks and green space is really important for health and wellbeing in a lot of ways (See p15 for more information).[57 58 59 60 61]

However, some of the bigger parks that participants spoke about positively were quite far away from some parts of the community. Getting there could require public transport, which would make it harder for some children and young people to visit.

While some activities such as the park were free the researchers identified that most of the activities focus group members talked about cost money and were expensive, such as the cinema or ice skating. The researchers felt the cost might stop people from being able to enjoy them if they could not afford it. Or that some people might go to do expensive activities that they couldn't really afford so that they didn't miss out or get made fun of. In particular they were concerned about how families with less money might miss out on these opportunities altogether.

The ethnography identified an arcade in a local shopping centre where children and young people went with both friends and family. This was associated with being a fun activity by researchers. However, they were aware that arcade games could become addictive, and cause problems in adulthood, which might lead to issues with gambling later in life.

Researchers across both schools also identified that activities for older children and young people were harder to find.

Going outside of the community

As has been mentioned briefly in reference to other themes highlighted in the family and friends section, participants highlighted a number of activities that they did outside of their own community with their friends and family.

Researchers felt this may have an impact on those who could not get out of the community so easily. If opportunities are not available in the area then this might mean people miss out.

Shopping

We also heard about people in the focus groups going shopping with their friends and family. In Dundee in particular this involved going outside of their community. In Dalmarnock most of the shopping mentioned took place in the Forge retail park.

Shopping opportunities in the main appeared to be either for clothes or for food. Shopping was also mentioned often as an activity that children and young people did with their parents, although it was also mentioned as something they did with their friends. We heard examples of people being 'dragged around' the shops by their parents. So it was clear that this activity was not always the first choice of children and young people themselves.

The young researchers felt the shops in Dundee were generally expensive, however the shops in Dalmarnock were felt to offer both cheaper and expensive options.

In Dundee most of the shopping opportunities were seen to be in the city centre. The researchers felt this might limit how often people would be allowed to go by themselves.

Not going out

We also had a number of comments in the focus groups about people not doing anything with friends or family and spending time inside their house alone. People tended to spend time in the house to chat or play computer games. For some this was also that they just did not like spending time out the house.

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5.3 Littering

Table 7 - Littering Research Themes

Research Topic	Identified Research Themes
Littering	Items/Objects How people feel about littering Cause Impacts Place and Space Bins

The researchers identified a number of really important things about littering in their areas (See table 7). The young peer researchers linked these to health and wellbeing in a number of ways. Data came from both focus groups and the ethnographic aspect of the research.

Items & Objects

A number of specific items and objects were mentioned in the focus groups. These were also seen regularly out in the community.

We heard and saw evidence of discarded furniture and other general rubbish in the areas. It was felt children might fall and hurt themselves if they played on these. We also saw evidence of furniture taking up a lot of pavement space. The researchers felt this might impact on whether children were allowed out on their own as it may mean they had to walk on the road. We have spoken quite a lot on page 20 about why getting to go out on your own can be important for children and how it affects their health and wellbeing.[62]

Researchers also felt that litter and discarded furniture might attract other problems like rodents. It was also associated with an area feeling unclean and

they felt this might affect how happy children and young people were living in the area or if they would invite friends over. This could affect how much children and young people got to socialise or play. We have spoken about the issue of stigma and labelling in more detail on page 16.

+ Items and objects

We also heard about a range of dangerous litter items or items that were present in the research areas and which were linked to health damaging behaviour. This included things like glass, needles, alcohol bottles or cigarette packets.

The researchers were concerned that children and young people may pick up items like needles which could harm their health. Having lots of this type of litter was felt to potentially impact the reputation of an area or how children and young people felt about it. Lots of glass or bottles in a park could also mean children and young people were less likely to go to these places. This appears to be another example of 'avoidance strategies', which we have spoken about earlier (See pages 15-17).

The peer researchers also felt that seeing alcohol, cigarette or drug related litter might normalise alcohol and drug taking behaviour. This means people might get used to seeing it happen and think it is ok to participate in it. The Children's Parliament has found that children thought being exposed to alcohol when you are young might make you want to try it more as you get older.[63]

How people feel

It was clear from the focus groups that littering impacted on how children and young people felt about where they lived. Participants in the focus groups identified that if you live in an area with no litter you might feel better.

