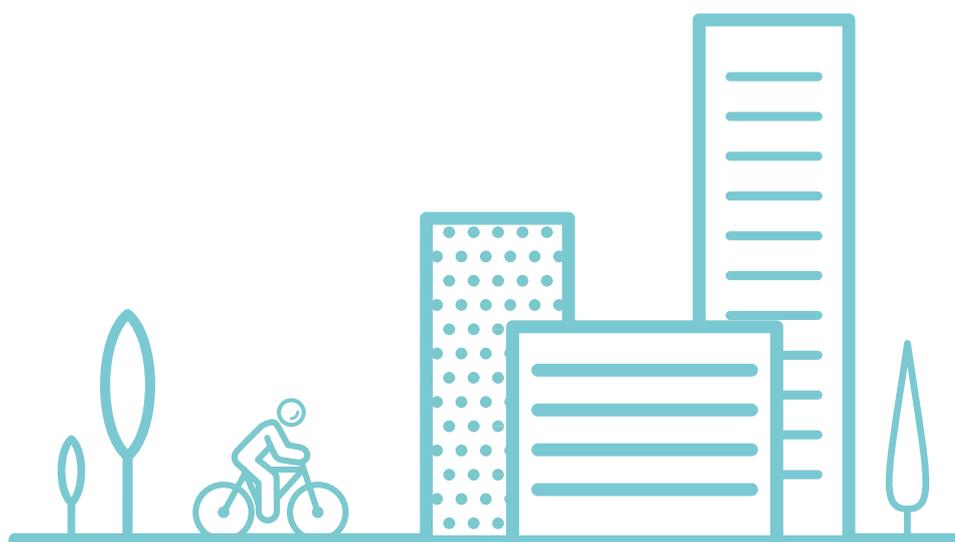


Healthy placemaking:

The evidence on the positive impact of healthy placemaking on people is clear – so how can we create places that deliver healthier lives and help prevent avoidable disease?



April 2018

Healthy placemaking:

Why do built environment practitioners create places that contribute to preventable disease and early death, despite evidence on healthy placemaking?

Report Information

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Foreword

Sarah Weir OBE



Great design is changing the way we live and the places we live in, making lives better by building happier, healthier and safer environments. It can bring communities together and facilitate long term behaviour change, transforming our lifestyles for the better.

This report is focused on healthy placemaking. It examines the barriers identified by people building and designing our communities to creating places where people are healthier and happier. It comes at a time when many are questioning the impact of a poor environment on the health and wellbeing of people. There are already numerous initiatives and research on the importance of the built environment on our health. We know that where we live contributes significantly to this, impacting either negatively or positively on issues such as levels of preventable disease and early death in a local area.

Yet, despite the evidence, lasting change seems difficult to achieve. National policy must help drive this change. And local decision-makers, industry and national charities such as Design Council must collectively use our influence to do whatever is possible to implement sustainable, lasting change.

The Design Council has championed the contribution, importance and value of design in a variety of ways since our founding in 1944. We are the impartial champion, the facilitator of partnerships and the amplifier of issues that will result in better lives by design. We therefore eagerly anticipate your views on how we can best support and influence greater healthy placemaking. We very much look forward to discussing the insights and recommendations we have put forward in this report.

By coming together and more fully recognising the value of healthy places to long term prosperity and wellbeing, we have a real opportunity to improve lives for the better. Let's find a way to do that.

Sarah

Sarah Weir OBE
Design Council

About this report

Kelly Hunstone, Social Change UK



In October 2016, we launched a research competition. We asked organisations to tell us what they wanted to find out through research. 21 proposals were received from across the public and third sector including bids from local authorities, charities, national bodies and law enforcement agencies - all keen to gather insight on issues they are trying to address through their work. Following a shortlisting process and a public vote, Design Council were awarded the project.

Design Council told us they wanted to understand the attitudes and behaviours to healthy placemaking - focusing on built environment practitioners who are key to making healthy placemaking possible. Specifically they wanted to find out what stops them from creating places that prevent disease and early death, as there is now a lot of evidence to support a push towards healthy placemaking.

The organisation I run - Social Change UK is a behaviour change agency set up to tackle society's toughest issues. We have a vision to motivate and inspire positive change in people and communities. We work on a lot of health-related behaviour change campaigns and after years of research and working on the ground running programmes we believe that the health and wellbeing of people can be influenced by the built environment.

We know the public health challenge is big. By 2050, it is estimated that the cost of being overweight and obese to the NHS will be £9.7bn, with a wider to cost to society

of £49.9bn [1]. Air pollution is a cause of concern for everyone - not least those who live and work in our cities. Poor mental health costs lives every single day. How we design our places and spaces can make us happier and help us to address these challenges.

Although this report has focused on the attitudes and behaviours of those working in what we term 'the built environment', this report is for anyone who makes a decision on the design and development of the places we live and work. Indoors and outdoors. Through design, planning and even regulation we can steer our way towards a happier and healthier nation.

Kelly

Kelly Hunstone
Social Change UK
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Executive summary

The built environment can positively impact people and communities. And built environment practitioners agree. But not everyone is creating healthy places to live and work.

Design Council worked with Social Change UK to survey over 600 built environment practitioners across the UK to understand their views and experiences across multiple areas on healthy placemaking and possible barriers. The survey was completed by a broad range of built environment practitioners, from architects and landscape architects to town planners and urban designers. We followed this up with telephone interviews with 30 built environment practitioners to delve deeper and gain further insight into their responses.

Overall, practitioners completing the survey had a strong awareness of 'healthy placemaking'. They understand the term and they can give examples. They recognise the wider issues impacting on health and wellbeing, including our attitudes to cars, unhealthy food and the environment. There was a consensus that the built environment can positively impact people's behaviour and a recognition that health focussed policy and practice needs to be consistently implemented by all built environment professionals and practitioners to make healthy placemaking a reality.

Many practitioners completing the survey stated they often have to convince clients and other professionals to invest in healthy placemaking. But this is not an easy task given the competing pressures of getting to market and meeting housing demand, which survey respondents felt can drive priorities.

From the research, we have found that, when it comes to creating healthy places, most respondents agreed, or felt it was important, to operate as part of a multi-disciplinary team. Collaborations do currently exist between built environment practitioners, public bodies and health professionals, but survey respondents did not feel this is a commonly adopted or consistent approach. Practitioners want to see greater collaboration between planning departments, highway authorities and public health departments to ensure that policies and practice put healthy placemaking at the forefront of all placemaking projects.

Among survey respondents we found that less emphasis is given to our indoor environments and the impact being inside a building can have on our physical and mental health and wellbeing. Most survey respondents reported that they do not place the same value on indoor health as they do on outdoor health and this study found that when considering health in placemaking, practitioners are prioritising physical activity and community engagement over other healthy placemaking components such as creating places that could support job creation or job security, or boost employment rates. Our survey found that respondents gave lower priority to the creation of new homes for people from different backgrounds and delivering new developments in the form of compact, mixed-use neighbourhoods.

Our survey found respondents have limited access to, and use of, data which could be used to help shape their decisions on healthy placemaking. Few practitioners reported identifying local priorities and very few, if any, can measure the impact they have had on people and communities. The impact of healthy placemaking is not built into projects and programmes. Practitioners stated they feel restricted by timescales required to effectively evaluate whether an intervention has had a strong influence on the health and wellbeing of people. This was largely because their contribution to a project ended part way through or they were involved at the end of a project. However, there is an appetite amongst practitioners for a comprehensive evaluation framework that more readily helps them to assess and measure health interventions incorporated into placemaking. Practitioners recognise health, economic and demographic data audits and case studies are all highly valuable in supporting their case for a greater push towards healthy placemaking.

Engaging with local residents through community consultation is a key part of creating healthy places. Practitioners value local insights from residents but in some instances community engagement comes at a later stage in projects, or as an 'add on' rather than as part of a continuous process where people are engaged throughout the programme – from start to finish.

The methods used to undertake consultation and engagement with the public vary among practitioners, from community based exhibitions, social media engagement and feedback forms, to more interactive methods and co-production workshops that enable residents to become more engaged with the plans. Recognising the challenge, a number of the practitioners surveyed are trying new techniques and seeking to engage at all stages.

Survey respondents felt that barriers around healthy placemaking are more likely to be caused by factors such as budget and

insufficient funding and healthy placemaking not being seen as the 'norm'. Practitioners felt there was need for greater consensus between the different stakeholders in the built environment. Eighty-two per cent of respondents also noted the differing requirements or expectations of developers with regards to healthy placemaking, alluding to the market pressures developers have to navigate which can mean health is less of a driver of their work. Respondents also felt that political pressures can also inhibit creating healthy places, as national and local politicians seek quick solutions to housing shortages.

Some survey respondents felt there is sometimes tension between local planning priorities and highway regulations. They argued for this to be reviewed to enable practitioners to create and develop healthy places.

We also found that there is a strong divide between practitioners based on seniority when working towards healthy placemaking. Respondents in senior positions (such as directors and practitioners) are engaged in healthy placemaking and 'sold' on its value and contribution, but this engagement was less apparent amongst survey respondents in more junior roles. Directors strongly support a vision to create healthy places, but junior and technical staff, and those delivering or in an operational role trying to make it happen in reality are not always seeing the vision translate.

Practitioners offered many suggestions on changes they can make within their industry to ensure healthy placemaking is on the agenda. These included more opportunities to work collaboratively, more evidence on impact and the economic value of healthy placemaking, changes to practice and policy, support to local authorities and a centralised repository for case studies and 'how to' guides.

Key insights

Many practitioners are not using data and insight to design and create healthy places.

Although some practitioners were aware of the evidence base for creating healthy places, we found that only 27% of practitioners are able to access and use local data to identify local priorities when working on placemaking projects.

The public are consulted but the timing, tools and techniques vary.

Practitioners that conduct consultations with the public use various methods to gather feedback on design proposals. Some practitioners undertake comprehensive community engagement, which include surveys and face to face consultations, which are then used to adapt the designs. Other practitioners use exhibition stands within communities to display design plans. We have found that this variance in consultation strategies, methods and tools means that different levels of feedback are captured and results in variance in the levels of public input into design proposals.

When engaged in healthy placemaking, practitioners prioritise outdoor spaces over indoor spaces.

Our research found that practitioners are more likely to have considered health and wellbeing in relation to outdoor environments than indoor environments. Even though people spend a lot of their time indoors, at home, during work and in their leisure time, practitioners were more likely to focus on the health in outdoor environments and access to greenspaces than ensuring people are living healthily indoors.

Healthy placemaking interventions can be excluded from design proposals due to the perceived cost to implement them.

Practitioners shared their frustration at not being able to implement healthy placemaking interventions as a result of the perceived cost they bring to the overall project. While contrary to the evidence base to support the economic benefits of healthy placemaking, survey respondents felt market pressures meant healthy placemaking is still seen as a luxury rather than a necessity.

Very few practitioners can demonstrate impact.

Practitioners that we spoke to said they find it difficult to measure impact, caused by a gap in the resources available to them in explaining and demonstrating how to measure the impact of healthy placemaking interventions.

The systems, policies and processes of planning and building design and development are not currently supportive towards healthy placemaking.

Some practitioners argued that the existing systems, policies and processes do not foster healthy placemaking interventions to be developed as there is a lack of support. Practitioners felt that there are cultural barriers within the workplace that mean they continue producing designs that exclude elements of healthy placemaking.

Greater understanding is needed about the effect of the built environment on health.

Our research found that the requirements and expectations of national and local politicians to deliver on other priorities (such as housing supply) would often act as a barrier in enabling practitioners to produce health placemaking intervention, while survey respondents felt that the public are not always aware of the effect of the built environment on health.

Priorities differ across government departments leading to conflict, confusion and no shared vision on healthy placemaking.

Practitioners discussed the challenges they face from various government departments. Some survey respondents reported that they have been incentivised to develop healthy placemaking interventions through working closely with public health professionals as their priorities are aligned with healthy placemaking interventions. However they argued that differing priorities between local government planning departments and highways authorities prevent the interventions from being developed, which compromises design proposals and planning applications in order to gain approval.

Highways, and guidance on highways, make it difficult to create healthy places.

Built environment practitioners reported that they found it difficult to design and develop areas that support health and wellbeing as a result of restrictions placed by highways guidance and highways authorities.

The vision for healthy placemaking is clear but this vision does not always translate into delivery of projects on the ground.

Director level and senior level practitioners are more open to adopting healthy placemaking interventions, but this vision doesn't make its way to people working on projects. Data analysis also found that junior practitioners are more likely to experience barriers and therefore feel prevented from creating healthy places, compared to director and senior level practitioners.

Background and methodology

What is healthy placemaking?

What is 'healthy placemaking'?

The World Health Organisation refer to the term 'health setting' when talking about healthy placemaking [2]:

“The place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing”.

The phrase 'healthy placemaking' has been defined by Design Council [3] as:

“Tackling preventable disease by shaping the built environment so that healthy activities and experiences are integral to people’s everyday lives”.

Public Health England defines healthy placemaking as [4]:

“Placemaking that takes into consideration neighbourhood design (such as increasing walking and cycling), improved quality of housing, access to healthier food, conservation of, and access to natural and sustainable environments, and improved transport and connectivity”

It is clear from the above definitions that although healthy placemaking appears to be relatively simple in nature, there are multiple components required to achieve a 'healthy place'. Put simply, it cuts across built environment stakeholders, physical

and social infrastructure and fundamental changes are required in order to facilitate a positive impact on health and wellbeing.

How do built environment practitioners interpret 'healthy placemaking'?

In our study, we asked practitioners to define healthy placemaking. The term is 'multi-dimensional' with several components. Some practitioners discussed the components involved in creating healthy places demonstrating a strong understanding of how multi-faceted healthy placemaking is. Others could only provide a broad understanding and just a few examples of what is healthy placemaking.

“[Healthy placemaking] is a very multifaceted thing... I think healthy placemaking has to be looked at from a wider socio-economic and environmental context... it’s about mixed use environments where there’s access to a range of facilities that are within walking distance without having to use other modes of transport... delivering places that are sustainable and support health and activity, economic development and social development... it is a multi-disciplinary activity where you often need a range of skill sets to deliver.”

Town planner, North West England

“It is the social, economic and environmental angles. We draw these as circles and where they overlap and meet in that transition in the middle, that is the important place for us to be working. If you try and exclude one of those three components, that’s when problems start.”

Public artist / Ecologist, South East England

“It’s making sure that people live in the right houses for their lifestyle, it’s how you make sure people are living in the right environment with the right support for their needs.”

Town planner, London

How do built environment practitioners believe healthy places are created?

As healthy placemaking is a multi-dimensional concept, practitioners believe that a diverse mix of processes and procedures are required to create and develop healthy places. Notably, practitioners emphasised the importance of using evidence and insight and working closely with people and communities before creating a ‘place’.

“Through putting yourself in the place of the user to make sure that what you’re delivering and proposing is something that will work.”

Town planner, West Midlands

“Understanding the populations that are there already and the challenges in the place, then creating an environment that supports positive health behaviours and reduces some of the negative health behaviours... looking at Maslow’s hierarchy of needs, with basic needs at the bottom to make sure the place is safe, it’s got good light and air quality, our fundamental human needs. Then, above that, helping people with other needs including ability to do exercise, and have access to things that support healthy decision-making.”

Sustainability manager, London

“We need to encourage people to use social spaces or else create some, so people have more options, physically and socially, so that they can become active and engaged in the community.”

Architect, Scotland

“You tell people the general idea of what you want to do, and give a skeleton outline of the scheme overview. But to do these things, let’s do it together. We can design it, but it’s much stronger if you want people to own the space, it’s why in the work we do making and creating spaces is everyone’s responsibility. It’s the community’s place, streets and public spaces, we all pay for it and all own it. If you want to build true places for people, then ask the people.”

Design adviser, London

Methodology

statement

Online survey

A large-scale online survey was used to capture the wide-ranging, high-level views and beliefs of built environment practitioners across the UK. The survey was widely distributed by Design Council, including professional bodies such as the Royal Town Planning Institute (RTPI), The Royal Institute of British Architects (RIBA) and the Institute of Environmental Management (IEMA). The survey was also promoted and widely advertised on social media by Social Change UK and we saw high engagement with the sector.

