

How to Prioritise Healthy Place-making?

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Background

The evidence linking the intrinsic relationship between our health and the shape, and management, of our cities is now well-accepted. Attention is now being focussed on how well this knowledge is implemented. Has the substantial back-up research been translated into practical planning and urban design tools and outcomes? And if so are these useful, and successful? What has been working well, and what needs improvement?

There have also been three other timely prompts:

- .the spotlight the current pandemic affords on the role urban planning has played in combating previous pandemics via modifications to spaces (and behaviours) – domestic and city-wide,
- i.a renewed attention generally on place management and urban design matters. In New South Wales (NSW) for instance this is reflected in a proposed new place-making State Environmental Planning Policy, and
- ii.renewed recognition, again prompted by the current pandemic, that effective urban and public health outcomes have always required equal attention to social equity matters (and the consequent political and process implications).

Our Research

This paper reports recent (2019-20) research that directly explored the questions above. Just ahead of the 2020 pandemic, we surveyed 350 built-environment practitioners in NSW working in local and state government and as consultants and in a diversity of fields about the barriers and opportunities (personal, workplace, regulatory and attitudinal) they experience when seeking to deliver health-supportive places.

The respondents included representation from both Greater Sydney and rural and regional NSW. In addition to structured answers, 71 generously provided additional qualitative insights, perspectives and explanation; and forty-two participated in a workshop in late 2020 to further explore needs, priorities and recommendations. Of the respondents:

- 46% work in 'strategic planning',
- 49% work in 'local government',
- 48% have 'more than 10 years' experience, and
- 56% have had 'management responsibilities'.

The survey included advice about:

- current work practices,

- views on available opportunities to make healthy places,
- views on practice barriers, and
- the resources currently available to assist.

Combined, the results provide an insightful snapshot of practice from the frontline, plus our respondents' own advice on better paths to success.

To position the findings into a larger contextual picture, an initial literature review was undertaken around the prompts of healthy built environments, practitioners, practitioner experiences, and barriers and enablers; and the survey itself mirrored a similar 2018 investigation in the United Kingdom (see: UK Design Council, *Healthy Placemaking Report* (2018)).

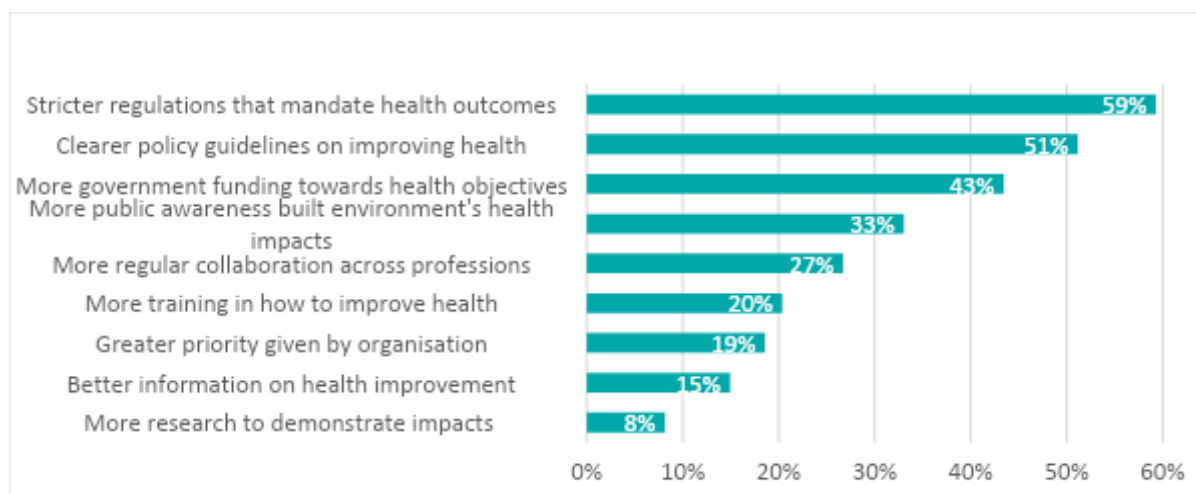
What We Found

Positively, respondents overall demonstrated a strong commitment to making healthy places. More than half indicated that over a decade of their career has included this endeavour. The majority also expressed a willingness to remain engaged with this research project so that their experiences, and lessons learnt, could be widely shared.

There was a strong consensus that built environment professionals' work can contribute to a number of healthy place-making actions, thereby assisting individuals' health lifestyles, decision-making and behaviours. However there were also frustrations about limited incentives and mechanisms within planning systems to prioritise healthy place-making, a dissatisfaction with funding levels, and a lack of monitoring of outcomes; leading to a number of suggestions for improvement.

Considered together the findings raised 10 areas of concern and needing to be addressed to ensure existing actions to deliver places that are health-supportive can be more effective (refer also Figure 1):

Figure 1: Avenues to overcoming barriers (as mentioned by % of respondents)



1. A need for additional collaborations, particularly where there is a noticeably low existing level of interaction with 'development and finance' 'building and construction', 'engineering' and various 'operations and managements' sectors.
2. More effective community consultation. There was a surprising lack of engagement with local communities about barriers and opportunities to improve their local health outcomes, and to evaluate impacts over time.
3. A better valuing and use of data. Many participants did not engage with available data to identify local priorities and measure outcomes. In turn, meaningful data can support practitioners' cases to increase the presence of healthy place-making on workplace agendas.
4. Despite difficulties, participants considered they were able to make a difference to the health and well-being of their communities; particularly in enabling active lifestyles, social interaction and access to natural environments. The least cited ability was in respect to access to affordable nutritious food, with most thinking this was largely outside planning processes.
5. Frustration was expressed, particularly among social and strategic planners, about limited budget allocations to enable the making of healthy places through their work.
6. A need to strengthen government guidance. Although there are various resources available, only a few are regularly consulted and considered of merit. The most referenced document (*'Better Placed'* by the NSW Government Architect) only includes limited references to what constitutes a health-supportive place.
7. But clearer policy guidelines are not enough. There was also overriding consensus that the value of healthy places needs to be recognised as a political priority and established in improved policies and processes across diverse discipline areas.
8. In particular there needs to be stronger statutory mechanisms and regulatory mandates across planning, design and construction aspects; thereby also demonstrating greater state government leadership.
9. There was a strong consensus that private-sector responses need to be raised, with healthy place-making principles placed at the forefront of every project.
10. Nearly a third of participants advised that healthy place-making was not a priority across their workplace. Health needs to be placed at the top of the agenda, in conjunction with evaluation frameworks able to confirm when specific interventions do positively improve the health and wellbeing of individuals and communities.

Project Partners:

- Healthy Urban Environments (HUE) Collaboratory, the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)
- South Western Sydney Local Health District
- Planning Institute of Australia NSW

10th State of Australasian Cities Conference (SOAC), 1-3 December 2021, Melbourne

- NSW Heart Foundation

Our full research report can be found at:
<https://mailchi.mp/e5649b0525a3/making-healthy-places>.