

# Prioritising Healthy Placemaking after Covid-19 Workshop Outcomes & Practitioner Insights

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Western Sydney University  
Urban Futures and Society  
Research Champion Theme

## Workshop Outcomes

**Prioritising Healthy Placemaking after Covid-19 was a practitioner Workshop sponsored by Western Sydney University through its Urban Living Futures & Society Research Theme.**

This document presents a snapshot of key insights and perspectives shared at the Workshop.

Workshop: 19 October 2020

Facilitator: Professor Nicky Morrison, WSU Urban Living Futures and Society champion.

Survey Presentation: Dr Ryan Van Den Nouwelant, WSU

Break Out Group Facilitators: Prof Susan Thompson, UNSW; Dr Ryan Van Den Nouwelant, WSU; Leila Niemela, HUE; Jennie Pry, SWSLHD; Alison Dunshea, SWSLHD; Tina Britton, SWSLHD; Dr Sarah Barns, Sitelines Media.

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### Who attended?

Practitioners and researchers from across local government, planning and health promotion gathered online to discuss survey findings and recommendations from the *Healthy Placemaking Survey* conducted during the summer of 2019-2020.

The Workshop was attended by 42 participants, and 8 facilitators.

Organisations represented at the Workshop:

- WSU
- UNSW
- QUT
- Penrith City Council
- Campbelltown City Council
- Coffs Harbour City Council
- Shoalhaven City Council
- Wollondilly Shire Council
- Ballina Shire Council
- South West Local Health District (LHD)
- Sydney LHD
- Central Coast LHD
- Cancer Institute NSW
- Macquarie Hospital
- NSW Office of Sport
- Steenson Varming
- Elton Consulting

### Group Discussions

Following a presentation on survey findings, participants were divided into focus groups to discuss key priorities and recommendations.

Focus Group Topics

- Green infrastructure and open space
- Social planning and community services
- Active transport
- Healthy Food Options
- Diverse Housing

A final discussion also invited all participants to vote for their top priority among the key recommendations presented out of the Survey.



## What’s the priority?

Recommendations based on survey findings were presented at the Workshop. Participants were invited to vote on what they thought was the biggest priority. Here’s what they voted.

Demonstrate Impact	17%
Put health at the top of the agenda	13%
Understand the value of data	3%
Develop effective community consultation	10%
<b>Create opportunities to collaborate</b>	<b>23%</b>
Strengthen government guidance	3%
Improve systems policies and processes	3%
Raise expectations	13%
Strengthen statutory mechanisms	7%
Respond to lack of funding	7%



More forums like this one would be a great outcome. Can we get together every six months or so, to review how we’re all tracking?

Workshop Participant



## Green Infrastructure and Open Spaces

*Two focus groups were formed under the Green Infrastructure and Open Spaces theme.*

Practitioners and researchers discussed survey findings and some of the key impacts of Covid-19 on healthy placemaking.

- **Confusing definitions**

Participants discussed a lack of common understanding about what 'healthy places' actually means. There are some who may be working in the field of 'healthy built environments' or 'healthy placemaking' but not even be aware of it, because the field is not consistently understood across planning and public health domains. There is work to be done in achieving consistent, common definitions and frameworks that can support ongoing work among communities of practice.

- **Poor data capture over time**

Participants also discussed a lack of data at appropriate scales and over time. While there is plenty of data available, it is not always possible for local government representatives or healthy place advocates to be able to track and report on outcomes over time. The City of Sydney's WellBeing indicators was held up as a good model, which could be applied more consistently across other councils to report on wellbeing over time at an LGA level.

- **Demand for more green infrastructure**

There was recognition that more time is now being spent getting the community involved, asking them how they see their public spaces, and what outcomes they want. This work underscores community interest in more community gardens and open spaces. Also discussed were design opportunities for parks, which don't only cater to children but also for adults to spend time in.



**There's a huge disconnect between what health really means or what public health should be providing in terms of built environment outcomes.**

*Local Health District representative*



## Green Infrastructure and Open Spaces

- **Good long term planning for health outcomes is not rewarded**

Participants discussed the lack of incentives for developers to achieve quality long-term outcomes. The developer doesn't manage an asset over time, which means they don't prioritise some of the inclusions that might promote improved health and wellbeing. In the health sector, one participant described how this impacts the design and asset management of hospital infrastructure, where there is a lack of data about what design principles should be incorporated to improve wellbeing outcomes for patients and visitors.

As one participant also noted: "Much of this stuff can have a cost to it. That might get recouped in many ways over many years, but some don't see that or they don't think it's a part of what they've been tasked to do". *Local government representative, Greater Western Sydney*

As one observed: "Programs may run for a few years, then get defunded. The information and resources can be built up over time, but then lost again."