However, a range of negative comments were also identified in the research. People said they felt disgusted and not happy about littering and that it

was disgraceful. Although it is worth highlighting that some people felt they did not mind. Researchers identified again that if people felt bad about the litter in their area they might be embarrassed and stay in the house or not have friends over. As we have discussed earlier in this section, this might contribute to stigma or labelling of an area. We have spoken about the impact of this on health and wellbeing on page 16.

Cause of littering

The focus groups identified a number of causes of littering in the areas involved in the research. It was suggested regularly that some people do not care about dropping litter, or that people do it due to peer pressure and to fit in.

The lack of care shown about littering was felt to potentially be linked to a wider disinterest in the area. It may normalise this sort of behaviour and also reflect how people feel about the area more generally. The researchers felt this could have a knock on effect on how much children and young people want to access the community or how it might affect the choices they make.

The researchers also felt that if people could be peer pressured into littering then they might be at risk of peer pressure in other areas such as drinking or smoking.

The focus groups also suggested that a lack of bins might contribute to problems with littering. However, comments about this were mixed. We spoke about this a bit during our community walk round, it was hard to tell whether there were enough bins, but we did sometimes see litter around about areas with bins.

Place and Space

Our community walk round also considered the role of place and space in littering. Researchers considered abandoned spaces, spaces that have been wasted or green space that is overgrown.

Researchers identified a range of areas that could be used for other things but were currently not in use and could impact on the health and wellbeing of children and young people. These abandoned spaces were felt by the researchers to potentially make people feel unsafe and in particular could impact on mental health.

We also found lots of evidence of space being wasted in the community while doing our ethnography. Often these were open spaces that had been used to dump litter or were covered in litter. The researchers felt this might

be affecting how much space they had to play in or use for other chances to exercise like football pitches. We have spoken about the importance of parks

Disused land

and green space on health and wellbeing for helping you to get exercise, play and learn social skills earlier in this report (see page 15). Not using these spaces properly might mean people miss out on these opportunities which can affect their health throughout their life.

Our ethnography also highlighted examples where green space was not being well maintained and was covered in litter. This included dog poo, glass and other items. The researchers identified this might impact on how they felt about the place and that it could be dangerous.

Vandalism and Graffiti

We also found examples of vandalism and graffiti during our ethnography. The researchers felt that this might also affect how people feel about the area they live in and make them not want to go outside. They felt it would be better to have natural things to look at in the community.


Graffiti

However the researchers also felt that organised graffiti is appreciated by children and young people. They felt this might give a sense of ownership of a community and be a good thing, as a type of community art.

Rubbish Bins

As we have mentioned previously, a lack of rubbish bins was given as one reason by focus group members for people dropping litter. This came up regularly and was important to the young peer researchers. Our ethnographic research also highlighted that bins are sometimes overflowing and that this might attract seagulls or other scavenging animals. We have discussed how bins affected littering in more detail earlier.
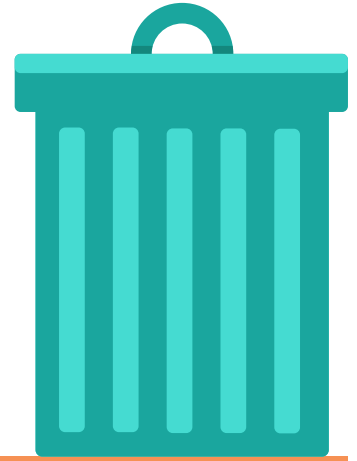
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6.   Summary of key findings

- It is clear that both the research participants and the young peer researchers had strong views (both positive and negative) about how safety, littering and family and friends in their community could affect their health and wellbeing.

- Many of the findings from this research are supported by other academic research that had already been published by adults.

- We identified a range of positive things that the children and young people liked about their communities and that could benefit their health and wellbeing. This included a number of parks, spending time with friends and family and going out for food.

- We identified a number of key barriers to children and young people making the most of their communities:

  - Issues relating to crime, substance misuse and littering could affect how much children and young people wanted to access green space, parks or other parts of the community associated with this. This could affect their chances to play, exercise or socialise.