The survey asked practitioners a number of questions covering all the principles of healthy placemaking. It covered aspects such as comfort in both outdoor and indoor environments, tackling inequalities through design, healthy neighbourhoods and understanding how practitioners work in relation to healthy placemaking.

The survey also focused on the barriers of healthy placemaking. Practitioners were provided with multiple options and asked how likely different options contributed to the prevention of healthy placemaking in their projects.

Telephone interviews

In addition to an online survey, we conducted telephone interviews to further probe the responses participants gave us on their experiences and views related to healthy placemaking.

We conducted 30 telephone interviews with built environment practitioners, from landscape architects and urban designers to town planners, architects and developers. Participants were recruited through the online survey, which offered participants the option to express interest in participating in an in-depth telephone interview.

On average, telephone interviews lasted 35 to 45 minutes in length, with the shortest interview lasting 19 minutes and 36 seconds, and the longest interview lasting 1 hour 4 minutes and 5 seconds. Interviews were transcribed and analysed using thematic analysis to determine the reoccurring themes.

This report highlights the views and experiences of practitioners, demonstrating and highlighting challenges they have faced in the past and where they think change needs to occur. In addition to this, we have highlighted the perceptions around placemaking and its relation to health and wellbeing. The insight covers current practices around healthy placemaking, barriers experienced by practitioners and identifying possible gaps where an increase in support could lead to improvements within standards, regulation and industry best practice.

Quantitative analysis

The sample

In total, we engaged with 653 practitioners/professionals. As the research focused on the views of UK-based practitioners, we removed any participants from outside of the UK – leaving us with a total of 601 participants, 398 of which fully completed the survey.

Background of participants

We asked participants where they were based in the UK. Over half of the sample were located in the South of England (55.8%), with a greater share of built environment practitioners based in London (29.9%).

Region	Number of professionals based here	Percentage
London	119	29.9%
South East	56	14.1%
South West	47	11.8%
North East	31	7.8%
North West	29	7.3%
East Midlands	27	6.8%
Yorkshire	24	6%
East of England	18	4.5%
Scotland	18	4.5%
West Midlands	17	4.3%
Wales	8	2%
Northern Ireland	3	0.8%
UK-wide	1	0.3%
Total	398	100%

Table 1: Breakdown of where practitioners are based in the UK.

For the purposes of the analysis and identifying different trends amongst professional groups, we measured for their level of seniority to explore whether this influenced decision making and actions taken on healthy placemaking. One in three practitioners were of a senior level (33.7%), while one in five were Directors (26.1%). Below is a breakdown of participants by seniority. Four participants did not answer this question.

Seniority level	Number of participants	Percentage
Senior	134	33.7%
Director	104	26.1%
Manager	84	21.1%
Technical	39	9.8%
Junior	32	8%
Apprentice	1	0.3%
Did not answer	4	1%
Total	398	100%

Table 2: Breakdown of seniority levels of participants taking part in the research.

The largest represented group of practitioners were architects (16.8%) and landscape architects (16.8%), town planners (14.1%) and urban designers (10.3%). Below is a full breakdown of the job roles participants held.

Job role	Number of participants	Percentage	Job role	Number of participants	Percentage
Architect	67	16.8%	Facilities Manager	2	0.5%
Landscape Architect	67	16.8%	Highways Engineer	2	0.5%
Town Planner	56	14.1%	Landscape Manager	2	0.5%
Urban Designer	41	10.3%	Air Quality Professional	1	0.3%
Design Adviser/ Manager	21	5.3%	BIM Professional	1	0.3%
Transport Planning Professional	19	4.8%	Building Control	1	0.3%
Natural Green Space Conservation	12	3%	Building Surveyor	1	0.3%
Environmental Manager	8	2%	Cost Consultant	1	0.3%
Architectural Technologist	7	1.8%	Ecologist	1	0.3%
Civil Engineer	5	1.3%	Acoustic/ Noise/ Vibration Professional	1	0.3%
Lighting Designer	4	1%	Water Manager	1	0.3%
Building Services Engineer	3	0.8%	Other*	74	18.6%

Table 3: Breakdown of practitioners by job role

*As there are 74 responses for the “other” option provided, we have provided a full list of these job titles in Appendix A.

The research results

Quantitative and qualitative research findings

01 Barriers to creating healthy places

Our survey of 398 practitioners discovered a variety of practices used for creating healthy places. While these are explored in further detail in subsequent chapters, our survey also uncovered a range of barriers to implementing healthier places. The biggest barrier reported was insufficient funding (83%). This was followed by the requirements of developers (82%) and requirements of other professionals (73%).

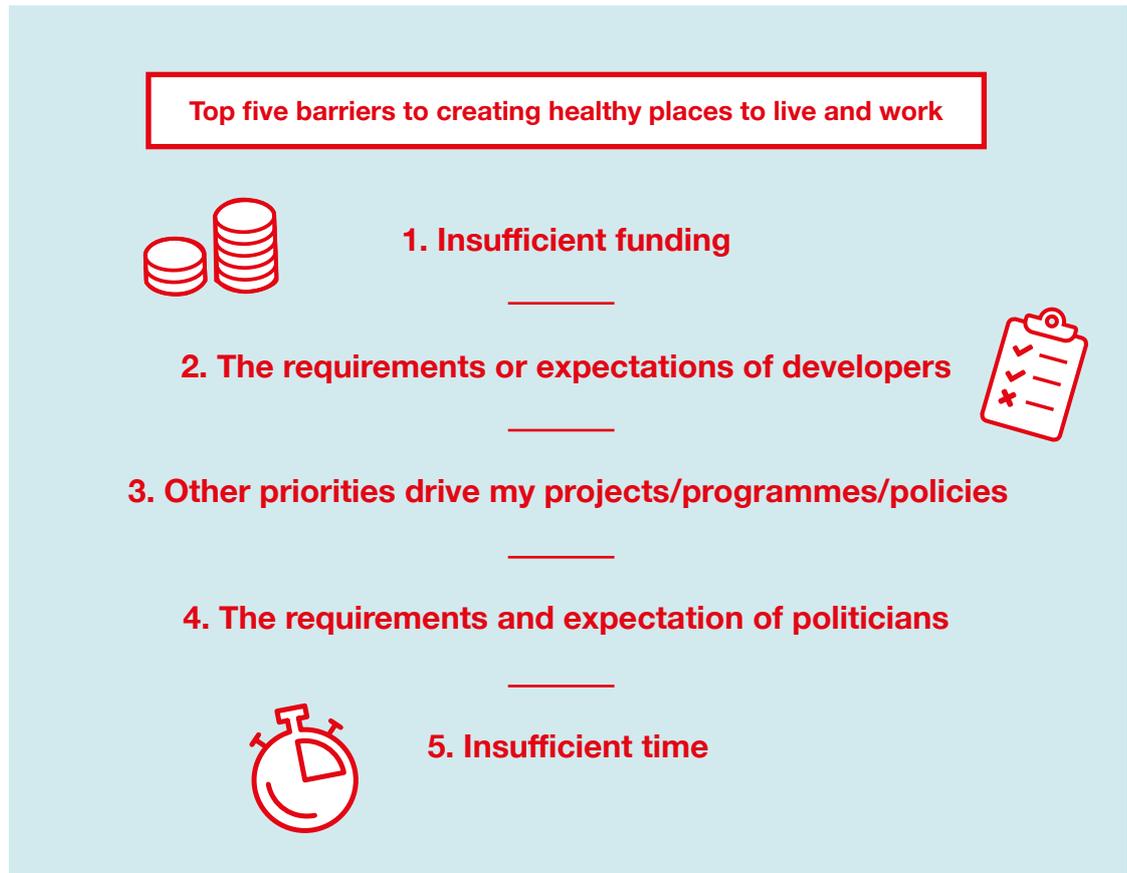
Other priorities that drove their projects/programmes/policies was in the top five barriers among survey participants, with 68% of practitioners saying other priorities stopped them from creating healthy places. 64% of practitioners also said that insufficient time was a barrier in creating healthy places to live and work.

Below is a table that ranks the barriers and how likely the barriers will stop practitioners from creating healthy places (from most likely to least likely).

Barrier	How many experienced this barrier	Percentage
Insufficient funding	330	83%
The requirements or expectations of developers	327	82%
The requirements or expectations of other professionals	292	73%
Other priorities that drive projects/programmes/policies	272	68%
Insufficient time	256	64%
It's not the norm with the external partners I work with to create healthy places	248	62%
The requirements or expectations of politicians	247	62%
National policy	216	54%
Local policy	213	53%
The requirements or expectations of senior colleagues	171	43%
Pressure from the public	146	37%
It's not the norm in my workplace	143	36%
My awareness or understanding of the actions involved in healthy placemaking	127	32%
My awareness or understanding of the importance of healthy placemaking	76	19%

Table 4: Ranking of the barriers experienced by practitioners.

The data suggests that regardless of whether a built environment practitioner was a director or a junior member of staff, they are all likely to experience the following top five barriers.



However, there are statistically significant differences based on seniority and the likelihood of experiencing some of these barriers. The analysis found that there are significant differences experienced at different levels when it came to insufficient funding, the requirements or expectations of other professionals, other priorities that drive projects/programmes/policies and insufficient time.

Across these instances, junior staff were more likely to experience barriers compared to directors. Technical staff were statistically more likely to experience barriers as a result of other priorities that drive their work, compared to directors. Senior staff were statistically more likely to experience barriers caused by insufficient funding, the requirements or expectations of other professionals and insufficient time compared to directors.

There are no statistically significant differences across the barriers to professionals based on geographical location. The data indicates that the location of a practitioner has no influence on whether they are more likely or less likely to experience barriers around healthy placemaking.

We explored barriers further in the telephone interviews we conducted with practitioners and discovered further insights on what stops practitioners from designing and developing healthy places, which we explore in the following chapters.

We will further explore the national and local policies that both enable and act as barriers to healthy placemaking in future research.

02

The knowledge and skills needed for healthy placemaking

Our survey and interviews asked practitioners to expand on what they currently do to create healthy places. A number of practitioners highlighted critical thinking as a crucial skill in their projects and their work to facilitate healthy placemaking.

“I’m brought in to look at the public realm in projects, and I bring the broader brush to placemaking, so [this is my] opportunity to bring in sustainability, biodiversity, how we tackle climate change, effects on cities, community cohesion. I’m working as a high-level designer. I approach projects with an open mind, every project is an opportunity to not only fix the main brief, but to do all sorts of other things no one has ever thought about.”

Urban designer, London

Creativity and the ability to look beyond the obvious was also a skill required in healthy placemaking and considered key to success.

“I can bring creativity to situations where normally creativity isn’t thought of as a potential solution. Our ideas are about health, social economics etc. It’s coming at it from a different angle and joining the dots for organisations and partners that have missed something.”

Public artist / Ecologist, South East England

Projects are usually designed and delivered in phases and sometimes it is the case that healthy placemaking is not a thread through all of the phases. Individuals who care and value healthy placemaking are sometimes brought into the project too late – or find it hard to influence the design and delivery of the project after it has started.

The creation of healthy places is made more possible when health is considered at the start of the project – or in ‘agile’ projects where plans and a direction can be changed.

“I tend to work on projects when the design is set, so it’s really when we get the individual parcels of work. Because we work in subsequent phases to the design, we can see the different pictures and link them up together.”

Anonymous

“I see what I’m working on as joining up the dots in an established environment.”

Planner / Urban designer, North East England

03

Community engagement

An extremely important aspect in creating healthy places is the engagement of local people in solving issues. Most practitioners carried out consultation and engagement and while the type of engagement or techniques used differed, they considered this important to successful placemaking.

“You can’t really work in an area until you understand the community and the local issues. It’s about finding out what an area needs and what the issues are.”

Town planner, North West England

“Providing people with the opportunity to talk about their own perspectives, social history, and lives, to then see how to reconnect to that place [is important]. It is important to understand the roles that a place has in people’s lives, and how people feel... it is very easy to come up with an idea of how something can work in theory, but then to implement it in practice requires understanding of the audience and their anticipated usage.”

Water manager, Yorkshire

“We have to respond to local factors, local baseline issues and local residents. There is a huge amount of community consultation undertaken when we do our work. You get a wide range of comments, there are often many good suggestions from residents that developers take on-board. It is crucial.”

Environmental manager, West Midlands

Many practitioners have embraced co-design and co-production and this has led to more successful outcomes in addressing particular issues and aided effective healthy placemaking.

“There is no one size fits all. What works in one place may not work in another, so co-design, collaboration with local people who know that area is essential.”

Charity sector, London

“If you’re co-producing with local communities, they’re experts by experience, they have lived experience in those communities, which provides really rich data. It’s important to capture that and then process it and test, and model from what they’ve said. In my experience, a grassroots approach is very valid in understanding some of the real issues happening on the ground... places need to be created bottom up, co-produced with local communities. It’s communities coming together themselves about particular issues.”

Change agent, South West England

Practitioners also believe that community engagement through consultation and co-production ultimately leads to a stronger case and reasoning for taking a particular course of action towards healthy placemaking.

“We try to get consultations and engagements so that we can work with more authority from the local community to proceed with the idea. By continuing the conversation with local communities, it’s empowering people to take ownership of the places and idea. It’s also good to let politicians know that something is the peoples’ design, rather than your design, as this tends to mean they support it more.”

Design adviser, London

“[True engagement] is getting the community involved in designing from the very outset.”

Anonymous

“You need to engage with local stakeholders and communities before you actually do anything. If you consult the communities afterwards, that’s way too late, it’s a recipe for conflict. If you engage them properly, it’s a fundamental part of a successful project, as the development is appropriate to the community and the area to meet the local needs.”

Town planner, North West England

“If community engagement happens after a lot of the decisions have been made, you may experience hostility.”

Landscape architect, East Midlands

“Public consultation should be at the design stage, to make them aware of how we plan and design space for their use, and see if they do or don’t want it. We can still try to change the design and amend it to what fits local community needs and preferences.”

Landscape architect, East of England



Some practitioners discussed their use of more interactive tools and methods to ensure that local communities are actively engaged and involved in the co-design and co-production of healthy placemaking.

“One of the techniques we use is to get local people to map out their facilities in their area. Looking at the geographical distribution of these facilities can then help to plug those gaps in facilities in your work.”

Town planner, North West England

The methods used by practitioners to conduct community consultations varied, from discussion-based consultation events within communities, to organising exhibitions, and using digital communications and social media. Some practitioners only brought the public and community into the discussion post design.

“You draft up some consultation boards with your initial thoughts on what the development might look like, what measures might need to be included, then you hire a local community hall and you basically invite all local residents along and say, ‘look these are our proposed designs, come along, tell us what you think, give us some suggestions and we can talk through our project’. You get a wide range of comments but genuinely there are often many good suggestions from residents that developers take on-board. It is crucial.”

Environmental manager, West Midlands

“We’ve run a number of different models, and it’s important to harness social media and digital communication, as these things will take over public meetings, workshops and exhibitions. Those are fine, but you do need to meet a wider range and larger number of people, which can be achieved through digital media.”

Town planner, London

“During the design stage, we had boards where we printed the plans and had copies for people to take home. Clients were there to answer questions. The whole design team was there in some form. We’ve run one day exhibitions, where most of the day was open to the public to come and see the exhibition, with feedback forms to fill in at the end. Planning consultants then summarised those at the end of the exhibition.”

Landscape architect, East of England

Difficulties with community engagement

Practitioners discussed some of the difficulties with community engagement. One of the main challenges for practitioners in conducting effective community consultations is ensuring that voices from all community groups are heard, such as older people and children, who might have different views and needs to other groups.

“Different stakeholders have different views; residents or potential residents, workers, commuters, children, older people, all have different views... often children are not directly involved or seen as stakeholders. Adult advocates and other stakeholders rarely pay enough attention to the perspectives or experiences of children.”