- **Changing programs makes it hard to measure outcomes over time**

The discussion highlighted how many similar programs have run over time, but outcomes can be hard to track. One key example is the *Making Healthy Normal* initiative between New South Wales Health and the Heart Foundation. This is seen as having a real lasting impact on local government with a lot of important programs. With the funding now gone, many resources developed from this initiative are hard to find.



**You've got Better Placed, Shared Streets, Healthy streets, Complete Streets, other liveability studies. You have all of these different approaches. It gets very confusing.**

*Local Health District representative*



## Green Infrastructure and Open Spaces

- **We need to learn to connect priority areas of investment**

As one participant observed: “We need to see more cross-cutting priorities across planning statements at various levels. If you’re doing a Health and Wellbeing Strategy, make sure it references and connects to the Local Strategic Planning Statement. Make sure it connects to the Community Strategic Plan. Make sure the health filter is there and applied consistently. *Local government representative, Greater Western Sydney*

Another highlighted the health impacts of urban heat: “We need to remember just how hot it is outdoors in many of these public spaces. In Western Sydney we reached the hottest place in the planet last year. We need this to be better reflected in the planning of those spaces, that’s really key”. *Local government representative, Greater Western Sydney*

One participant observed the need for more of a compendium of case studies with evidence-based outcomes: “A lot of our clients are often asking for evidence to support specific projects. It would really benefit us to have an actual evidence-based project that has captured what has happened and what benefits have been shown. It would go a long way in selling the story.” *Engineering consultant*

- **Incentivise collaboration**

The final wrap up highlighted the need to raise expectations, and to incentivise collaborative opportunities, between health and education, or other kinds of cross agency collaborations. More focus on achieving these outcomes during the procurement stage of programs would assist in tracking long term outcomes and benefits to the community.



**We need to raise expectations. Especially for government-sponsored developments and larger developments, they definitely need to aim higher in their aspirations.**

*Engineering Consultant, Sydney*



## Social planning and community services

*Two focus groups were formed under the Social planning and community services break out theme*

### Key insights

The participants discussed key areas of opportunity in health placemaking, including leading work by Wollondilly Council in establishing a Healthy Planning Working Group. Critically, this is being supported by both local government and the LHD. Also discussed was the need for a more place-focused approach to health and well being; particularly in response to council amalgamations, there was concern that community messaging could be more targeted at the local level.

Other discussion points included:

- **Tactical urbanism**

As one participant said: “Temporary, tactical urbanism has a lot of benefits. You can get things over the line that you couldn’t if you were seeking a permanent solution. But that way people get to experience it”

*LHD representative*

- **Participatory budgeting**

The opportunities of participatory budgeting were also discussed: “Instead of asking the community for feedback, can we allocate funding that we ask people to prioritise? Bring some of that participatory budgeting into healthy placemaking”  
*Western Sydney University Researcher*



I think we all know what should be happening, but there seems to be like a disconnect between what we all know should be happening and what actually does happen on the ground.

*Workshop Participant*

The biggest barrier is how value is understood. There’s not enough value attributed to more socially-oriented creative spaces, spaces that bring diverse cultural communities together.

*Workshop Participant*



## Social planning and community services

- **Traditional custodians**

One participant observed how much our systems of community care have to learn from traditional custodians: “We need to recognise the enormous contribution that the traditional custodians of this land have made in terms of being so inclusive right across the ages, the age groups and the ways that their elders are included in their communities.” *Facilitator, UNSW*

- **Valuing the social dimension**

One of the key priorities reported by this group was the need to more adequately value the social dimensions of our cities, compared to measures of economic value.

Another key issue was the continued misunderstanding about how planning can support people’s health and wellbeing, particularly at the elected level.

“If people aren’t are recognised, aren’t valued in a community, then they’re not going to come forward to even ask for help in a lot of situations.” *Facilitator, UNSW*



**There’s a lot of loneliness in our cities, and it’s very much across the age range.**

*Workshop Participant  
University of NSW*



## Active Transport

### Key insights

Active transport is one area where many survey respondents believed they could achieve positive outcomes on health. In the discussion, participants described a set of ongoing challenges around ensuring places were designed to promote improved health outcomes.

- **Stronger legislative environment needed across levels of government**

The importance of achieving health outcomes through planning is now widely recognised. Yet, the legislative frameworks in place are weaker in achieving health outcomes than other kinds of outcomes.

As one participant observed: “We’re creating planners who need to understand healthy placemaking. But the requirements should extend beyond local government – we need to see this recognition applied at State and Federal levels. We need to see these principles strictly adhered to – so if you break them you end up in the Land and Environment Court.” *University of NSW Researcher*

- **Planning for health is not new, and yet health outcomes are not included in masterplanning**

As one participant observed: “When planning actually started it was about health. Planning laws were brought in so your house didn’t fall down, and you didn’t get something nasty from someone else’s toilet.”