  - Adults' behaviour, particularly if it was unusual or threatening, made children and young people feel less safe and less likely to trust other people, specific areas or groups. This could affect what children and young people felt comfortable doing in the community and could affect how much children and young people got to do on their own.

- We found that the activities in both areas could be restrictive due to cost. We also found that most of the food options were fast food restaurants.

- Some of the research findings highlighted how our three key topics could have a negative effect of how children and young people felt about their area and the people within it:

- We found examples of things which affect the reputation of an area, like crime, substance misuse or spaces not being used well. This could cause specific areas or spaces to be labelled and stigmatised, which in turn could affect the children and young people who lived nearby.

- The researchers also felt that the findings about drinking, drugs and cigarettes might affect people's behaviour. Seeing this sort of thing regularly might mean people think it is normal and become used to it. They also thought people might be peer pressured into taking part.

7. Discussion

It is widely accepted that where people live has the potential to impact their health both positively and negatively. Our research has provided further evidence to support this; it shows lots of ways that where children and young people live might affect their health and wellbeing.

The research was based in areas with higher rates of poverty and deprivation and that have poorer health outcomes against some indicators. Our research has found out a number of things which may contribute to the existence of inequalities existence. As such it also provides evidence for how to tackle them.

All of the evidence in this report was gathered by and from children and young people. The young peer researchers have reflected on this data based on their experiences as young people and members of the communities being researched. This gives weight to the findings as they know the research topics really well.

We have shown throughout the findings that there a link between this research and research done by adults on health inequalities. Research with children and young people from Wales and Holland found a lot of similar issues relating to safety.[64] [65] It also backs up and supports other ideas about how the places children and young people live can affect their health and wellbeing and contribute to health inequalities.

We felt that five points were central to what we found out:

*   The reputation of the community or people who live there
*   How much people will access the different parts of the community
*   Relationships between people in the area
*   The resources in the area
*   Peer pressure.

We will look at how this relates to specific things that decision-makers could do to make changes in the areas in this section.

Positives

It is really important to remember that the children and young people in the focus groups and the researchers themselves highlighted lots of positive things about the areas they lived in. There are lots of places they like to go and things they like to do. When doing their analysis the researchers personally felt safe and were happy with the choices available to them. Similar research has found out similar things from young people when they have spoken about the area that they lived in.[66]

Any responses to this research must bear this in mind and take an assets-based approach. This means looking at what people in the area like and build on it. Children, young people and other members of the community should be directly involved in decisions about improving the areas that they live in.

It is also really important to remember that there is a trade-off between different things which might be bad for people's health like going to fast food restaurants or going to arcades and the benefit children and young people get from spending time with friends and family. We did not measure the regularity with which people were going to these types of restaurants. It is also clearly a time where children and young people spent time with their families, which they viewed as a good thing. We will talk about this a bit more later.

Reputation of the area

We heard about lots of things that might affect the reputation of an area such as how it looks, crime and the presence of drinking and drug-taking. It is really concerning that children and young people were able to identify factors that may contribute to stigma in their areas.

The Government needs to consider how certain areas are portrayed in the media and other areas where children and young people get information. It is clear these narratives are already present for children and young people and as such they have the potential to contribute to issues relating to health, wellbeing and inequality.

As we have highlighted, stigma can contribute to a number of health issues or things that can damage your health. In particular we highlighted how for children and young people this might mean they avoid places and spaces that they view as 'bad', meaning they might miss out on seeing people who live there or accessing spaces like parks. We also explored how for people who live in or near stigmatised places this might affect their ability to socialise as they don't want to invite friends over out of embarrassment.

It would be good to explore this in more detail.

Accessing parks and green space

Our research showed some interesting contradictions about use of green space and parks. We heard how children and young people like to go to these areas and that they provide opportunities to play with friends and spend time with family. We have highlighted the range of benefits that this can have. But we also heard about how parks could be associated with crime, substance misuse and violence, which could deter children and young people from going

to them. Parks and green space being unclean, damaged or in poor condition might also affect this. This might mean people miss out on chances to play or exercise which can affect them both now and in the future.