Advocate, consultant and independent researcher, London

“Normally it’s the children, the elderly and those who don’t engage in the design process who are the ones who would benefit most from doing so. But, they’re not the ones who respond to consultations often because they’re not asked. When do we tend to ask children or older people their views? When we go into schools to talk to children about green travel plans, they all want to walk, cycle or use scooters to school. But when we try and do anything that enables that, we get backlash from parents and teachers who want to drive. It ends up negating the ability of people who don’t get asked to have their way, because we either don’t ask children as we send a document through doors, saying one response per household, and that rarely allows children to be heard, or to include the views of the very elderly.”

Design adviser, London

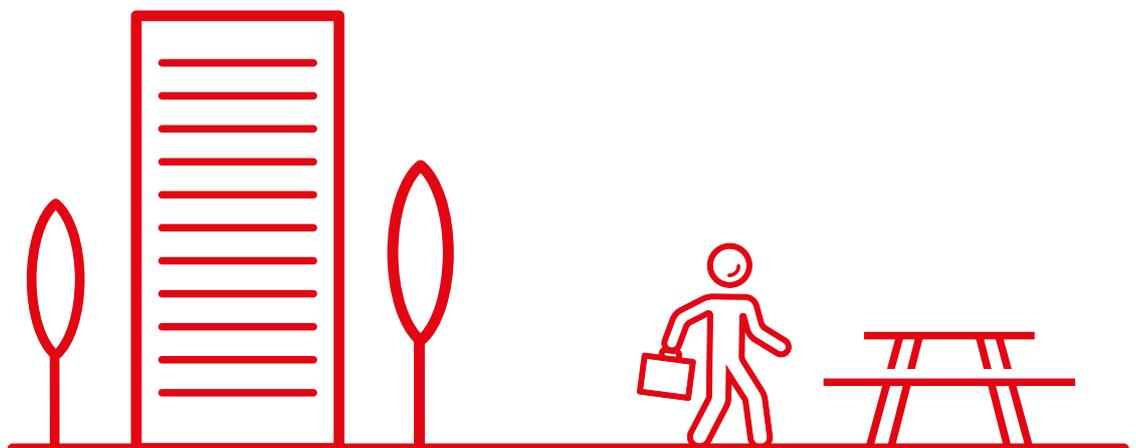
Some of the other challenges with community engagement included perceptions of the time and costs involved, and a requirement to learn and have specific skills to conduct effective and meaningful community engagement.

“What gets in the way is that it costs a lot of money and time to do more in depth engagement and analysis. [You want it to be more] than just a tokenistic gesture.”

Design adviser, London

“It’s a learning process, how to communicate with people to get the information to them. I think it comes with experience. I feel in whatever project I do I’m still supportive of public engagement, but it’s very difficult.”

Landscape architect, East of England



04 Working in collaboration

There are a diverse and wide range of disciplines and practitioners involved in creating and developing healthy places, including architects, landscape architects, town planners, highway engineers, mechanical and electrical engineers, developers, project managers and consultants across a mix of specialisms.

At present, while many practitioners feel that there is enough conversation and collaborative work amongst practitioners in their own disciplines, there was a general consensus that there is a need to push to have joined up conversations and collaborative work across and between practitioners and disciplines.

“To create healthy placemaking, you need to get multi-disciplinary professionals involved from across the board - architects, designers, health professionals, environmental professionals as well.”

Anonymous

“To create healthy places, it involves working with many stakeholders. You may have to liaise with Primary Care Trusts, local community groups and businesses to understand any issues they have in regards to healthy placemaking. It has to be collaborative with many public and private stakeholders.”

Environmental manager, West Midlands

Practitioners felt that when they are able to link up multiple areas and disciplines to have shared conversations, align thinking and follow collaborative working practices, healthy placemaking can be successful.

“We have all sorts of people come on board and work with us as a team; painters, musicians, scientists, ecologists. In open source working with our resources, we can do so much more than any of us can do on our own.”

Public artist / Ecologist, South East England

“I’m responsible for obtaining the outline planning permission for strategic sites, and I’ll be putting together project teams to advise me, with consultant teams on transport, education, master planning, planning and drainage. I try to get as much information as possible so we have a proposal to put forward to be able to get permission to carry it out.”

Town planner, West Midlands

“I was clearly influenced by the contributions of others because they were all specialists in their particular fields. My role was to understand their specialisms well enough to be able to allow them to use it well, to give them the opportunity to actually play out their expertise.”

Planner / Urban designer, North East England

“We often work collaboratively together in the housing sector and across health and social care, with Public Health England, academic health and science networks. We seek to work as collaboratively as possible in our capacity to share practice and to enable other experts and professional backgrounds to get involved in our sector.”

Change agent, South West England

“I bring people with different expertise with me when I go out to projects to critique them. We discuss amongst ourselves as a team what the main benefits and failings of the work are. It’s a positive process, and it would be fantastic if it happened by itself.”

Urban designer, London

Practitioners believe that working collaboratively with public bodies through sharing of resources and expertise is more effective in the design and development of healthy places, than working separately but it is recognised that this is not always possible and doesn’t always happen on projects.

“We were asked to convene a meeting between a corporate organisation and as many Heads of park services as possible. But, we also invited the Directors of Public Health as well... the outcome was that parks services and Public Health met and got talking about health issues in parks. Following that meeting, several Public Health teams have invested the same amount or more as the corporate organisation were offering in their parks, and one borough at least has the Public Health and Parks team sitting in the same department, working collaboratively... unless people have some way of being at the same table, you don’t succeed so effectively.”

Charity sector, London

“I attended a workshop with people from a wide range of backgrounds including local government, clinical care commissioning agencies, other agencies, healthcare professionals, universities, and the NHS, to work on spanning the divide between the health care providers, social organisation, universities and research. We talked about the factors that make a difference in placemaking to be healthier, and did an exercise working collaboratively using a modest budget to model what we can do to make a difference, to spend the money to achieve maximum effect in improving the life expectancy in the most deprived areas. It was a really helpful discussion about what might make the biggest difference, and the elements of things you can do to improve life expectancies through campaigns or interventions.”

Planner / Urban designer, North East England

“We have about 20 set consultees; everyone from the police to library services and housing services. There will be huge numbers of consultees as part of the planning process for big schemes.”

Town planner, London

“We use what influence we have and consult with other professionals, including the fire brigade and environmental health to achieve a good design. Environmental health officers are more aware of areas with poor air quality and can recommend variations to the design of building ventilation accordingly.”

Building control professional, London

“We now have the NHS and public health teams from Councils proactively trying to meet with us and trying to treat us more as partners. It’s a change I’ve noticed over the last year or so - all sides have an interest in making successful places and we’re all trying to learn from each other.”

Town planner, London

➤ What has influenced my work on healthy placemaking

“The Academy of Urbanism did a talk on good placemaking, which looked at one street within one community holistically and their transformation of it.”

Urban designer, London



Practitioners believe that Local Authorities have a large role in the development of healthy places, as they have embedded measures and requirements within their local policies and local plans.

“That interaction and push to deliver healthy placemaking will come through Local Authorities, which is quite a big thing. They do design the final review panel for proposals and they are definitely in a very strong position to comment from a public health perspective. In one example, there was a big push and desire from the Local Authority who wanted better access to countryside and green spaces. That was accepted by developers in terms of mitigating things preventing this, as far as possible, in a development, and also in their development of a network for parks and similar things.”

Urban designer, South West England

“Each Local Authority will have its own adopted plan they are working towards. There isn't any absolute requirement from the Government on what policies should be included in the local plan to create healthy places, but most Local Authorities will have policies in their plan that relate and encourage good placemaking and healthy places. The types of policies differ between each Local Authority; in London we know air quality is a massive issue, so we know that before we start any work there, the clients will have to do things to minimise car use and encourage cycling; whereas in Cambridge, there's huge pressure and probably detailed policies to address the need for green infrastructure.”

Environmental manager, West Midlands

“If we're working on a scheme as part of an action plan, we might be aware of local population needs, perhaps areas of deprivation or health issues that will be flagged up early, through part of a review of the Local Authority strategies for that area to help us include some public health based priorities. Having area action plans and policies for areas where the Local Authority can act as someone to oversee and make sure developments fit together, would be ideal for healthy placemaking.”

Town planner, London



Key insight: Local Authorities have a powerful role to play in healthy placemaking as they set local plans and policies for planning permission.



05

Use of evidence

Using evidence about local areas is crucial in healthy placemaking. Evidence allows practitioners to understand and highlight local issues and needs, find gaps in current provisions assess how best to fill these gaps and tailor their approach to address these local and specific needs. We explored the use of data and evidence with built environment practitioners.

In our survey we found that 27% (109 practitioners) said they used data and evidence often or always to identify local priorities and measure outcomes. In our in-depth interviews practitioners shared how they use data and evidence in their day-to-day work.

“The understanding about how the population of the local area live, what sort of social interactions they have, what they expect and what facilities are particularly valued by them; it all requires evidence. When working on healthy placemaking, the local social and economic health information and evidence used by developers is extremely important to us.”

Town planner, London

“Putting evidence together to develop the project is fundamental to doing anything. You need to have the information to hand to inform what you’re doing - this isn’t just about any kind of social, economic or environmental planning or intervention. It’s fundamental that it needs to be evidence based. One of the techniques we use is mapping of communities and sports facilities in that area, for example, to see how good or deficient current facilities are in terms of capacity, geographic distribution and quality.”

Town planner, North West England

“We look to the Local Authority for data on any programme or similar that will tie into healthy places, like landscapes or more sustainable transportation. We’ll look at data on green space in the area - is there a need for provisional sports pitches nearby? What need does it show us that needs to be addressed?”

Anonymous



“I worked on a parks and open spaces strategy for a London borough, where a colleague and I looked at patterns of childhood obesity in the borough, and the distribution of open spaces, to figure out gaps between those and how they might be filled.”

Advocate, consultant and independent researcher, London

“We helped to produce some active travel guidance...we took an evidence-led approach for walking and cycling based on a data-led approach, asking where are the short car journeys happening? We looked at school travel data, and other data we could find. What journeys by car could be made by cycling and walking, and where they are. Doing this we can plan the network and infrastructure to target those trips.”

Design adviser, West Midlands

“With a lot of health inequality issues and other health problems, evidence should link into planning and then help find ways to address the issues. The more local you can make evidence, the bigger impact it has in the planning application. For example, five years on from our original policy about carbon sequestration, we now need to understand where there is low tree coverage, and how that relates to new developments and where there is poor air quality... we may need to change, adapt or adjust parts of the Master Plans for new or regeneration sites, due to information that reflects what is happening around. Having evidence should really help decision-making for the plans. For example, in some Master Plans, there is a need to understand the crime context, and talk early in the process to police about what is in the local crime statistics to be able do a high quality design.”

Urban designer, East Midlands

For some practitioners, use of local data enables them to justify and prove why certain interventions should be undertaken, or why certain interventions should be carried out in a particular way, towards healthy placemaking.

“The evidence gives you the justification for interventions. For example, in a particular locality there might be a dire need for playing pitches, or a social equality issue, or an obesity crisis or lack of simple play facilities. The baseline information is key because it helps you target your interventions and make sure you are achieving maximum benefit.”

Environmental manager, West Midlands

“The evidence we have is very important for making the case or highlighting the issues that are relevant. The Department of Health and the Department for Communities and Local Government want to know the evidence of what’s happening on the ground so they can understand, gather that intelligence and help their thinking in that direction. They’re looking for nuggets to use as examples in green and white papers to change, challenge or improve an existing assumption. Our work is positioned at that to enable a particular directive to be better implemented because of evidence on what happens in practice.”

Change agent, South West England

“For our childhood obesity policy, our public health team said they have lots of information to amend the policy to demonstrate the specific local issues; for example, how many play areas there are, where they are and how much they cost. That’s much more powerful with our work, it makes development officers confident to say that something isn’t good enough, and this is why we therefore want such and such an intervention or development, because we have a real problem. Through using local evidence, it feels really gutsy to say we must go for that, it’s a necessity, not just a nice to have. It makes local plans stronger.”

Urban designer, East Midlands

Many practitioners feel there is already a large amount of evidence on healthy placemaking from a variety of sources, and they often have their ‘go to’ organisations and documents to use for this. Many feel the vision is set, but a lot needs to be done to get it from vision to reality.

“The Town and Country Planning Association (TCPA) have done a few projects recently on healthy placemaking, bringing people together from across the planning world, and that’s where I’d go for best practice guidelines and documents that summarise issues quite well.”

Town planner, London

“The National Planning Policy Framework and its design supplement say most of the things that need to be said for healthy placemaking.”

Urban designer, South East England

“The Urban Design Group are very useful, I get bulletins with a really useful combination of things from the news and also local evidence stuff. I follow the Green Infrastructure Network on Twitter, which is good for information for case studies and evidence. I get information from CIRIA (The Construction Industry Research and Information Association) on flooding and a lot of blogs, webinars, training and so on – lots of useful information that I can search for information locally.”

Urban designer, East Midlands

“There is a mass of evidence that active lifestyles mean healthier lives. The Chartered Institute of Highways and Transportation (CIHT) have done a lot on this and on streetscapes. There’s the Manual for Streets and Manual for Streets 2 - the big Government publications. These documents are out there and highlight the health benefits of streetscapes.”

Urban designer, London



For some practitioners, use of local evidence enables them to justify and prove why certain interventions should be undertaken, or why certain interventions should be carried out in a particular way, towards healthy placemaking, but confusion can set in.

“I’m a little confused by general guidance; it doesn’t seem very specific to me.”

Landscape architect, East of England

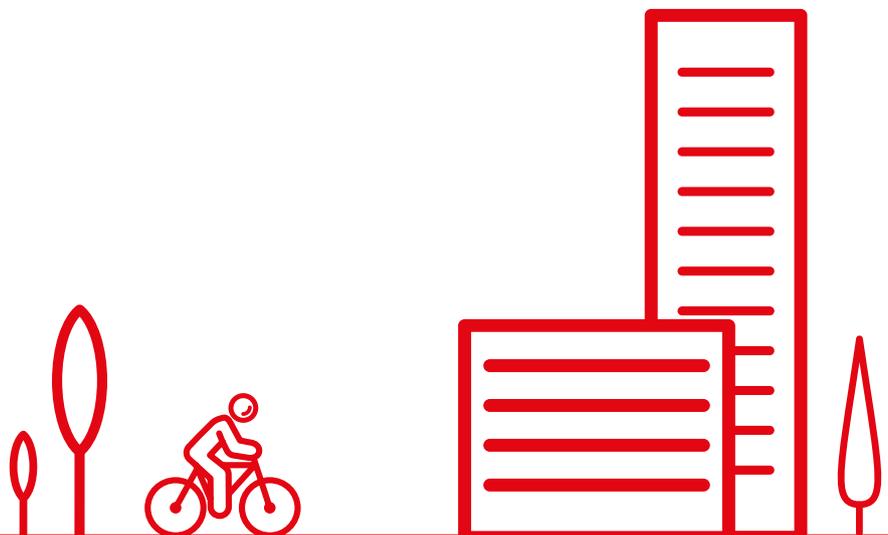
“There are so many guidelines and guides from different organisations and I think people can get blinded about what the focus is. A lot of organisations are doing similar research, producing guidance on the same thing. People then get totally confused about what’s captured and what’s going to work to address this topic.”

Urban designer, South West England

➤ What has influenced my work on healthy placemaking

“In our work around car ownership and modes of transport to work, we used case studies that the business I worked for at the time had gathered on what had worked well in similar sized towns in terms of adjustment to infrastructure and transport provision. We looked at how connecting housing areas with workplaces using cycling infrastructure directly affected the number of people cycling in a particular town. We were then able to do a high-level cost benefit analysis to look at what infrastructure we could provide to support new housing.”

Transport planning professional, East of England



06

Impact

Our survey respondents overwhelmingly told us that they were unable to demonstrate the impact of healthy placemaking in the projects they had worked on. This was largely because their contribution to a project ended part way through or they were involved at the end of a project. It was rare to find evaluation embedded into projects so it was difficult to demonstrate impact on people and communities.

“I’ve rarely been in a position where I’ve had any deep evidence or complete research to lean on and use for how things are actually performing.”

Planner / Urban designer, North East England

“I think there is a gap with regards to quantifying the benefits of these interventions and developments.”