Yet, as another said: “Sadly, its often an afterthought to add in health at the end of a design or a master plan”.



**We need to experiment with how we engage community. This year has seen investment fast-tracked into ‘shovel ready’ projects, but it’s hard to engage the community properly when projects are moving fast.**

*Workshop Participant*



## Active Transport

- **Lack of data remains an issue**

While participants did not broadly consider the need for more data to inform decision-making, this issue did come up in the discussion.

In particular, the lack of quantifiable health data, and benefit data, at a hyper-local level was identified as a key issue.

One of the LHD representatives argued that it was important to use planning and evaluation frameworks to keep building your evidence, to show where you've had an impact. Consistency in how projects are reported over time is critical to achieving this.

As one LHD representative also observed: "The New South Wales Population Health Surveys have been quite impressive in showing what's happened over the last couple of decades in terms of physical activity. There's been a 10 per cent shift. So that incremental change over time has clearly borne fruit."

- **This is a critical time to get things right**

The scale of development underway now, particularly in South West Sydney, means decisions made today will have health impacts for generations to come. As one observed: "You just have to blink and a paddock has become an airport. We are in the middle of tremendous growth, there's lots of opportunity to get things right."

In addition, NSW Education is currently of number of new schools. How those schools are built, what infrastructure connects those schools with their local communities, presents a huge opportunity to promote active transport. This is being currently achieved through collaboration between Transport for NSW and NSW Department of Education.



**Unfortunately we lack quantifiable health data, and benefit data, at a hyper local level.**

*Workshop Participant*



## Healthy Food

### Key insights

Promoting healthy food outcomes is one of the areas where survey respondents had indicated they had little ability to impact outcomes. In this discussion, participants identified some of the key initiatives underway, and explored ideas and opportunities for improving the way planning, public health and healthy eating were connected in community settings.

- **Key initiatives**

Participants discussed current initiatives underway, celebrating the good work that has been achieved. As one example, the Active Living NSW program was established in April 2017 as a partnership between NSW Ministry of Health and the National Heart Foundation (NSW Division). This program supports the physical activity and healthy built environment deliverables of the NSW Healthy Eating and Active Living Strategy, and continues key pieces of work previously undertaken by the NSW Premier's Council for Active Living (PCAL) to promote active living through influencing the physical and social environments in which communities live.

Also discussed as worthwhile initiatives were the Illawarra Food Strategy and the Northern Rivers Food Project.

A key initiative at the LGA level discussed by the group is the work underway at Wilton. This is a new land release area, and is promoting healthy planning outcomes through a mix of Development Control Plans (DCPs), and Local Environment Plan (LEP) objectives.



**When it comes to physical activity, we're giving people things — making it easier to go for a walk. But when it comes to healthy food, we also need to think: what can we give people? It's got to be about giving not taking.**

*Workshop Participant*



## Healthy Food

The key objectives of the Wilton Healthy Places strategy at the local government level (Wollondilly City Council):

- Providing best practice infrastructure and services for which we are directly responsible
- Facilitating development of a healthy built environment through insightful planning
- Partnering with the community and key stakeholders in the private, government and non-government sectors to create a healthy Wilton
- Advocating to secure access to the resources required to deliver our vision.

Wollondilly Council also have a position jointly funded between local government and the LHD. This position acts as an advocate but also connects opportunities across the Local Strategic Planning Statements (LSPS), the LEP and the DCP.

One participant shared insights into the hierarchy of planning frameworks at local government, and working effectively within these. It's critical, for example, to get health, and healthy food outcomes, acknowledged within the Local Strategic Planning Statements. These will in turn inform LEP and DCPs. Without acknowledgement in the LSPS it can be hard elevate health as a priority.

### **Access to food is critical**

One participant shared their insights as a former dietitian "You realise very early on in the process that a lot of people's eating problems are not actually their personal problems, it's how they access food."



**In some parts of our cities, there is not readily available, affordable and healthy food. The unhealthy option is much more affordable. That's gearing people's food choices to the less healthy outcomes.**

*Workshop Participant*



## Healthy Food

- **Food advertising in cities is a problem**

Participants discussed the role of the food industry, particularly in promoting unhealthy food and drinks around school precincts through outdoor advertising. This media is not regulated effectively, with planning frameworks not currently equipped to restrict what kinds of foods are being promoted and where.

Furthermore, the density of fast food outcomes is not being adequately addressed by planners, which tend to only focus on location and typology but not health impacts of particular businesses in a community, such as the area immediately surrounding a school.