Our work took place in areas with higher rates of poverty, we know issues like crime and substance misuse are higher in these areas.[67] [68] Our research suggests that these issues have an affect on how much children want to access green spaces and parks. It highlights how place and poverty may interact to contribute to health inequalities.

The Scottish Government's Play Strategy highlights its commitment to play and supporting everyone to access this.[69] The UNCRC articulates that all children and young people have a right to play. However, evidence from this research suggests that factors such as crime etc within certain communities create inequality in access to these spaces. This means there is likely to be unequal access to the benefits of accessing parks and green spaces. This may ultimately contribute to health inequalities.

The researchers were clear that the government needs to do something to make sure their parks are more accessible and are places they feel safe going to play. This needs to be tackled by national government and local authorities as a matter of high importance, they should consider UNICEF's Child Friendly cities approach to this.[70] This will have a big positive effect on children and young people's health and wellbeing now and into the future.

The Scottish Government's plan to incorporate the UNCRC[71] will mean that children's right to play will be enshrined in law. This will mean that local authorities will need to make sure that there are good quality play spaces for all children and young people to access. We don't want to get to situation where children need to take action against local authorities to secure their right to play safely.

However, it is also important that at a national level work is done to tackle issues like crime, substance misuse and littering that stop children and young people accessing play spaces, only by tackling these underlying causes can we reduce inequalities.

Children also talked about potential play spaces being in bad repair or spaces that could be used more effectively in the community being damaged, abandoned or covered in litter. It is really important that these spaces are used effectively. One way would be for local decision-makers to use planning legislation to ensure these spaces are developed into play spaces or other places for them to socialise. Children and young people should be involved in these decisions and help to design spaces in a way that is best suited to their needs.

Community resources

We saw examples of a lot of different resources in the community that might affect the health and wellbeing of people living there. This raised some issues about what people have access to but also some clear positives.

Lots of participants clearly enjoyed going to parks with their friends and family. But as we have mentioned above their desire or ability to do this is affected by how clean or safe these are. The researchers felt it was important that these spaces are well maintained and feel safe so people can go to them and enjoy the benefits of them. It is important that decision-makers invest in improving communities around the country and particularly focus on spaces that children, young people and families may access. The researchers felt it was really important to make sure that the areas were tidied up and made safe, they felt that if the area was in better condition then people might want to take more care of it because they will be proud of it. We have discussed this issue in detail above.

The issue of what food is available in the area is complex. Our research appears to show that there are a lot of fast food restaurants that children and young people go to with family and friends. In one sense this appears a negative if we focus on fast food being bad for physical health. Regular access to this type of food provides some evidence as to why health might be worse in areas with higher rates of poverty that tend to have more of these restaurants

However, it is also important to remember that children and young people really valued their relationships with friends and family, including time spent together eating out and that this can support their development. In the context of areas with higher levels of deprivation, this might be really important as we know many children experiencing poverty tend to experience higher levels of relationships. We also need to remember that going for fast food occasionally as a treat is not necessarily going to have long-term effects.

The researchers felt it was important to have more healthier places to go for food, they also felt these needed to be affordable. This would ensure that children, young people and families experience the benefits of spending time together while enjoying healthier food. Decision-makers need to take this into account and use tools like planning legislation to ensure a variety of affordable and healthy food options within easy travelling distance as evidence suggests this is not currently available.

As we have discussed, getting to socialise can be really important for children and young people. Our research highlights that people might miss out of these because of the cost related to many of the activities. It is really

important that funding is made available to provide free or cheap local activities that support all children and young people to have fun, learn and play with their friends and family. Researchers also highlighted that cost might mean people miss out and were worried about the stigma attached to this. Local provision of universal (free) services might be a method to tackle some stigma that can be caused due to cost as everyone can attend. However, it is also important to make sure all families have enough money to access things like the cinema.

Trust and connections in the community

Our work and a range of academic research has highlighted the importance that children place on trust and relationships. It is clear that issues such as crime or substance misuse that takes place in the communities that children and young people grow up in undermine levels of trust and strength of relationships. As we have mentioned it might also contribute to stigma.

Given the prevalence of these issues in areas of deprivation this may be a contributing factor to poorer health in these areas. We have discussed how trust and relationships affect the services people access and the things they do in the area that can benefit their health.[72][73] Our research highlights that many issues can undermine these relationships and this may affect health and wellbeing.