Environmental manager, West Midlands

There is a specific lack of systems and processes to track the long-term impact of healthy placemaking components that have been incorporated in projects.

“I think that social impact of developments does need to be more closely measured. We need data and feedback, we need to build up a better picture of the social environment, the social aspects of our areas. In the local areas like ours, where there is a lot of development activity... demonstrating impact is something we can develop further, especially using more sophisticated ways of gathering information and monitoring the impacts of developments. That would, in particular, include major regeneration projects we’ve working on.”

Town planner, London

“I know from trying to find childhood obesity rates that to find trend data or evidence over time, insightful data to do comparisons of areas X and Y is not easy. There is still a gap for built environment practitioners and decision makers to make it really easy to find out what the data is telling us.”

Advocate, consultant and independent researcher, London



Key insight: Built environment practitioners cannot often demonstrate impact of their projects on health and wellbeing.

It was argued in our in-depth interviews that health or social interaction are quite intangible and can be hard to measure.

“It’s not easy to monitor somebody’s health as it were... it’s hard to get evidence about why developments that are seen as healthy do well price-wise and why people stay living there without choosing to move, and analyse its effectiveness, as it’s not a particularly tangible thing to measure. It would be interesting to do a survey of the residents where we’ve built, and neighbouring housing developments, to work out who knows their neighbours, how much time they spend interacting or talking face to face with them and how much time they spend doing communal activities, to try to deduce some measure of social wellbeing.”

Urban designer, South West England

“I do wonder if we’ve shied away from health, it’s a very personal thing to talk about people’s health. How can you measure it and its outcomes? Measuring things like jobs and training are easier and more positive to measure. We have ways of measuring indoor air and light quality, metrics around space in apartments. These metrics do push towards health, but we target that first line of analysis rather than asking for the reason behind it in more detail.”

Sustainability manager, London

Practitioners also recognised that measuring the impact of healthy placemaking needs to be conducted over a long-term period to really understand and see any changes in health and behaviour. Practitioners therefore believe it is difficult to assess the effectiveness of healthy places in the here and now.

“Health can be very difficult to measure, because it’s such a long-term measure and so many other factors also impact on people’s health. We often try to show how we’re making a difference and where things are having a positive benefit, doing things around the number of acres of green space etc. which are very tangible to report quite quickly, whereas health interventions are much longer-term. You can report every year on how many people you’ve employed in a local community, but you wouldn’t be able to find statistics of what we’ve done in terms of mortality rates, social isolation, or depression. All these are much harder to capture and report back in ways businesses and stakeholders want to see.”

Sustainability manager, London

“There is big difference in infrastructure for long-term and short-term health, and whether there is a sustained approach to improving the wellbeing of the community in question... when a mandate or agenda is set out to create spaces for the benefit of people’s health, it has to be clear if they are designed to improve the people’s short-term or long-term health. If there will be long-term benefits, that does arise from investment. There is no silver bullet.”

Water manager, Yorkshire



Key insight: Health and wellbeing is perceived as hard to measure. The impact of different built environment practitioners on health and wellbeing can be even harder to demonstrate.

The wide-ranging nature of health means things are often already happening around healthy placemaking without professionals necessarily realising it. This can make it easier for practitioners to begin to position work towards delivering healthy places.

“Health is such a big, wide topic... everything you do is really vital. It has always been something in the background... we haven’t really looked at our opportunities with health as the first outcome really. It’s interesting a lot of the things we are already doing are having a benefit on health, we just haven’t wrapped it around health, so we haven’t been able to say that’s where we want to go to as a healthy place. It’s previously been around sustainability, biodiversity or community cohesion. We haven’t really used a health lens to look at these things.”

Sustainability manager, London

“A lot might already be happening around healthy placemaking, but people in planning and design are not aware that it can be viewed as addressing health or classified as health, nor how they can take what they are already doing to the next level. We’re talking to Public Health England, and others, about what we’re doing so we can join up our work. Often, it’s just putting together what we already know and do now, framing it differently, or framing the reasons for why it’s being done differently. With parks and open spaces, previously we talked about the environmental importance, but we now look at it from a different angle. Pollution reduction previously came under environmental outcomes, but it’s very important for people’s health too.”

Town planner, London

“Every change can serve five or six purposes if you’ve got an open mind to how you can make that work.”

Urban designer, London

A number of practitioners reported that they are creating and collecting their own evidence. This often includes bringing together all the existing evidence on an issue, to then develop ideas or solutions to address the issues they face.

“When it comes to evidence of what is needed, we are creating our own evidence base. We’re working with a local charity to develop a sophisticated evidence base on healthy design. It surveys people’s attitudes and experiences of inactivity and healthy eating, their experiences of social interaction and of accessing local health services.”

Town planner, London

“As a knowledge exchange, we capture what’s out there in terms of indicators; we proactively seek to gather as much evidence as we can, so that our online platforms are up-to-date, with access to information relating to our focus of work. We then promote and highlight specific findings to our members, so they can be informed about the latest policy and practice.”

Change agent, South West England

“We specialise in active travel, so we do research that ourselves. We did some research for a large UK transport organisation a few years ago. It was an international study on how cities plan for cycling, and we added into that from our own work, so we help to create and contribute to knowledge.”

Design adviser, West Midlands

General principle frameworks for healthy placemaking

Practitioners spoke about the benefits of utilising general principle frameworks, such as the Place Standard tool [5]. These frameworks have been designed to assess and guide practitioners across multiple components of design that are closely connected to the principles of healthy placemaking. Such frameworks can be tailored to the context and specifics of the work in question.

“There’s the Healthy New Towns initiative, it’s similar to the Built for Life criteria, which had a series of criteria as a checklist to consider in creating attractive, healthy places. It’s quite a good template to apply to lots of different developments.”

Town planner, West Midlands

“Worcester Council have done a planning toolkit with a Health Impact Assessment, it’s very good and most interesting. Though there is a risk with checklists that it slightly de-values work, they do help to evaluate, assess impact or find impact that needs mitigation.”

Urban designer, South West England

“Architecture and Design Scotland and the Scottish Government have created ‘Place Standard’, a tool implicated during the design stage in developments in Scotland. It consists of a set of 14 questions revolving around sensibility, sense of place, access to green space and things like that. Places are then measured against these criteria, which are considered good for people’s health and wellbeing. It’s about the standard approach to placemaking, not making places to a standard.”

Architect, Scotland



Key insight: There is a desire and drive for evidence to demonstrate the positive impact of healthy placemaking.

Cultural assumptions, attitudes and beliefs

There are a number of cultural assumptions and expectations associated with anticipated needs for placemaking, ingrained in both the placemaking systems and wider society, that run contrary to the values and principles of healthy placemaking. These are hard for practitioners to work against and challenge, and are most prevalent around the issue of traffic and car movements.

“Those working in the built environments tend to place the emphasis on traffic and car movements and against pedestrian movements. The value decisions are placed in favour of cars, or the relative importance of addressing concerns of private developers who want to sell the housing this year or next year, against the longer-term value of health. You’re trying to persuade developers or residents that while they may think it’s important to have two parking spaces outside houses, that actually works against making healthier neighbourhoods. It’s very tricky around the relative role and place of the car in new developments. Do you build, assuming that most people will own a car? Or do you move beyond that to promote walking and cycling? How will that impact on the economic sales and profitability of the development? It’s complicated, with no simple answer to how you achieve healthy placemaking. It’s complex and it means change to think about the wider values of health, social, environmental and economic outcomes.”

Advocate, consultant and independent researcher, London

“We have visualisations in master plans of developments where the road allows traffic, but people also ride bikes. Unfortunately, that doesn’t normally translate into the finished product. It’s the same as the visualisation, but with many thousand more vehicles.”

Design adviser, London

Practitioners discussed that many of the attitudes and beliefs held by stakeholders, other practitioners and the public prevent interventions that have been designed and put forward for healthy placemaking from being implemented. Cars and the desire to use our cars were frequently cited by practitioners, including the lack of investment in changing people’s behaviour when it comes to transport and travel. It is felt that beliefs and attitudes such as this would need to change to enable the implementation of interventions that lead to the creation of healthy spaces.

“We’ve worked with architects to reconfigure layouts, for example getting a 25% uplift in the amount of square feet they could put on the site... however, the house builder then turned around and said ‘no, every house has to have a double garage at the front, we want to use our own products in the buildings and have straight roads; we can’t be bothered with this’. That is the prevailing attitude; why make life difficult when they can get away with doing the minimum and still make a lot of money?”

Urban designer, South West England

“We do a lot public consultations and we know the public don’t want traffic. When you present a proposal for a development on the edge of where people live, most people will quote increased traffic as a reason to resist it. But when you say it’ll have walking and cycling paths they don’t believe it and don’t feel those will be used, so traffic will still be an issue. In the public mind, everyone has cars so unless roads are big enough or you do something to capacity, there will be congestion, which is bad. That message gets to politicians, whose solution to it is not behaviour change or encouraging different types of travel. It’s a big, big issue.”

Design adviser, West Midlands

In our survey, only 35% of practitioners said their work either often or always decreased the use of private motor vehicle use, and 48% said their work either often or always increased walking and cycling activity. Shifting the attitudes of the public around transport were perceived as a large barrier to built environment practitioners. Although this was something that built environment practitioners reported on, this does not limit cultural assumptions relating to healthy placemaking to transport.

Divide between the “converted” and the “unconverted” to healthy placemaking

Within these cultural assumptions and expectations, and attitudes and beliefs, there is a divide between those ‘converted’ and ‘unconverted’ to healthy placemaking. Those who know about, support and are engaged with healthy placemaking are already working towards delivering and achieving it. However, it is the practitioners who do not know about healthy placemaking, who know but are not supportive or actively engaged in it, and those who know but do not see the need for it who need to be converted and convinced to make progress. Through our qualitative work many practitioners highlighted their colleagues working in highways and civil engineering as a potential group to engage and encourage the design and delivery of healthy placemaking.

“It’s got to be the ICE (Institute of Civil Engineers) to push for the change, and Institute of Highways and Transport Planners, to push for this change towards healthy placemaking, otherwise you’re just preaching to the converted.”

Urban designer, South West England

Others working in design and policy were also named as professionals that do not necessarily know what healthy placemaking involves, highlighting a need to improve knowledge and awareness of healthy placemaking.

“On a working group with professionals working on the Design Council’s CABE project focusing on healthy placemaking, it was a struggle to collectively get far beyond the disabled access side. I found myself discussing inclusivity between generations and things like that - really critical stuff... it was an interesting experience.”

Planner / Urban designer, North East England

“We won’t work again with a lot of the architects we have previously [worked with] as they’ve got different views. I think there is a predominant attitude in architecture that it’s the building and the look, the external design, that should be the prime focus, and we ignore that – we look at the functionality of building and its relationship to spaces between neighbour builds... a lot of architecture focuses around producing cool, snazzy buildings and in 10 years’ time, it gets changed or demolished because it’s not fit for purpose.”

Urban designer, South West England

“Even if you do have data to evidence healthy placemaking, people don’t believe it, the public, the local press, sometimes politicians. For some the theories central to healthy placemaking such as traffic evaporation, there’s almost an unwillingness to believe it.”

Design adviser, London

“You provide evidence and people say, ‘that’s OK for the Netherlands, but it’ll never happen here’. You say of course it can happen here. I hear that from engineering students – if bright young things are stuck in their ways, they need further education. That’s a lack of information widely shared in the world outside.”

Urban designer, South East England

“In a project I’m working on at the moment, the developers want it to be a commercial success. In other cases, developers may have a sound business model and say, ‘but we’re doing fine as we are, why should we change?’ There is resistance to doing something different. The basic message is there, but it’s embedding that fully in the planning environment – it’s such a complicated field with so many actors, so many perspectives.”

Design adviser, West Midlands

However, it should be noted that whilst some developers were seen as being averse to taking on steps to develop healthy places, this might be a result of uncertainty, as including new or different elements into development plans could increase the chance of having planning permissions declined.

07

Professional practice on healthy placemaking

We asked built environment practitioners how often they collaborate with professionals in health, social care, economic development and regeneration to tackle health priorities.

The majority of practitioners have said they have collaborated with professionals across disciplines to ensure they tackle local health priorities in their work. 35% of practitioners have reported to either often or always collaborating, with an extra 29% saying they sometimes collaborate. However, 31% of practitioners either rarely or never collaborate. 7% of practitioners didn't know if they collaborated and 1% did not answer this question.

Practitioners were also asked how often they use data to identify local priorities and measure outcomes in relation to people's health – such as obesity rates in children, people's physical activity levels etc.

27% of practitioners would often or always use local data to identify local priorities, while 21% would sometimes use data and 38% either rarely or never used local data. We found that 13% of practitioners did not know if they use data to identify local priorities or measure outcomes in relation to people's health. 1% of practitioners did not answer this. When looking at the wider picture, just over one in four practitioners would be likely to consider using data to identify local priorities.

We wanted to find out how often practitioners give importance to health in the documentation used to deliver their work. The majority of practitioners give importance to health in documentation used to deliver their work. We found that 44% of practitioners either often or always give importance to health in documentation used to deliver their work, while 24% would sometimes give importance. However,

health is not as important to 24% of practitioners, as they rarely or never include health in documentation of their work. 8% of practitioners did not know if they give importance to health. 1% of practitioners did not answer this question.

We were also keen to find out if health was part of their everyday language at work – including mentions of health and health related behaviour change through the design of environments at meetings and in presentations.

The majority of practitioners reported to include health in their everyday language at work. 41% of practitioners incorporate health into their everyday language at work often or always. 28% of practitioners sometimes make health part of their everyday language, while 26% either rarely or never do this. 5% of practitioners are unaware if they make health part of their everyday language. 1% of practitioners did not answer this question.

Finally, we asked how often people are asked in consultations and engagement work how their local area might create barriers to being healthy and what opportunities exist to create more healthy places.

The majority of practitioners said they would conduct consultations with the public in order to create healthy places. Only 33% of practitioners said they either often or always conduct community consultation exercises on projects they work on. 24% of practitioners sometimes do this, while 32% of practitioners either rarely or never do this. 11% of practitioners don't know if they have carried out community consultations. 1% of practitioners did not answer this question.

Current systems and workplace culture

Some practitioners highlighted that the structure, workplace culture and processes of the planning and building systems are not currently supportive towards healthy placemaking. Often for change and innovation to happen within these environments, a catalyst is needed.

Barriers caused by building systems

“We think about how we can work in the present system, how we may need to stretch it to enable it to think slightly differently or create the right policy to make those changes happen. Sometimes that takes people to demonstrate leadership, sometimes cultural change, sometimes needing people on the ground, the consumers and users, to express the demand and demand what they want.”

Change agent, South West England

“We call our work towards healthy placemaking ‘innovation’, but they might see it as too challenging. We can’t be rule breakers all the time.”

Public artist / Ecologist, South East England

Barriers caused by workplace culture

“We have the ability to cut through to business with leaders and directors who can see the vision and are quite open-minded to challenging the norm. But in other organisations it would be a much more fundamental cultural change that would be required in order for them to embrace things that might necessarily be quite controversial.”

Water manager, Yorkshire

“Our work depends on the culture of thinking in the built environment and design team. If the culture of thinking positively expects, wants and desires public health and healthy interventions, that’s what is more likely to happen.”

Urban designer, South West England

Practitioners emphasised the importance of leadership and vision as crucial to catalysing changes and innovations and embed a culture shift towards healthy placemaking.

“Change has gradually crept in, but it’s been down to political leadership; saying that we need to be bold and say ‘the world isn’t going to collapse if there are less roads and traffic, people will find different ways to travel than cars and habits will change’. Now, when it comes to transporting goods, if we can get more people to group together so logistically vans and lorries are full, not half empty when they travel, and have people working collaboratively; leaders have to obligate people to be more efficient in those sort of things.”

Urban designer, London

“It’s the nature of our industry to have cost pressures on a lot of things and pressure to make savings. Things come under threat. You need strong leadership to say ‘no, this is vision and therefore we will do these things to provide long-term value’. I feel that’s the difference between us and other developers who are going for more volume.”

Sustainability manager, London

“Now I have that Director level role, I see that one of the things I need to do in that role is to influence the focus towards creating healthy places.”