- **This is a challenging area to solve at the local government level. We need to think regionally.**

As one participant discussed, the challenges associated with promoting healthy food outcomes at the local level are real. “Healthy food access is the one that councils are failing on, because it’s the hardest.”

As another participant argued: “We need to promote the role of the District plans to include healthy eating. These are an important vehicle that extend what is possible beyond the old regional environmental plan.”

- **Interplanetary health**

As one participant observed: There is no difference between planetary health and interpersonal health. The framing of the debate remains important.



**Only one in five of the survey respondents said we’re talking to the community about health in their local area.**

*Western Sydney University  
Researcher*



## Diverse Housing

### Key insights

The Housing Diversity Group discussed key challenges associated with impacts of housing and zoning on health impacts, and the need to improve the connections between housing and health.

The group discussed evidence around the impact of insecurity of tenure on health outcomes. So putting in place low cost housing or social housing in low cost areas, a long way away from economic opportunity, or even putting affordable housing right next to the highway where you're going to have high levels of pollution. From a health perspective there is a lot of evidence that shows benefits to inclusionary zoning, incorporating social housing into development projects.

- **Planning priorities and challenges**

The group also discussed the important challenge of getting priorities established in the LEP, but in turn also translating those objectives into some meaningful controls. So where there may be attempts to actually review social impacts of developments through a planning process, such as that introduced by the City of Sydney Council, planners may not have the authority to refuse developments on social impact grounds alone. So if a Social Impact Assessment spells out what a social impacts going to be, it's currently unclear how this informs the outcome of the DA.



**No one ever said: “The reason we should be integrating social housing into other residential contexts is a health one.” It just doesn’t come up.**

*Western Sydney University  
Researcher*



## Diverse Housing

As with the Healthy Food outcomes group, this group also discussed the strategies around embedding health outcomes in planning frameworks. To summarise the insights from multiple participants:

“This means beginning with Local Strategic Planning Statements (LSPS), converting these into the LEP, which set health outcomes both as an object of the plan but also as an object with land use tables that cover particular zones. These can also influence the Development Control Plan (DCP), and the Community Strategic Plans. Then you introduce a Social and Health Impact Assessment Protocol policy, which can provide another tool for planners to make good decisions.”

While the Greater Sydney Commission now has in place targets for inclusionary zoning in its District Plans, this needs to be translated at the local government level, in terms of what are the cost impacts of social housing for example, perhaps translated as a contribution scheme through private development rezoning.

- **More collaboration**

The participants also agreed there needs to be more opportunities for information sharing and collaboration. The group of stakeholders assembled for the workshop provide a useful set of stakeholders that could meet every six months to review any relevant changes or developments, or key wins, that could be shared with other health promotion advocates across the planning system.



**There is a disconnect about how much evidence we have, and what is known. Some practitioners aren't aware of the amount of evidence we have. It's a call for better collaboration.**

*Western Sydney University  
Researcher*



# Survey Recommendations

## Survey Recommendations in full

**Demonstrate impact:** Understanding how our work can contribute to healthier behaviour and lifestyles increases willingness to take action

**Put health at the top of the agenda:** Health is central to many perceived competing demands (sustainability, equity, etc.) so should be central in all that we do

**Understand the value of data:** Data will help identify local priorities, evaluate the impact of specific interventions, and support the case for future intervention

**Develop effective community consultation:** Local insights and priorities (as well as local understanding of healthy placemaking) are invaluable

**Create opportunities to collaborate:** Engagement with other professions (and health experts) is critical in implementation

**Strengthen government guidance:** Resources that are known and used regularly should include information and advice on how to deliver healthier places

**Improve systems, policies and processes:** Clear roles and responsibilities of different professions, and more effective cross-sector cooperation, will reduce complexity

**Raise expectations:** Higher standards than are currently accepted will increase accountability when falling short

**Strengthen statutory mechanisms:** Stronger, clearer, stricter regulations should require or incentivise delivery of healthier places

**Respond to lack of funding:** Limited budget allocation is by far the biggest barrier to more effective healthy placemaking



**The health of a community should be a priority. It lowers future costs and it makes the whole community better.**

*Local Government Representative*



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## A note of thanks

The Workshop organisers would like to thank all those who gave up their time to share their expertise and experience. The richness of insights shared by participants speaks to the depth of knowledge and experience many brought to the event.

If one thing is clear, the significant investments now being made into new infrastructure and communities across NSW mean the decisions being made now will impact communities and health outcomes for decades to come.

Together, the Healthy Placemaking Survey, along with the Workshop Outcomes, provide a substantial set of insights and perspectives we hope can usefully inform the work of shaping, building and creating healthy places for everyone.



**Five years ago  
we weren't in the  
same place we  
are now. We're  
in a good place,  
particularly  
from a technical  
perspective, to  
do something.**

*Health promotion officer,  
Local Government*