It is important to tackle the underlying causes of these issues such as crime and substance misuse, to support everyone in these communities. However, the researchers also felt it was important to have opportunities for people to build relationships locally. When discussing recommendations we felt this could include having local events or dinners for people to attend where they could meet other children and young people. They also spoke about having markets locally for people to buy things.

It also might be important to show children and young people the good things that are happening locally and that they can be proud of. This will show off positives about the area and may affect how people feel about where they live.

Getting to do things on your own

Lots of our research highlighted things that might affect what children get to do on their own. Crime, substance misuse and mistrust of people all might affect whether children felt safe going places on their own or whether their parents would want them to go out on their own.

We have spoken about the importance of this throughout the report for children developing their independence, levels of responsibility, their

confidence, wellbeing and their wider brain development.[74] Some research about geography and child development has mostly focused on access to spaces. We know that children and young people who experience poverty are more likely to experience emotional or behavioural difficulties.[75] Our research may explain how issues of safety and trust at a community level limit opportunities to develop these.

It is really important that communities support children and young people to go out on their own. Decision-makers need to consider the recommendations from this report to ensure that they involve children and young people in planning decisions that will help with this. It is also important to tackle the underlying causes of crime, substance misuse and mistrust that mean that children are prevented from going out and doing things on their own with their friends.

Peer pressure

The researchers also felt that a lot of the different things that we found out in our project, such as seeing people drinking or taking drugs, or the litter from these types of activity, might normalise this behaviour for children and young people from a young age.

This could, in turn, contribute to higher rates of drinking, smoking and drug-taking and may provide an explanation of why young people from these areas may engage in this type of behaviour. It is really important that children and young people can grow up without exposure to dangerous substances and that steps are taken to remove evidence of substance misuse from areas around schools, playparks and green spaces. Again it is important to tackle the underlying causes of drinking, smoking and drug-taking.

We also discussed the presence of gambling in the community and how the arcades may normalise gambling behaviour for children. This was not dealt with in detail in this research but would be interesting to explore more.

Tackling underlying causes of issues

A lot of the issues of safety that we heard about in our research were related to drinking, drugs or crime. The researchers felt it was important that we have more responsible adults visible in the community to dissuade people from this behaviour. However, they also felt it was really important that there were enough support services in the community for those who are experiencing issues with substance misuse or who might get involved in crime. They felt that support should be available locally for children, young people and adults to get help.

From Children in Scotland's perspective, we also know the importance of tackling some of the underlying causes of crime and substance misuse in local communities, particularly poverty. In truth, health inequalities for children and young people will not reduce until poverty ceases to impact on their lives.

[64] Thomas, G.M., 2016. 'It's not that bad': Stigma, health, and place in a post-industrial community. Health & place, 38, pp.1-7.

[65] Lia Karsten (2005) It all used to be better? Different generations on continuityand change in urban children's daily use of space, Children's Geographies, 3:3, pp. 275-290.

[66] Thomas, G.M., 2016. 'It's not that bad': Stigma, health, and place in a post-industrial community. Health & place, 38, pp.1-7.

[67] http://www.healthscotland.scot/health-topics/drugs

[68] Scottish Public Health Observatory Online Profile Tool, (Data for Children and Young People, Dundee City, Strathmartine HSC Locality/ Glasgow City, Glasgow East HSC Locality), available at: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

[69] Scottish Government Play Strategy for Scotland: Our Vision, Available at https://www2.gov.scot/resource/0042/00425722.pdf

[70] United Nations, Convention on the Rights of the Child, Available at https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

[71] https://childfriendlycities.org/

[72] Pearce, J., 2012. The 'blemish of place': stigma, geography and health inequalities. A commentary on Tabuchi, Fukuhara & Iso. Social Science and Medicine, 75(11), pp.1921-24.

[73] Thomas, G.M., 2016. 'It's not that bad': Stigma, health, and place in a post-industrial community. Health & place, 38, pp.1-7.

[74] Crawford et al, 2017. Worries,'weirdos', neighborhoods and knowing people: a qualitative study with children and parents regarding children's independent mobility. Health & place, 45, pp.131-139.