Transport planning professional, East of England

Some practitioners discussed the roles of public bodies as influencers on the work of other organisations and practitioners across the design, planning and placemaking systems.

“A lot of work we do strategically is influenced by public bodies; The Local Government Association, The Association of Social Services, Public Health England, NHS England.”

Change agent, South West England

“We’re especially engaged with the Local Authority and Public Health England. This has been the first time we’ve spoken to the Local Authority specifically around health in this kind of way, and essentially, it’s them influencing us. Sometimes there’s been a lack of knowledge in terms of what we are doing and what we can be doing, and also a gap between us doing it and knowing that we should be talking about it through a health frame.”

Sustainability manager, London

Economic value is the driver of the current system

The driver of the current planning, design and placemaking systems is economic value. This means that practitioners have to be conscious of cost and finances and this is the main priority influencing their work. 55% of the practitioners surveyed reported that insufficient funding prevented them from creating healthy places. These economic priorities often prevent healthy placemaking interventions, or act as a barrier and prevent practitioners prioritising health.

“The priority is always towards the economic return on land for developers. That’s the biggest obstacle.”

Landscape architect, East of England

“I can negotiate and help them to redesign and re-plan their schemes, but I have to be conscious all the time of costs.”

Urban designer, East Midlands

“Many units of horrible flats are guaranteed to make profit, but they do not make environments. They know they can sell them, and make a profit – so the more units brought to market, the greater their profits.”

Building control professional, London

“With the commercial projects that I’ve worked on, there has been a commercially minded pursuit in terms of profit.”

Landscape architect, East Midlands

Practitioners argue that other partners working on a project, such as developers, are focused on commercial priorities and short-term objectives, which can inhibit healthy placemaking. Yet secondary evidence suggests that creating healthier places can have economic benefits for developers as well as wider society. For instance creating compact, mixed-use neighbourhoods not only improves walkability, but can reduce public transport and service costs as well as noise and air pollution. This also has the potential to yield greater financial returns for developers, because the amount of development is greater and the ratio of sellable/lettable space to infrastructure is better [6].

Cost and finance

Linked to the economic value as the driver of the current planning, design and placemaking systems, practitioners are constrained by cost considerations.

“Financial figures and viability come at the top of the list. Planners and developers need more of a push to consider health. The biggest hurdle is financial viability. If something is deemed too expensive, you will get questioned on it. Often therefore, it’s getting the design right from the start, to deliver healthy places that don’t cost that much and demonstrate impact.”

Town planner, London

We have to think about making things deliverable in terms of financial viability... It’s a balancing act, in what can be achieved and what is the most efficient use of resources. Often the standard way is usually the safest approach unless I can justify something.”

Town planner, West Midlands

“Often there’s a priority in trying to prove that certain designs or ideas will not require any more money to create or maintain. If you can prove that, you can do more than what you’re given to work with.”

Landscape architect, East of England

“The investment in healthy placemaking is obviously not there and I think we need a policy in place to encourage investment, funding and the evidence to justify the benefits, whether that’s monetary, indirectly or directly.”

Landscape architect, East Midlands



Key insight: A greater case needs to be made about the long-term economic value of healthier places.

Highways Authority

One of the biggest perceived barriers by practitioners against being able to work towards healthy placemaking are the highways authorities, who are deemed to have considerable power and sway over the systems and processes in the design, planning and creation of placemaking.

“Unless you get a highway officer who will try to help you out, you can’t deliver a place that encourages social interaction using the Local Authority rules... some highways officers don’t care, and won’t agree to something in the design.”

Urban designer, South West England

“A lot of traffic engineers and highway engineers have been working in a certain cultural way for 50 – 60 years, who still think about the needs of cars and about highways standards. We have to be able to get those people to understand new ways of thinking.”

Design adviser, West Midlands



“Highways authorities don’t have any sense of the long-term impacts of what they’re prescribing on the quality of life of people. Their focus is on the belief that the road is there to move people along as quickly as possible, and not on what it’s like to live there. They’re nervous about having a 20mph speed limit as standard in residential streets, and cycling is seen as an odd thing to include. If you’re designing to do something different than a standard design, they have a wobble and say ‘we can’t do that just because’. They’re in a different discipline with a different language.”

Urban designer, East Midlands

“Developers go to highways first to get approval before talking to the local planning authority. Developers are then in a difficult position. They might have designed something with local planning permission, but when they talk to local highways authorities, they say they won’t adopt the plan unless the design is changed. It’s a waste of time and money for developers to change it all again, and then the local planning authority finds out it’s given permission to something, but that it now won’t be delivered in the way they expected. It’s a real disconnect and issue.”

Urban designer, East Midlands



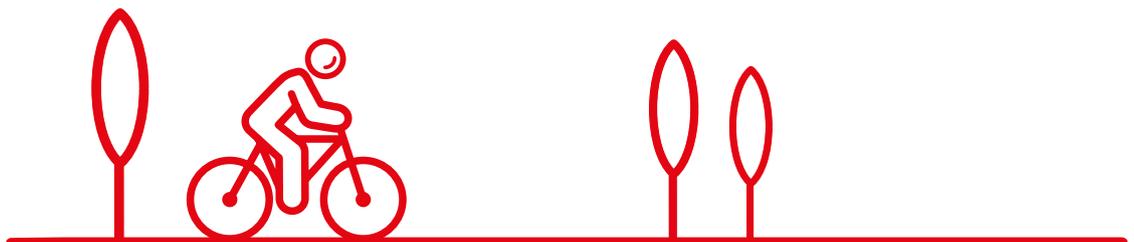
Key insight: Highways are perceived as having considerable power and can constrain work towards healthy placemaking



What has influenced my work on healthy placemaking

“I’ve learnt from the Netherlands and Germany, if you want sustainable developments, you need to make sure that the tram or public transport is put in place and goes into the place to be developed before the houses are built. The last thing you want is more cars, and new developments often mean more cars... I’ve been going to the Netherlands, and since the mid 1990s they’ve been building urban extensions on the basis of continuing existing plans for public transport and joining new places to existing places, which is good for public transport and decent facilities.”

Urban designer, South East England



“Some highway officers do understand what you’re trying to achieve but they can’t agree to something that is not covered or part of their standards, they’ll say that their career will be on the line or someone might sue the Local Authority if this doesn’t meet a particular standard, somewhere down the line. Therefore, they feel liable, and they get paranoid. It’s easier for housebuilders to say ‘alright, we’ll build to your specifications’. But that produces the same type of estates everywhere, that are non-conductive to social interaction... Things are refused for alleged safety reasons, but we still have a lot of legal and regulation hoops to jump through. Obviously, it’s a good idea to build a road properly, but the tight health and safety and legal requirements have knock on consequences as the development takes longer. If you fight against those, it lengthens delays. You’ve got to have fairly robust resources to start that process.”

Urban designer, South West England

Many practitioners spoke about the guidance from highways authorities, which they are often required to follow. Practitioners believed that the guidance provided by highways authorities is a barrier in creating healthy places and prevents social interaction.

“In the last half of the Local Authority highways design guide, it will say a road has to be designed 5.5m long, with 1.2m space either side, with 100 meter spaces, street lamps and so on. But that makes it impossible to deliver on what they promote in the first part of the document, which promotes the language of healthy placemaking. In saying a road has to be “X” metres wide, it’s such an intractable barrier. But as soon as you start deviating from their prescriptions in the document, they say ‘no’. But you can’t design a place that looks like a village and encourages people to meet on street, when the street has to be so wide and built for cars; it’s not conducive to people being in the street, as it makes a dangerous place for pedestrians to be.”

Urban designer, South West England

“We have to go by the highways legislation in what roads should look like, but unfortunately most of what is in their books goes in the face of trying to make a place. If you want people to cross at a particular junction, it has to be really small and tight so traffic can’t go fast down it. But all our highways guidance says don’t do that, because for them, you’ve got to be able to get bin lorries or removal lorries getting down the street. So, you tend to do a design where you try and work in the grey areas of design guidelines.”

Design adviser, London

“What the highways authority have in its residential roads layout guidance is precisely the opposite of walkable cities; it’s isolated estates with limited access that are not accessible. It’s full of words like walkable etc., but there’s nothing to make sure that walking will be chosen by anyone... it still has basic elements of all residential roads guidance from 1970s onwards in, which means any new individual working in development couldn’t really create a healthy place.”

Urban designer, South East England

Highways Act 1980

The responses from practitioners around restrictions caused by the Highways Act (1980)[7] support insight around the cultural assumptions we reported earlier, where practitioners have described an infrastructure that favours cars, and therefore prevents healthy places from being developed.

One of the practitioners we interviewed argued that enforcement of the Highways Act (1980) hinders the creation of healthy places. Furthermore, challenging highways authorities on design and development plans is considered a loss due to the costs required (such as legal fees) to challenge decisions. This ultimately prevents practitioners from challenging highways authorities to ensure projects are kept within agreed timescales and budgets. This is believed to hinder healthy placemaking, and the specific elements are not actually embedded in the Act. Furthermore, challenging highways authorities on design and development plans is considered a loss, preventing practitioners from challenging highways authorities, to ensure projects are kept within agreed timescales and budgets.

“They (highway authorities) can require that the make-up of roads is to a suitable standard that enables them to maintain that road without due cost, and they can also require that it’s a safe road to use. But, they are not legally in a position to require an exact specification of a road being “X” metres wide. However, no one challenges this because it would mean an enormous court case to go back to the original meaning of the act. That means that time is always on the highways authority’s side, because to go through court, the development is left hanging, costing money, we can’t get consent to continue work, and you have to have money and time to be able to take that on. Housebuilders are not incentivised by the system to do that, they want to roll developments out as quickly as possible. That is what is undermining the nature of places. If it was successfully challenged, that would free up the possibility of designing places which are safe, maintainable, robust, suitable for purpose, but don’t have the uniform characteristics which the highways authority like to apply at the moment. As long as you can prove it’s safe, it should be buildable.”

Urban designer, South West England

Other barriers

Practitioners discussed a number of other barriers, from their experience, that prevent them from embedding the principles of healthy placemaking into their work.

Maintenance

The issue of maintenance can also be a barrier to healthy placemaking due to the long-term costs associated with maintaining environments (such as programming, restoration and cleaning). In addition to costs associated with maintaining environments, responsibility and management of environments need to be clearly defined to ensure it is clear who is responsible for maintaining environment.

“Some of the concerns around maintenance of the public space design and its constraints has led me to maybe compromise on the types of features I may want to make the case for in a park or play area.”

Advocate, consultant and independent researcher, London

“Councils don’t have money to maintain streets anymore, so they are happy to let developers have private drives for houses everywhere. But that means that streets become even less adequate, as they become literally almost just tracks.”

Urban designer, East Midlands

“Just getting a tree in a street is very challenging. Even highways people can agree that streets are nicer with trees and people will be happier, but they’re concerned with who looks after it – it’s long-term maintenance and what that tree will do to the street over time. All the benefits get lost because they’re thinking about who’s going to pay for it.”

Urban designer, East Midlands

“There may be schemes where we want to extra trees, but highways officers says no because that goes against guidance, and it raises a maintenance issue as well. There is a reluctance for Local Authorities to take on future maintenance of highways and play areas. As a result, you would design down the quality so the maintenance cost is lower.”

Town planner, London

Client and developer power

Some practitioners discussed that the focus from clients and developers on the direction of work means that if they do not support the creation of healthy places, it is almost impossible for practitioners to successfully embed health in placemaking. Some practitioners described that in some instances, clients do not have a great awareness of adopting a healthy placemaking approach, which is sometimes the root of the challenge for practitioners.

“It’s the client at the end of the day who would influence what you’re able to do with the information you have and how you apply it to your work. Clients don’t want to create anything bad, it’s really just trying to justify the cost of creating places and the benefit of it.”

Anonymous

“I’ve had a lot of experience back and forth with a client, where you’re trying to push them on a particular issue and they say; ‘that feels a bit radical’ or ‘we’re not sure about it’ for whatever reason, so you have to reach a compromise. I have examples of clients coming to me about a project and I decided there isn’t enough scope for me to feel I can make a difference.”

Advocate, consultant and independent researcher, London

“The promoter of the scheme has to have the will to do something different, because without that it’s actually very easy to get completely focused on the commerciality of the scheme and the interest is purely on boxes on plots.”

Transport planning professional, East of England

“Although external consultants do the master plan, you end up having to deliver what the private developer wants, and often it’s compromising on planning and design. Both you and the external consultant know what they’re doing is not right, but they’re arguing it for their client. It is frustrating.”

Urban designer, East Midlands

“Developers leading the project are more concerned to have a place where people live and work, rather than a place where people can be healthy. I’ve never been in a situation where creating a healthy place was a priority for the team, even if there were opportunities to do so.”

Landscape architect, East of England

“What we develop is really the concept idea for what towns could be developed as or look like. But, it’s then up to individual developers and landowners to enact that concept design and that’s where things to fall over.”

Transport planning professional, East of England

Land ownership and wider development context

Land ownership and its surrounding land and development, including other developments has been identified by practitioners as restrictive in achieving healthy places. Practitioners believed that the owned land that surrounds development sites restricts them in being able to embed walking and cycling paths.

“Due to land ownership constraints, it’s not easy to get good connections to the surrounding areas, so the developing site is poorly connected with only one route in and out, which mitigates against a lot of walking and cycling.”

Design adviser, West Midlands

“The ownership of that space and land, what’s around it, the historical context and wider surrounding context can all really affect the delivery of healthy placemaking... trying to push healthy designs through depends on who the client is and who owns the land. Their classifications and definition of housing density is often subjective, focused on things such as how they can reduce cost. The ownership of that land becomes crucial.”

Urban designer, South West England

Political considerations

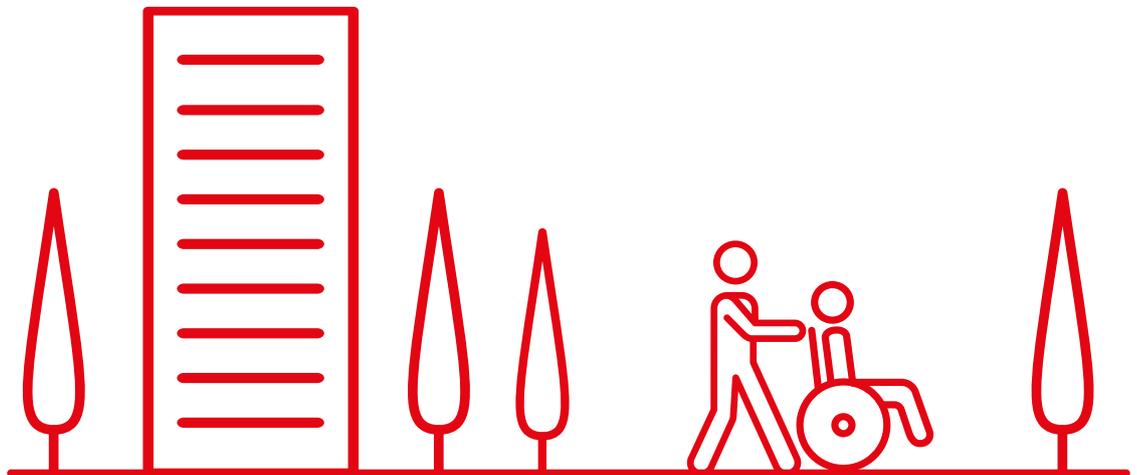
Practitioners believe that political pressures and a lack of political support influences them to drive work away from health as a priority, resulting in less practitioners embedding healthy placemaking principles into their projects.

“There are certain obstacles, some are political, some are commissioning intentions or procurement rules. We’re always trying to see what others have done to either try and get around that or be creative to identify a solution.”

Change agent, South West England

“Design guides do not always translate well into what schemes actually end up being. It’s partly due to political influence, due to the view of what the scheme will entail. It’s local politics chipping away, fundamentally undermining the final product. You end up with more parking, because traders say business is down, so there are instructions to introduce parking on space where you thought people would socialise.”

