Design Council

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?

Social Change UK
Research and marketing that matters

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.

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