[75] Treanor, Morag C. (2015) "Social assets, low income and child social and emotional and behavioural wellbeing", Families, Relationships and Societies, 5:2, pp. 209-28.

8.   Conclusion and Recommendations

This project involved 15 young peer researchers learning about health inequalities and carrying out a research project into the role of their communities in contributing to these inequalities.

We explored how an area of Glasgow and an area of Dundee affect the health and wellbeing of children and young people who live there, with a specific focus on the things that mattered most to those children and young people about their communities — safety, littering and family and friends. These topics were explored through focus groups and ethnography.

We found that there are issues with substance misuse, crime and violence in both of these areas. These affect the places children and young people want to go or give places a bad reputation. We also found out that littering can damage spaces that are designed for children and young people so that some bits of the community are not well-used. We also found examples of how the resources in the area that people go to with friends and family may influence their health. Lots of fast food restaurants for example might mean that children get used to eating this type of food and it becomes normal.

However, the research highlighted lots of positives about the areas. These positives need to be promoted and emphasised going forward.

It is really important more research is done with children and young people about all of the topics we have covered in this report. It's also really important that adults make changes based on what we have found out.

Children and young people should feel like the communities they live in are designed and maintained with their needs in mind.

Children in Scotland worked together with the peer researchers to create a list of recommendations for adults:

- We would like more visible responsible adults in our communities to make us feel safe – this could include schools staff, police, community wardens or known and trusted family members etc.

- We would like more access to free or cheap fun activities, like youth clubs, football pitches and play spaces. We should not have to pay money to have places to go.

- Improve the quality of our green spaces so they are places that children and young people can exercise, play, and spend time with friends. Get rid of the litter, and the damaged equipment. We need them to feel safe and that they are ours.

- Deal with vandalism and regenerate abandoned spaces.

- Have support services for children, young people and adults to help deal with substance misuse – and find creative ways to advertise them through posters, and radio. We want support not stigma.

- Provide opportunities in the community to build positive relationships so that we can take pride in where we live. This could include community groups, local events, markets or small local festivals.

- Use planning processes to get support for healthier shops and restaurants to set up in our communities.

- Provide cheaper or free bus travel for children, young people and families so we can visit parks and leisure facilities in other areas.

- Involve children and young people in decisions about the places we live. This is our right.

Appendix A — Full Methodology

First it will talk about how we recruited the young peer researchers, this is in section 3.1 (titled recruitment). Next, it will explain how the young peer researchers were supported to do research, this is in section 3.2 (titled capacity build). It will then discuss the way we did the research in section 3.3 (titled research methodology).

3.1 Recruitment

Children in Scotland asked schools to choose pupils to be young peer researchers. We were keen to work with people who do not always get a chance to work on projects like this or do other opportunities in the school.

For the research participants we asked the schools to give a representative group of children and young people from the year group.

3.2 Capacity-building

Topic Knowledge

Health, wellbeing and place

Children in Scotland staff ran a number of activity-focused sessions to explore what the young peer researchers knew about health and wellbeing. These included general activities about health and wellbeing and more specific activities about the areas they live in.

Flash Cards

The young peer researchers were provided with a range of flash cards that provided visual prompts for different aspects of community and place including. Topics for the flash cards were adapted from key research themes from academic research into the role of place on health inequalities. Some additions were also made based on Children in Scotland's experience of working with children and young people.

The flash cards were used to stimulate discussion about the community that the researchers live in and how this affects their lives. Children in Scotland staff took notes of these discussions. Notes were carried through to the next stages of the project to inform our choices about research topics.

Case studies

A number of case studies were provided as a way to examine how place could impact on health and wellbeing for different characters.

Inequalities

A number of activities and discussions were carried out to explore the concept of inequality. We discussed the different things that could cause inequalities and maps showing the examples of health inequalities were used to prompt/stimulate discussions. We covered this topic several times throughout the project to develop our understanding about why they might exist.

Research Skills

Children in Scotland staff also used a number of activities to support the young researchers to develop their research skills.

We discussed different types of research methods that can be used to gather information. We explored what sorts of information this might gather and the advantages and disadvantages of each and what would be best for the type of project that we were doing together.