Design adviser, London



“The negotiating skills of the Local Authority are tested on every planning proposal. Ultimately, it’s down to their case officers on each planning application to negotiate and they often need the support of councillors... there is massive pressure to approve things. Sometimes they say yes to housing they wouldn’t otherwise be saying yes to because of housing and land supply pressure. Developers know that this political pressure is there to approve things, so they can dig their heels in to say ‘approve this’, or there will be these problems. Local Authorities can set policies and try as hard as they can, but it does come down to local negotiations on every application; the negotiator and their knowledge... having councillors on board can offset some of those barriers.”

Urban designer, East Midlands

“We’re seeing a greater density of housing being approved that would have been considered inappropriate in the past, because there’s such a demand and pressure for new housing driving that. The danger in pushing for larger numbers to be built is that the standard of dwellings might be less than they would be otherwise.”

Building control professional, London

“There is definitely a need to provide more social housing, but it also needs to be better quality. There is a concern that the emphasis has moved to just increase the volume, at the expense of poor quality and other long-term benefits.”

Sustainability manager, London

Engagement and support from all staff levels

Some practitioners discussed their experience of not having the engagement and support from all levels of staff within their own or other organisations as a significant barrier to delivering healthy placemaking.

“Local Authorities are crucial to how we go about everything we do but they can also influence why projects don’t happen and what stops them. We’re discovering that you can have the Local Authority leadership team completely on board; the executive committee saying ‘yes you can have this school, brilliant idea’. But, then it doesn’t happen because on the ground their officers are so risk averse. We now work knowing that it’s not the people at the top we need to win over and try to work with; it’s the officers on the ground. They’re the ones who feel liable for the risks. That’s really influenced how we work with Local Authorities.”

Public artist / Ecologist, South East England

“I’ve found that the higher up the chain you go in my organisation, the broader their perspective is; the more open minded to strategic changes and step changes they are and that has more effect. It’s the lower levels of staff where you get resistance, where you are working within a micro environment with one specific element of a grander project and they can only see that one perspective so that is hard to cut through.”

Water manager, Yorkshire



Key insight: Some built environment practitioners - mainly those working at junior or lower management levels can be perceived as risk adverse.

Retro-fitting health into work

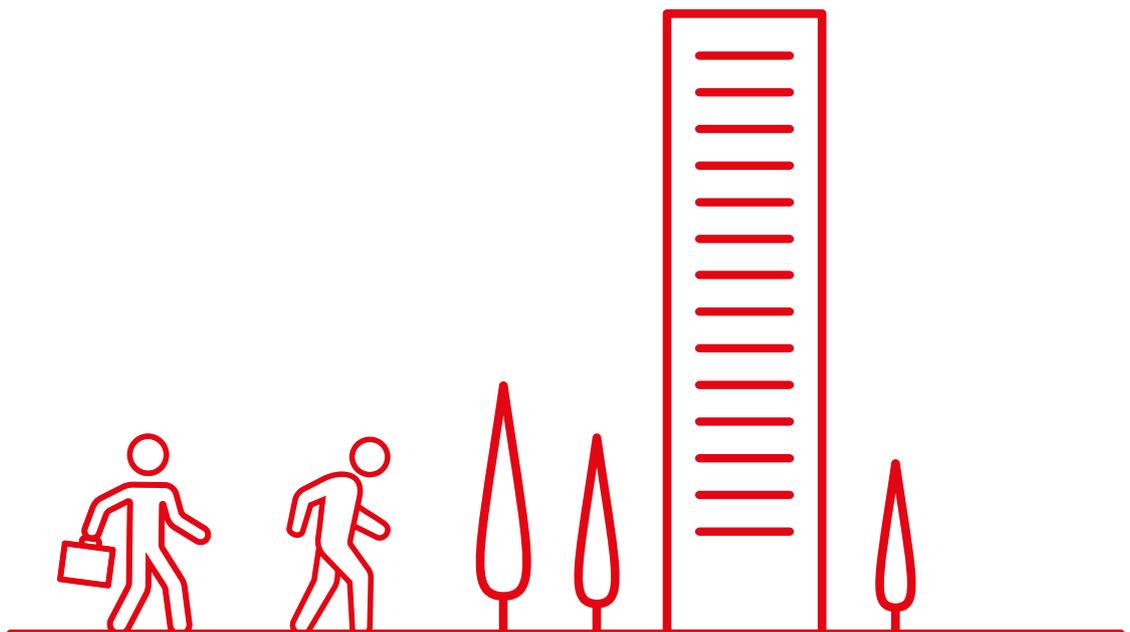
It is crucial that health is considered from the very start in the planning and design of new developments to successfully deliver healthy placemaking. Conversely, this means that when work is being done to retrospectively embed health back into developments that have already been completed, it is much harder to deliver healthy placemaking. The existing structures and layout often constrain what can be done.

“Health has to be in from the start or it won’t deliver or work. If it’s there from the beginning, you can plan and design around it. If you try and retro-fit it back in it’s quite hard to fit in. If you turn around once a development is fully designed and ask to change something, it’s very difficult to do. The important things have to be in there from the start.”

Sustainability manager, London

“It’s easier to factor in the building of healthily designed spaces in a completely new build, as you can bring in those health professionals to the design team. With existing builds and refurbishments, the building, its style and design is already pre-determined, and how it relates to the outside. Retro-fitting is a much more challenging proposition but it is still important.”

Charity sector, London



08

Prescriptive enforcement of requirements

Prescriptive requirements in Local Authority plans

Practitioners wanted to see Local Authorities scale up their existing work to enshrine prescriptive requirements and measures in their legislation and plans. This would help ensure that developers and other practitioners have to adhere to and implement specific procedures that deliver healthy places.

“As long as there is a clear policy in our development plan for something, we will require that to happen. It doesn’t necessarily require explicit positive buy-ins from the developer, they will be expected simply to do what is required by the development plan.”

Town planner, London

“Ultimately, healthy placemaking legislation needs to be enshrined in local policy documents... The London plan enshrines those sorts of measures. Other cities need to have that in terms of health as specifically as London. You have to build infrastructure for true healthy placemaking and you can’t do that if it’s not in the local plan; there will never be the money or the expectations on others to deliver it for you. If it’s in the plan, you’re in a good position to bargain with developers to demonstrate doing it. If it’s in the Local Authority plan, that’s the starting point for delivery, for dividing up the money in Local Authorities to spend.”

Urban designer, London

“If a policy document is signed off by the Local Authority, they can rely on it and quote it at public enquiries, for example, to refuse a development because it’s not healthy enough, or inspectors can quote it as evidence to agree that a development is not good enough. That’s the real test to push developers; on what basis can I say it’s not good enough? There is a need for something to be endorsed by the Department for Communities and Local Government that says ‘this requirement is a Government policy, and if you don’t meet this, it’s not good enough’.”

Design adviser, West Midlands

“The Department for Transport published its Cycling and Walking Investment Strategy, and one of the key tools it wants Local Authorities to use to encourage it is Local Cycling and Walking Infrastructure Plans (LCWIPs). They have encouraged the Department for Communities and Local Government (DCLG) to refer to the LCWIPs in national planning guidance to give it some planning status. It should encourage Local Authorities to do this strategic planning, to be part of the evidence for local plans for contractors and developers to build proper cycle networks that go to and connect places.”

Design adviser, West Midlands

Law and policy to enforce measures and prescriptive requirements

Practitioners want to see specific measures and ways of working that will support the delivery of healthy placemaking and it is felt that this should be prescribed and enforced through Government laws and policies. Placing these as legal requirements that practitioners must follow, rather than endorsing through guidelines or recommendations, will provide them with the force and power necessary to compel practitioners to follow and adhere to them.

“It’s OK to have a checklist, but to go further to support that implementation, mechanisms need to be in place, towards making things a ‘must’ consideration.”

Town planner, West Midlands

“First, you need to look at the policy, legislation and evidence. It’s law that guides things. The developer will talk about volume and wanting to deliver that. But if you can say something else is mandatory, not just optional, that it has to be developed, they’ll have to accept it. If it’s optional, it’s only secondary to priority concerns... Perhaps in contracts of employment there can be areas that are legally binding. If developers and contractors have to meet certain requirements in creating their proposals, it changes the whole scenario.”

Urban designer, South West England

“The majority of developments in this country are built by the private sector, which won’t do anything it hasn’t got to do. Unless something is in a Government policy or law; or enshrined in planning policy that you must do this, they just won’t do it. Until it comes from Government in a full policy, or in Government legislation that is enforceable with planning guidance, you can only talk about it with developers, who won’t take a bit of notice unless they have to. Developers can be very conservative, they know what they want and will not change unless they’re forced to on every issue around healthy placemaking.”

Urban designer, East Midlands

To place requirements in legislation and policy effectively, some practitioners discussed the need for explicit detail and clear prescriptive phrasing of requirements and standards so that they are not left open to interpretation for practitioners to manoeuvre around.

“From my experience of housing developers, they’ll do whatever is required to get developments, and if the Local Authority has specific requirements, they’ll sort of follow them if they are specific enough. But requirements can be fiddled around by lawyers, and some applications don’t indicate how to apply requirements, so nothing happens. Planners either fool themselves or are told to fool themselves.”

Urban designer, South East England

“There is never a huge amount of detail in policies with regard to what you will need to do to create a healthy place, and that’s where I think it all starts to fall down. A huge amount of it is therefore open to interpretation...Without any minimum standards, you might get a wide variety of developments moving forward.”

Environmental manager, West Midlands

Some practitioners discussed the use of consequences, as either incentives or penalties, to effectively support minimum standards, legal and policy requirements in practice.

“If developers have to deliver something, they will do and they won’t scarp from it. So, you need that legal stick, for example, if there are financial penalties or implications for not delivering against requirements.”

Urban designer, South West England

“Having penalties, fines or similar... Or for those who are efficient in following new rules, something such as a reduced road tax would be an idea. There are so many ways to incentivise the industry.”

Urban designer, London

It was also recommended that requirements in law or policy could also obligate mechanisms and processes to be in place to measure the impacts of those requirements, thereby supporting the measuring and demonstrating impact in healthy placemaking.

“If things are required by law or policy, they could be improved by also requiring they have something in place to measure their impact, as health interventions need long-term tracking and monitoring to be able to see changes and impact. Currently, we don’t put anything in place to measure social impact from developers or urban designers, which may be a limit and it’s one area we possibly need to develop further in of more closely monitoring how our policy impacts on health and well-being.”

Town planner, London

Redefining the minimum standards required by law

Some practitioners argued the need to redefine and raise the current minimum standards required by law and policy to improve their effectiveness around healthy placemaking. Practitioners went on to suggest that some developers concentrate on the minimum standards required.

“Developers will only really do the minimum requirements, rather than exceed them. Developer led projects are very similar in that respect. I think it comes back to legislation in place to encourage or to force them.”

Landscape architect, East Midlands

“They seem to be keen to do the minimum, never the maximum, of what’s in requirements. Minimum requirements really are minimum, they really do limit your opportunity to create something that could be used in a multifunctional way. They’re so focused on other priorities to create as many houses as possible to sell, using as much investment as possible to earn money, that healthy placemaking is the last thing they think of. If they can do the minimum possible, that’s what they do.”

Landscape architect, East of England

“In building control, we assess a proposal under building regulations to the minimum standards... If we know something can achieve a better-quality design and a more comfortable environment, we will make the point. We can’t insist on better standards than what’s in the set regulations, if a person satisfies the minimum criteria, we can’t refuse a development. There is scope for raising the minimum acceptable standards under the building regulations, but also under environment quality and Town and Country Planning Acts. Often designers will aim to satisfy the minimum requirements, so if those minimum requirements are raised, they will ultimately have to raise their performance to satisfy those.”

Building control professional, London

09 Behaviour change

It was recognised by a number of practitioners that to make healthy places really work, a great deal of work needs to start now to facilitate behaviour change in individuals and communities. Creating more cycle paths is all very well, but if we can’t get people on their bikes because they like their cars too much, the journey to happy and healthier lives will be long.

“The real challenge for policy makers, planners and those involved spatially in healthy placemaking, is how do you make changes to behaviours or the way people live their lives in their personal circumstances, as well as to the places they live in? It could be around green issues, healthy lifestyle and exercise, so providing more outdoor gyms to encourage their use, or offering free access to leisure facilities over for those over 55 to encourage participation in local communities and a by-product is healthier lifestyle because of the exercise.”

Change agent, South West England

➤ What has influenced my work on healthy placemaking

“I use exemplar schemes focused on particular problems, examples of what has been done in other places, so that people can visualise what you’re talking about. If you can show ideas of other places, and say to practitioners, ‘can you do something like that or think about using this in the work?’. That can really help create solutions.”

Urban designer, East Midlands

10

Creating healthy neighbourhoods

In our survey, we asked practitioners how often in their built environment policies, programmes or projects they help deliver mixed-use neighbourhoods, help provide a range of jobs or employment premises and create new homes for people of all ages. We also asked how often they provide shops and leisure facilities that are easy to reach, decrease the use of private motor vehicle and increase use of public transport, increase walking and cycling and encourage other types of physical activity. Finally, we asked how often in their work they help create positive interactions between people and create ways for people to help improve, take ownership of or manage their area.

Sixty four percent of practitioners focus on creating attractive spaces for people to walk, run and cycle when creating healthy neighbourhoods. Increasing physical activity is a high aim and practitioners through their work focus on increasing walking and cycling such as providing cycle lanes and bike racks/storage or making it easier to cross the road or walk safely within the neighbourhood. Practitioners also prioritised positive interaction between people – 59% said they have increased positive interaction through interventions such as increasing the number of play areas or attractions that bring people together in their neighbourhood such as providing parks for children and attractions that bring people of different ages and backgrounds together.

However, other important components of healthy neighbourhoods were overlooked. Many were less likely or unlikely to create places that could support job creation or job security or boost employment rates such as the creation of employment premises that are easy to reach from people's homes - only 30% of practitioners did this. Little priority is also given to the creation of new homes for people from different backgrounds (39% of practitioners said they did this) and delivering new developments in the form of compact, mixed-use neighbourhoods – only 40% of practitioners helped to deliver compact, mixed-use neighbourhoods.

“Healthy neighbourhoods is about looking at one house in the wider context of developments, joining up developments, and looking at the design of the neighbourhood itself. So that people tend to speak to each other, keeping neighbourhoods car free or with pedestrian priority to encourage social interaction, which is in turn a big component of people's health and wellbeing. Most house builders still bang out bog standard suburban estates which don't promote conviviality or social engagement, and that in itself is one of most important things impacting wellbeing. Social interaction is the most important thing in creating a healthy space.”

Urban designer, South West England



Key insight: Increasing physical activity - such as walking and cycling is high on the agenda. But other important components of healthy placemaking are sometimes overlooked.

11 Indoor and outdoor environments

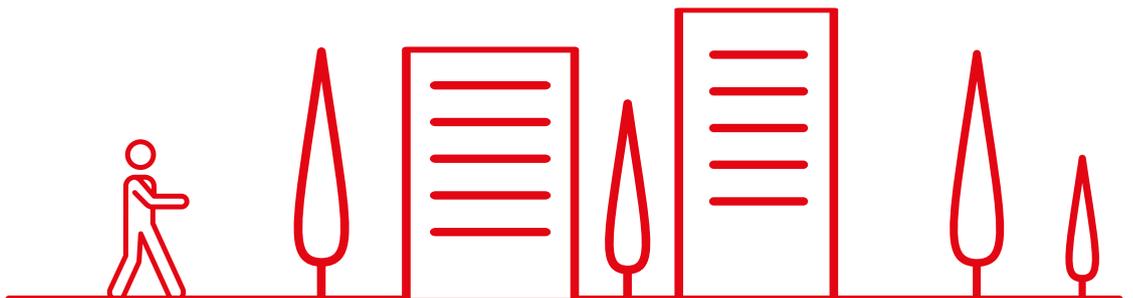
Built environment practitioners are less likely to consider health and wellbeing when designing indoor environments. Overall, greater emphasis is placed on outdoor environments and making outdoor spaces safer for people to use. We found that only 34% of practitioners either often or always improve people's home environments through interventions that reduce overcrowding, increase energy efficiency or reduce trip hazards. Similarly, 34% of practitioners either often or always improve workplace environments through interventions such as providing spaces to socialise in during breaks or access to green spaces.