We also did a range of activities to prepare the researchers for doing their field work. We played games and did activities to help us think about how to ask a good question. We used these activities to work out what sort of questions we might want to ask and how to get the most information from the questions that we were asking.

To get ready to do our research we also did a range of role play activities to look at how to ask questions in an approachable fashion and to think about we could ask questions that didn't lead people to certain answers. We also explored how to find out more information when conducting research

As a group we also explored how to analyse research findings. We did a mix and match to practice sorting information into themes. We also worked on how to identify relevant information and identifying what was important. While doing this we learned about bias and how to avoid our own opinions influencing what we find out.

3.2 Research Methodology

The young peer researchers used a qualitative research approach. This means that the information was about finding out what people think and exploring this is detail to increase the understanding of a subject. This was set before the project had started.

For the project we used different ways to gather information. This is called a mixed methods approach. This included focus groups and an ethnography.

Focus groups are where you ask a group of people questions and they can discuss them as a group, group discussions can be really helpful as they give everyone an understanding of what everyone knows and help you find out differences, this can stimulate discussions. An ethnography is where you go into the community and explore it in more detail, we decided to use photography for part of our ethnography to show what we found out.

The research question, researchs themes, and method were the same across the two schools. This means the results could be compared easily and we could think about similarities in the two areas.

Research question

Our research aimed to answer the following research questions:

- How do community and place impact on health and wellbeing for children and young people?
- How might this contribute to health inequalities between different areas?

Choosing research methods

Some of our research methods had already been chosen for the project. We had decided we were going to speak to people in the participating schools and we were also going to go out and find out more about the community. We will explain more about this on pages 45-46. A range of discussions were carried out to identify appropriate research methods for the project for both of these stages.

After discussing the pros and cons of different research methods we chose to focus on groups in the schools to allow us to speak to bigger groups of people.

As we have mentioned above, the methods were the same across both schools.

Choosing research topics

To answer our research question the young peer researchers chose three areas from the flash card exercise that they wished to focus on as a group throughout the project. The research topics were the same across the two schools.

The young peer researchers were provided with all the information from their previous discussions on health, wellbeing and place. Participants were able to explore this information and decide which topics they wished to focus on. The list of topics to choose from was based on the flash cards discussed above. They chose topics based on interest and perceived level of importance. In total there were xx topics to choose from.

Each young researcher had three votes each, votes were ranked in order of preference: 1st placed votes received three points, 2nd place votes received two points and 3rd placed votes received one point. Votes were totalled across the two schools.

Children in Scotland staff then totalled up votes across each research area and identified the three top scoring research topics. The three research themes that received the top number of votes were;

- Safety
- Littering
- Family and Friends.

The list of topics not chosen to be taken forward can be found in Appendix B. This also details how many votes each topic received.

Choosing Focus Group Schedule

Once research themes had been identified the young researchers were supported to develop research questions for each research topic. This built on previous activities about what made a good question and focused on how we could get a lot of information in our focus groups.

Young peer researchers in each school discussed potential questions, all questions were noted down and researchers identified the ones they felt were best through discussion. Children in Scotland staff later compared the questions across both schools, identified common themes and narrowed questions down to four or five per focus group.

<u>Ethics, consent, and making sure everyone was safe</u>

Consent

Children in Scotland believes in informed participation in all of our projects. This means making sure that everyone involved knows what they are going to be involved in and what they will need to do.

All the young peer researchers were provided with a full consent form and information sheet before taking part in the project. This told them exactly what we would be doing as part of the project and allowed them to decide if they wished to take part.

Everyone who took part in the focus groups also received a consent form and information sheet to decide if they wanted to take part. This also allowed them to tell us if they were happy for us to use what they had said.

Managing risk

It was really important that we made sure that everyone taking part in the project was safe. Across the different parts of the research there were different risks.

In the focus groups the young peer researchers might hear potentially sensitive information about their peers. Before doing out focus groups we spoke about what to do if anyone heard anything that made them feel uncomfortable or made them think that some one was at risk. We spoke about child protection and who to tell if they had a concern. Children in Scotland staff were there at all times to respond to any issues.

During our ethnography there were a number of dangers because we would be out of school, which included being near busy roads or exploring potentially dangerous areas. As a group we did a risk assessment to think about the different things that might make us unsafe and what to do if this happened. This included what to do if people spoke to us who we didn't want to talk to or if anyone made us feel unsafe. We also always had two members of staff out with participants to ensure that we had enough supervision. Our routes and modes of transport were planned out in advance.

<u>School-based Research</u>

Focus Groups

The young peer researchers conducted focus groups on one afternoon in each school. Researchers conducted focus groups in the school they attended. Focus groups took place on Monday 17 June in Baldragon Academy and Friday 13 September in Dalmarnock Primary. In total 26 people were involved in the focus groups, of whom 13 were in P7 at the time of the focus group and 13 were in S1.

We have explained the recruitment process for participants in the focus groups in section 3.1 on page 42
.
Focus groups ran on rotation with research participants moving from topic to topic. Focus groups were limited to two young peer researchers and five research participants. One young peer researcher asked questions while the other took notes on contributions. All notes were collected at the end of the session and collated by Children in Scotland.

Research participants were all involved in a 15-minute focus group on each research topic. four or five questions were asked on each topic to explore how the participants felt about safety, littering and family and friends and how they felt these related to their community and also how it might affect health and wellbeing.

All focus group questions were also provided in a questionnaire to support everyone to participate. No data was collected in this way.

The information gathered from the focus groups was used in two ways. It was used as project findings and has been considered at the analysis stage of the project to explore how the areas being researched might affect health, wellbeing and inequalities. It was also used to inform the ethnography stage and what we would look for when out in the community.

Maps

Maps covering the school catchment area were provided for each research theme. Following their focus groups, participants were asked to plot places on the map relating to the research theme they had been discussing. Participants were asked to identify positive and negative areas of the community relating to safety, littering and family and friends. These maps were used to shape where in the community we would explore during the ethnography and to identify specific areas that were good or bad for health and wellbeing.

The following questions were used for the three research themes.

1)   Identify three areas in the community that are safe/unsafe (three safe & three unsafe)
2)   Identify three areas in the community that are bad for litter/good for litter (three good & three bad)
3)   Identify three places you go with family and friends/three places you would like to go with family and friends.

Participants were provided with green and red stickers. Green stickers were used for positive answers (i.e. safe) and red stickerts were used for negative answers (i.e. unsafe). Participants had three votes for each.

Ethnography

Ethnography means looking in detail at an area or group of people and taking notes. The young peer researchers carried out their ethnography across four days in each school. The group made notes and also took photographs of the areas to illustrate our findings.

There were a range of safety concerns when were out of the school. We have spoken about how we managed this risk on 45.

The areas for inclusion in the ethnography were chosen from the findings from the focus groups and also data collected in the maps for each research theme. In addition, the groups considered other areas that were of relevance based on areas we saw while out in the community.

Participants split into groups of 3-4 people to explore their communities. Each group considered a different research theme. All participants used a note sheet with prepared questions to support them to consider the area of the community that we stopped and considered. These notes were used later to reflect on the photos taken.

Analysis

The findings from the research from across the two schools were group together to be analysed and have been shown in this way in our findings. This allowed us to look for similarities and differences. Focus group data and photographic data was considered separately to identify themes from the findings. These themes have been discussed in section 5 of this report. These are initially presented under the three research topics separately.

The researchers then thought about how all of this information links to health and wellbeing, we thought about how it might impact on the lives of children and young people and what was most important.

Children in Scotland has done some extra analysis of the findings, to find similarities across the findings from the research done by the young researcher and also looked for any key points that were missing from the initial analysis.

All the findings and analysis have been compared with other research done by adults to show how this all fits together and consider how it might affected health inequalities between areas.

Appendix B — Potential Research Topics

Chosen research topics shown in **bold**.

1. Schools
2. Housing
3. Places of worship
4. Shops
5. Community services — police etc.
6. Council services - DWP, libraries etc.
7. Places to play
8. Space to hang out
9. Places to go
10. No go areas
11. Getting around — transport
12. **Family and friends**
13. Green space / nature
14. Street lights
15. **Littering**
16. Having a say in the community
17. Roads
18. **Safety**