In comparison, 52% of practitioners either often or always increase the comfort experienced by people outdoors, 58% of practitioners either often or always increase access to green spaces and waterways, and 56% of practitioners increase people's sense of safety outdoors.

Interestingly, practitioners do consider how to increase people's sense of safety outdoors and increase people's use of green spaces and waterways and many projects have included the design and creation of new facilities in parks or improving access to meadows and rivers.



Key insight: Built environment practitioners do not place the same value on indoor comfort as they do on outdoor comfort.



12 Tackling inequalities through design

Some practitioners have reported tackling inequalities through the design of outdoor environments. However, there is a lack in the number of practitioners that are implementing intervention to encourage positive behaviour change, such as increasing consumption of healthy foods and drinks while reducing consumption of unhealthy foods and drinks.

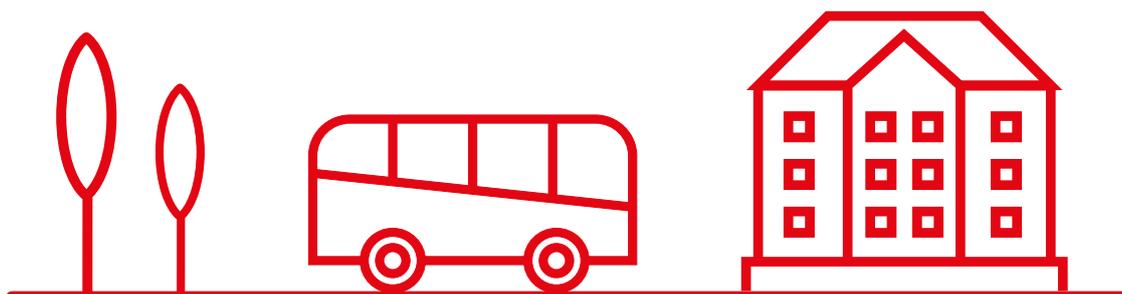
Thirty nine percent of practitioners said they have improved places used by deprived communities and 56% of practitioners have created buildings, streets and spaces more accessible for people of different ages, abilities and backgrounds.

“In our work, for example, we looked at a range of perspectives from people who may have antagonised each other. We discovered problems such as people avoiding certain areas and pathways at certain times of the day. These fears were largely discovered to be unfounded but were based on mutually exclusive views of each other. We have used that to produce community consultation and ‘buddying up’ between different generations. With this, it is also possible to target a particular issue.”

Architect, Scotland

However, practitioners are very unlikely to tackle inequalities by influencing the design in a way that will change people’s consumption behaviour. The analysis found that 24% of practitioners increased access to affordable fresh produce and healthy food. Furthermore, only 11% of practitioners have used placemaking interventions to reduce consumption of unhealthy food and drink, while 12% have increased consumption of healthier drinks by providing drinking fountains in public spaces.

➤ Key insight: Very few work towards reducing people’s consumption of unhealthy food and drink, despite evidence that suggests the built environment can play a key role.



13

How can barriers be overcome to enable healthy placemaking?

We asked practitioners to tell us how the barriers they have described, can be overcome to help create more healthy places to live and work. Evidence on impact was high on the wish list.

“Using evidence as a ‘myth-busting’ tool can really help to find misperceptions and open constructive conversations with stakeholders. I’ve never really found anyone who has been opposed to the evidence.”

Architect, Scotland

“Getting evidence under the noses of people we need to impress it on is key to be able to do the projects, for funding or to prove the value of what we’re doing.”

Public artist / ecologist, South East England

“Evidence helps strengthen our rationale and proposals. We demonstrate that we have researched the evidence that’s available to us prior to design, so it helps inform the design particularly for public bodies. They then have that information so they can justify their expenditure to stakeholders and neighbourhood communities.”

Landscape architect, East Midlands

“I think the only way to change the planning system is to give politicians a reason to prioritise healthy placemaking... the only way we can give compelling reasons to pay attention to the planning system is give them evidence about how it’s affecting local residents, the NHS and Public Health... if a body of evidence could be drawn together which puts flesh on the bones of what matters and give a coherent description of why the planning system is failing; in terms of Public Health or whatever; there’s more of a reason to look and adjust it.”

Transport planning professional, East of England



Case studies and exemplars

Practitioners have expressed their belief that case studies can be a key method of providing compelling evidence to influence others, thus gaining support for the design and development of health places.

“There is a scepticism about behaviour change. We all know what to do, but we think that will never happen here. It has to be shown to have already happened somewhere else and been successful to be convincing, through things like case studies. Some people need to see that it can actually be done in a similar situation; that’s crucial.”

Design adviser, West Midlands

“If you can show places where it has worked, with before and after evidence that a place is better than it was before, that would be fantastic. Or having a catalogue of examples with headlines, the top-line benefits and improvements. People want to be spoon-fed the headlines.”

Urban designer, London

“Having precedence images and examples are key, that’s more important than anything else, because 99% of people use them. We find examples of good, healthy, housing schemes to impress the client and say that this is achievable. If you could have evidence of a selected study, linked to precedence images, and straightforward figures saying this worked because of this and why our work needs to be like that, that would be a far stronger tool than other guidance.”

Urban designer, South West England



‘How to’ guides

The values and principles underpinning the 'what' and 'why' of healthy placemaking are generally well known. However, the practical 'how' that enables those values and principles to be practically implemented is often missing. Having guides discussing the 'how to' aspects of healthy placemaking would be valuable for practitioners.

“The high-level strategy stuff is great, but it’s missing the skills in delivery. This issue of how to deliver in Local Authorities has been highlighted by a number of people I know. There’s a lack of understanding of how you deliver that high level of strategy to actual, real projects and how to do the technical side. I’ve yet to see something that really deals with how you technically deliver those aspirations for public health.”

Urban designer, South West England

“If you have specific guidelines or design guidelines, that’s really useful, as you can pass it on to an architect and ask them to create something like that they can go away and design that. If you just say we want to create a super health place, that doesn’t get translated into anything that meaningful to architects and engineers. You need to give them something very clear and easy to understand to be able to translate that into a physical element, then teams can do it.”

Sustainability manager, London

“There’s no shortage of guidance, and that’s great; but how do I do it? It’s missing that detail. How do I create, for example, a biodiversity area? We need more on the practicalities. Where is the detail to enable me to do that, the real meat to the guidance? The basic messages, such as if you are more its healthier, are absolutely understood and there’s no resistance. Now, we need more on practicalities of how to do it. The highway officer I’ll deal with may say the evidence is all fine, but there’s too much traffic to put that cycle route across this point; practically, I can’t do it because of all traffic to deal with. There is a big gap in design standards for cycling infrastructure. National, focused guidance on how to design for cycling and new developments is massively overdue.”

Design adviser, West Midlands

What has influenced my work on healthy placemaking

“There are a lot of case studies of places trying to integrate design somehow with the health of people. I’m hoping to be able to refer to them and use them in work, but so far, they’re good general knowledge and information on health and landscape relationships.”

Landscape architect, East of England

One of the few guidance documents that practitioners regard as useful in providing 'how to' practical guidance is Manual for Streets, focusing on the design, planning and approval of new and existing roads. As such, some practitioners noted that it could be updated, refreshed and re-launched.

“Manual for Streets is a how to guide, it’s all about streetscapes, the principles of reducing vehicles, enabling more convenient and attractive walking. It covers the idea of what an attractive human-scale development looks and feels like to live in and move around in. It then sets out in technical terms what that means to professionals who’ll design and deliver that. It was really key in shifting the thinking around the design of residential developments.”

Transport planning professional, East of England



Encourage and increase use of evidence

Only 27% of the practitioners we spoke to said they used data to identify local priorities. A number of methods, such as streamlining versions of evidence and guidance, or providing executive summaries of key information and evidence, would help practitioners to be able to incorporate and use evidence in their work.

“The feedback we get from the 40,000 members across our network is that there is so much information out there, we need to be smarter about how we pull that content together. They only have 5 minutes, not 5 hours to read a report. We look at how to produce more abstracts or executive summaries, using social media apps, new digital way of sharing information. Information should always be open access as well, but it’s also important one can always go back to the original source document from the summaries.”

Change agent, South West England

“It’s important to package evidence and messages in short and digestible ways; otherwise it gets put on shelf, or in box and never gets read. Local Authorities can’t read great tomes, but will read a 10-page leaflet or document that says why something is a good thing. Maybe more could be done with YouTube lectures, social media, things like that.”

Urban designer, London



Centralised repository

A centralised repository of evidence, where practitioners can go to find out local issues and needs, find case studies or best practice, other tools, recommendations or lessons learnt from other projects to use in their own work, was also considered useful for practitioners.

“People need to be given a way of actually capturing and communicating the lessons learnt from things like the development of the Healthy Towns Initiative.”

Transport planning professional, East of England

“If people have the best information available, that can only improve their point of view and their decision-making process. Raising awareness of information and having that access to information would be a step forward, absolutely, having that access to the best, most recent information can only be a good thing.”

Building control professional, London



Measure and demonstrate impact

Practitioners wanted support to measure and demonstrate the impact of healthy placemaking. Many wanted to see investment in developing processes and systems to do that. It is believed that this should help ensure the continued success and promotion of healthy placemaking based on its benefits.

“The research needs to move to measuring the impact of change and of getting baseline data, measuring it over a longer period to produce longitudinal data which will then keep it in the minds of politicians. There’s the danger these interventions can be very faddish and people forget about them. Moving on to invest in the impact of creating these healthy spaces and places would be worth it, it’s essential to keeping the momentum on these interventions.”

Charity sector, London

“The real trick is to demonstrate the impact to influence change, in terms of local and national level change, for future regulation, funding streams, or guidance.”

Change agent, South West England

Long-term tracking and monitoring of developments that incorporate principles and healthy placemaking interventions would also add value and help practitioners to understand what works and what doesn't work in delivering impact longer term.

“If we look back at house schemes competed previously and then assess them against building for life criteria to account for quality and walkability, landscapes, etc., that’s useful for planners to see what they’ve done by previous approval standards and see opportunities or tweaks for the future. Publishing that data to say this how we’re doing, and monitoring it, can be very powerful and very helpful.”

Urban designer, East Midlands

“We used case studies from elsewhere to look at how infrastructure affected mode shift of travel, and then monitored over time what change in cycling occurred between those two places. That data then gave us an indicator of how effective that type of infrastructure provision is at securing the mode shift, so we can quantify the effectiveness of infrastructure provision to argue for its provision going forwards. Data like that is really essential.”

Transport planning professional, East of England

Some work has begun to track, measure and demonstrate the impact of healthy placemaking, and practitioners are viewing this as a positive step, but there was a demand for more.

“To assess and show any benefit other than just cost benefit for healthy streets, the Greater London Authority have a heat tool and a 12-point assessment wheel. Things are changing as there are more ways to assess work, and that has helped support work to make healthy places. In our project that closed residential areas to through traffic, people were saying that we were going to push a lot of that traffic onto main roads. But though our monitoring and assessment, it appears in some instances there’s reduced traffic on the main roads. People are either doing things differently or loads of those journeys were unnecessary. The early signs are good.”

Design adviser, London



Key insight: The values and principles underpinning the ‘what’ and ‘why’ of healthy placemaking are generally well known. However, the practical ‘how’ that enables those values and principles to be practically implemented is often missing.



General principles framework with localised checklists

Practitioners have argued that developing a definitive general principles framework for use across professions and disciplines, with checklists to allow tailored content and specifics to meet local needs and issues would be beneficial in helping them create healthy places.

“If there was a framework that was adaptable and not rigid in exactly what you need to do, just an adaptable methodology that could be used from project to project... Guidelines or a framework with evidence and case studies as well, that would be useful.”

Anonymous

“I have a good flavour of how to approach projects with good past examples, but what’s lacking and I hope to find is a document with more specific design principles, i.e. specific features, information on how people perceive a space psychology and use it from a psychological and social perspective. It would be great to find a document with all of these in. It would be good to have that if I was planning with a specific aim for a healthy space.”

Landscape architect, East of England

“A framework would be a good starting point, with best practice and a framework around healthy placemaking. To set that up, [you] would need representatives from the Government, the NHS and professional bodies. I think it would need a steering group with people not just from the design profession, but also from a political platform. Having that political influence would, I hope, result in some sort of monetary investment into creating healthier places.”

Landscape architect, East Midlands



Recognising the economic value of healthy placemaking

Practitioners wanted to see the economic value of placemaking promoted more widely. Some practitioners were aware that healthy placemaking does support and improve the economic value and financial benefits of developments but this was not the case for other segments and most importantly, this message, and the evidence, does not reach politicians, public, clients and developers.

“If we can look at this in terms of a market, in creating healthy places, we recognise the impact on productivity, improved educational attainment, and longevity. Those are all really significant economic drivers... For a strategic approach, it has both long term impacts on our personal quality of life, but also at a time when the spotlight is on use of public resources, we can think about how to build resilience into our communities to reduce future spending. Things such as self-care, self-management, to reduce demand on more expensive public interventions through the NHS or residential care.”

Change agent, South West England

“The clients, developers and planners need educating of the benefits that healthy places bring. It’s not just social benefits, but proving that it’s economically beneficial as well. Planners are focused more on the economic base, and that’s probably from their clients trying to get as many houses built up, get more use out of the space.”

Anonymous

“It still comes down to finances with developers. If they see that delivering a place that’s meant to be healthy is financially beneficial to them, as people are more likely to want to live in the area and thus making it easier to sell developments... I’ve seen developers specifically try to create a place to encourage healthier lifestyles – walking, cycling, considering those aspects of health and being very explicit about that. Sure, it is for financial gain. But planners try to show developers that more research can give clear evidence that healthy places can be financially beneficial; that’s what drives most developments.”

Town planner, London

“We need to make interventions attractive to clients and partners and give a compelling argument for why that’s important. It’s often the argument of getting more bang for your buck, as it were. If a client asked you to do one thing, but you’re been able to do that and solve other problems as well, they do get excited by that.”

Urban designer, London

“We use the WHO heat tool that provides monetised benefits for health improvements. Using those economic tools and measures of benefits, and to indicate the wider benefits, can be useful. They help get public funding investment.”

Design adviser, West Midlands



Social Value

Some practitioners are defining social value as the economic benefits that are a result of healthy placemaking. Furthermore, practitioners are using this approach to argue a case for healthy placemaking and presenting it as a way to achieve change.

“We are talking about projects involving social value, which I think is a very interesting and emerging area of creating healthy places. I think it’s worthy of exploration.”

Environmental manager, West Midlands

“Where things can add social value without extra cost, then that’s very easy for me to add in without affecting the financial viability and offering a betterment in terms of the way a place is designed for the user in the long term. That makes more attractive viable developments to me, because that lasts and that’s what I’m looking for.”

Town planner, West Midlands



Demand led placemaking by local communities

Practitioners felt that local communities have the power to influence and shape the system and processes to create and develop more healthy places and healthy places can therefore be achieved through their demand and buying power in the marketplace. It is the view of some that this can be harnessed and strengthened to ensure that they are able to create demand-led placemaking, rather than supply-led placemaking.

If you look at the amount that people are prepared to pay per square foot as a guide to how much they want to live there, you find it's the more convivial places with more neighbourly aspects that affect the prices, so that's an indicator that people want to live in those convivial, healthy places."

Urban designer, South West England

"What developers are trying to do is to sell houses, and if particular houses are not something that people are wanting to buy, they will look at what it is that makes people want to buy a place and what people want."

Town planner, London

"Engaging everyone in how developments and spaces are created then created the cultural change that is needed for pressure to be applied to developers to feel as though they have, or indeed want, to do certain things."

Public artist / Ecologist, South East England

"We need to listen to what people want, rather than what leaders think we need."

Urban designer, London



Future-proofing and sustainability

Future-proofing as a concept came out in a number of discussions with practitioners. This encompasses a number of elements; from putting things in place in communities now to ensure that places continue to positively impact peoples' health and wellbeing, but also adopting a long-term view on the actions that need to be undertaken in order to successfully design and develop places that can benefit people and communities.



“We might not be able to do everything now, but we can safeguard opportunities for the future, through work we’re able to do now. Through understanding what is really important, what we should be investing in, what can make a big difference. Even if we can’t afford to do something now, but we can prepare and preserve the opportunity, maybe in 3 years we can do something. For example, protecting land so it doesn’t get built on, or preserving a bridge over a railway line to be developed, rather than building a bus route around it. Thinking about future health benefits, it’s all linked together.”

Urban designer, London

“We need to build much more community capacity and resilience within our neighbourhoods so that there is mutuality of how we understand our long-term conditions and the places we live in. This would also mean we don’t automatically go to a default tradition where in 60, 70 years, communities are solely dependent on the NHS. Health is all our responsibility, not just the NHS.”

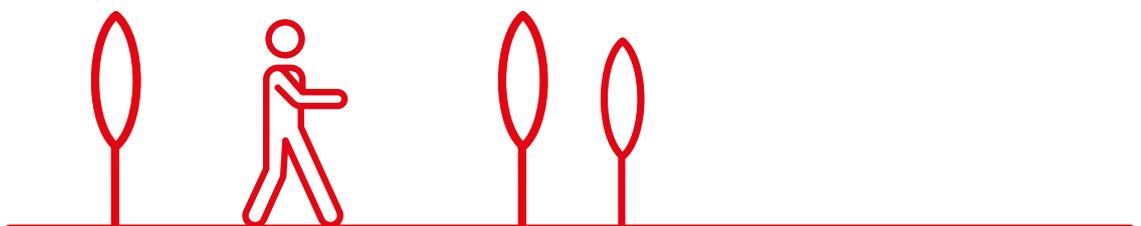
Change agent, South West England

“More emphasis is needed to look at the long-term and recognise the full cost of unhealthy places over the course of people’s lives. There’s cost in terms of quality of life in communities and being open about the wider issues. That involves getting people to think about what you want neighbourhoods, towns and cities to look like in the next 10 – 40 years and having difficult conversations about that.”

Advocate, consultant and independent researcher, London

“If we can get a measure of something, we can go back to a potential client or investor to say, ‘we appreciate it will cost this amount more money, but here’s the long-term return on that in such and such outcome’. It’s really important, as the Local Authorities are under pressure financially to be able to show that spending today can save health spending in the future, showing it’s better to invest early on frontline healthcare for example.”

Sustainability manager, London





Education, learning and training

Practitioners strongly believed that there are fundamental changes that are required within educational standards as there are existing flaws within degrees. Many felt that degrees in planning, design and placemaking need to be ‘redesigned’ and should have the right structure and content to ensure the right people, with the right background knowledge and skills are coming into those professions.

“People writing about placemaking are often not skilled in reading plans, so the consequences are that they can’t tell if they’re being fooled into something that will not deliver healthy places.”

Urban designer, South East England

“The main bulk of learning is at university and that’s where there should be a larger concentration on the syllabus, so people also develop links to and understanding of public health at university.”

Urban designer, South West England

“In much of the best practice guidance, the terminology is very specific, and can cut across more than one discipline; for example; town planning, urban design and house building. We might need a more rounded education system to ensure the guidance is accessible to everyone who needs to use it, or alter the content levels.”

Town planner, West Midlands

“I feel there is a lack of mention of healthy placemaking in the education system. When I did my Master’s degree, nothing was taught about the link between creating spaces that could influence the health of the general public in the design courses or any other courses. It would be good to start by looking at the education system, and once all the guidance is in place, approach universities to see how it should be included in the courses. It would be helpful at for practitioners to at least have general knowledge of how to deal with people’s health when it comes to using and creating open spaces.”

Landscape architect, East of England



Continuing Professional Development

Practitioners wanted to see on-going training provided to practitioners on the guidance, standards and principles for healthy placemaking to continually improve and enhance practitioners’ knowledge and skillsets.

“Where I’ve read something that has and made us think we should alter our work, things like that show why there is a need for continuing professional development for teams. If you bring on the right people, [such as] architects and consultants, getting the work right then becomes part of usual process.”

Town planner, London

“There needs to be something intrinsic to promote guidance to be practical and useful in the creation and development of healthy places. The Chartered Institute of Highways and Transportation is a professional body, so its role is to produce guidance, with input from and for its members and other professionals, and to educate. If there wasn't Manual for Streets providing that, then actually as a sector, professionals' knowledge of best practice would be significantly diminished compared to where it is now.”

Transport planning professional, East of England

Practitioners also talked about specific attention that should be given to the on-going training and development within Local Authorities to address their gaps in knowledge and skills around healthy placemaking.

“There is quite a lack of knowledge on a Local Authority level with regards to what they should look for to create a healthy place.”

Environmental manager, West Midlands

“Local Authorities have lost both skills and capacity, so often their expertise on urban design and regeneration is pretty limited now, which means that there isn't a level awareness that there should be about the importance of placemaking, design, tracking investment and so on.”

Town planner, North West England



Shared learning

More shared learning should be encouraged and supported amongst practitioners for their ongoing learning, according to practitioners. It is felt that this will expand their knowledge and skillset around healthy placemaking.

“We have a particular strength around shared learning, with a regional infrastructure... We've developed a network about sharing information that has made people listen to particular issues and respond saying 'I didn't know that, that's really helpful, I can now write this report, do this piece of work', whatever it might be.”

Change agent, South West England

“My role is to do a lot of the wider reading on topics or issues and share that amongst the four Local Authorities I work for. The design officers group meets every eight weeks, and I scan for things that will be useful for them at a Local Authority level to feed into. We share between us what we come across, such as good documents, useful resources. In the wider team of the joint planning unit, all policy officers from the four Local Authorities get together monthly, and that information sharing is useful. It's creating a network that helps each other.”

Urban designer, East Midlands



Importance of public health on healthy placemaking

Thirty five percent of practitioners said they either often or always collaborate with other professionals across health, social care and economic development when working on placemaking projects. Practitioners have mentioned that public health departments within Local Authorities play a key role in embedding a health focus when designing and developing places. Practitioners described that it makes a real difference in working towards achieving healthy placemaking. However, more collaborative work needs to happen to ensure that healthy placemaking is sustainable in the long-term. Practitioners believe that this can be achieved by making sure that public health professionals are actively engaged with during placemaking projects.

“The idea of having public health or NHS stakeholders on significant schemes means that the protection or enhancement of public health can be embedded into the very fabric of the project, not just as an add on.”

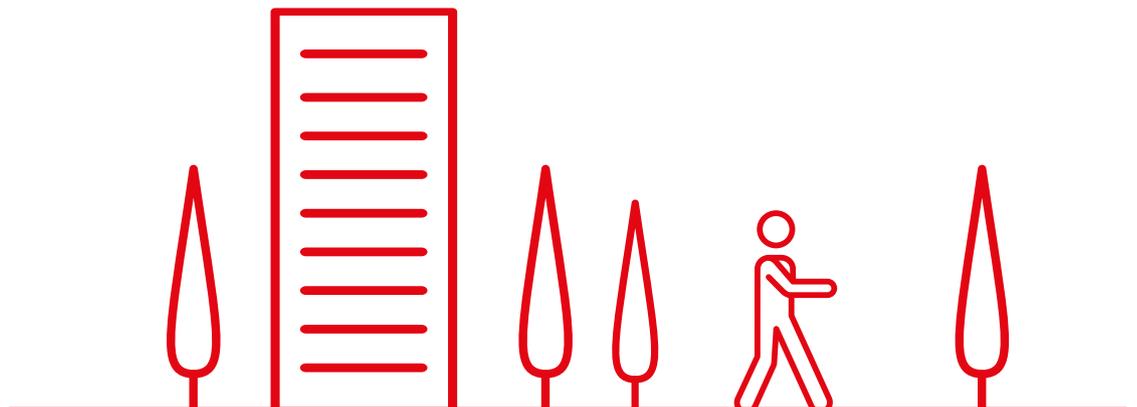
Transport planning professional, East of England

“We’ve had input from public health services into the design processes of our major regeneration programmes that have been considered carefully over a number of years. We take account of their input into design to promote active lifestyles through creating a local plan that promotes walking and cycling facilities and ensuring there is adequate play space close to family accommodation.”

Town planner, London

“Working in a Local Authority, I’m able to work closely with a colleague in public health and it’s really helpful to have that link with a specialist who can push the health agenda forward, because otherwise it risks being put to the bottom of the pile... this link was instigated by us and it’s not embedded in policy that we have a role from public health linking into our team. So, until it’s strongly embedded in policy, it’s very much down to individuals who have a shared interest to keep pushing for it.”

Town planner, London





Support to Local Authorities and other public bodies

Practitioners wanted to see support given to Local Authorities and other public bodies to drive successful healthy placemaking. Practitioners believe that this is making a real difference in placemaking where there are strong support systems in place between other organisations and public bodies.

“We’re able to influence Local Authorities, because we’re finding that so few staff have time to sit up and think strategically about the issues within their work. We tend to be the ones talking to them about the issues they’re facing; what are the key things they need help with? Part of our role is getting the same kind of people from different boroughs working together, and people from across different departments in the same borough working together.”

Charity sector, London

“We’ve spoken to the NHS for London, Public Health England and the public health team about some of our policies in relation to specific health facilities and health more widely. It’s always useful to get other people’s thoughts and information when looking more widely, as it helps to get their backing and they have an influence. Though we’re already pushing the health agenda forward through the Local Authority, they can have more of an influence. They want to see health embedded more in what we’re doing.”

Town planner, London

However, other practitioners believe that more can be done to increase and strengthen this support going forwards.

“Local Authorities want to see investment in the city but they don’t have anyone driving it... private organisations tend to be a bit more dynamic, they tend to have a bit more flexibility in terms of the resourcing, but they don’t tend to have the land. So, having that partnership between private organisations and Local Authorities is critical to the success of any particular scheme... it is much bigger than just one organisation, it has to be a holistic approach.”

Water manager, Yorkshire

“A huge amount of work could happen with people who run and manage developments through their lifetime. There could be a lot more engagement linking up NHS and public health resources and management companies, where the real differences could happen.”

Town planner, London

“Most Local Authorities are in favour of the ‘lifetime home’; new dwellings constructed with wider doorways, entry level toilets, floors that can be adapted throughout a lifetime. There is a willingness there, but they’ve not necessarily been in a financial position to implement that.”

Building control professional, London

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Appendix A

List of jobs classified as 'other' in the online survey

Public health policy researcher and advocate	Personal trainer with two design degrees	Community development
Researcher	Sustainability consultant	Air pollution toxicologist
Social anthropologist	Sustainable Development Director	Planning & health consultant
Civilian	Public realm project manager	Sales manager
Tree officer	Senior arboriculture Officer	Sustainability consultant
Senior tree officer	Campaigner	Voluntary
Play area designer	Researcher	Ex engineering project manager
Open space officer	Public Health Strategist	Building physics consultant
Industrial designer	Charity sector	Public health
Occupational therapist	Workplace wellbeing analyst	Community regeneration charity leader
Research scientist (green infrastructure, health & wellbeing)	Mental health and built environment specialist	Landscape assistant
Project development officer	Occupational therapist	External funding expert
Member of public	Provider of unique urban physical training solutions	Healthcare assistant
Eco toxicologist	Social and environmental regeneration - strategy and delivery	Interior designer
Researcher	Business Development Manager	PhD researcher
Advocate, consultant, and independent researcher	Change agent	Public health professional
Graphic designer and art director	Architect and access consultant	Regeneration project manager
Design researcher	Political scientist	Art & design project manager
Inclusive design consultant	Sustainability	Inclusive design champion
UX designer	Sustainability consultant	Heritage inclusive access consultant
Project manager for a housing association	Environmental coordinator	Interior designer
Heritage consultant	Heritage consultant	Using prompts and the environment to change behaviour in relation to health and activity
Workplace strategy and design consultant	Chair of Design for Health Task Group and on Health in Construction Leadership Group	Retired health care director
Place vision strategist, author and a curator	Senior Lecturer in Healthy Built Environments	Social and environmental regeneration specialist
Design advisor, manager & researcher	Eco therapeutic designer and Eco therapy provider	I am a project manager within health and adult social care
Academic	Housing professional with a planning degree	Sustainability consultant
Access Consultant	Design Student	Heritage (planning & development)
Performance, evaluation and regulation	Project manager - public health	Consultant civil, structural, transport and infrastructure engineer
Curator of architectural projects and exhibitions	Product Designer	Health and environment adviser
Planning Support Officer	Educational Mentor	Sustainability consultant
Researcher	Researcher and lecturer	Funding and business development - broad field of regeneration
Think tank leader	Project manager	Public health specialist
Sustainability Advisor	Research and provider of environmental assessment	Researcher
Client	Heritage consultant and town planner	Executive director
Microclimate impacts/management & architect	Public artist/ecologist	Environmental health officer
Public health consultant	Other	Lecturer
Project manager - regeneration	Interior architecture designer	Planner / Urban designer
Interior designer	Public health specialist	Student
Sustainability consultant	PhD researcher	Land manager
Consultant	Designer	Housing professional
Health and sustainability consultant	CIL officer	Developer
Community activist		Public health portfolio lead

About Design Council

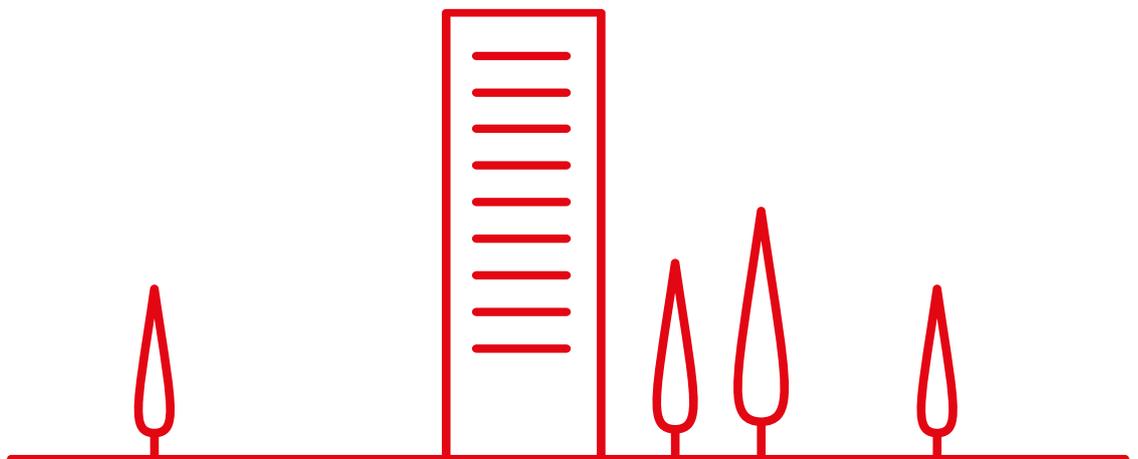
Design Council is a charity and is recognised as a leading authority on the use of strategic design.

We use design as a strategic tool to tackle major societal challenges, drive economic growth and innovation, and improve the quality of the built environment. Our approach is people-centred and enables the delivery of positive social, environmental and economic change. We address all aspects of design including product, service, user experience and design in the built environment. We are the UK government's adviser on design.

Established in 1944 to demonstrate the value of industrial design in reviving post-war Britain, Design Council is now an enterprising charity which works to improve people's lives through the use of design.

In 2011, Design Council merged with CABE, the government's adviser on design in the built environment.

Together, we are passionate about using design to improve people's lives and we believe that design-led innovation can stimulate business growth, transform public services and enhance places and cities.



About Social Change UK

Social Change UK is a leading behaviour change agency in the UK. We help solve society's toughest issues. Through research, insight and an injection of great ideas and creativity, this social purpose business aims to make a positive difference to people and communities.

We are a passionate team of researchers, designers, marketers, communicators, creators and makers who want to use our skills and experience to bring about change.

We carry out social research to find out more about people and we design and deliver marketing campaigns and design digital products that build emotional connections and encourage people to think and act.

Established in 2010, we have grown to become a leading behaviour change agency in the UK. We work with clients across the UK and beyond to design and deliver products and programmes that do some good.

We are based in the lovely historic city of Lincoln in the East Midlands. We also have a satellite office near Kings Cross St Pancras Station in London.



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