**“I Blame the Planners”**

This title is clearly imprinted in my head as my introduction to Health Impact Assessment (HIA), when a public health colleague suggested that we planners were to blame for poor quality places. This comment was a bit of a surprise to say the least!! Once getting into the HIA training sessions and speaking to people from other professions it became very clear that the way we worked wasn’t working.

It made me think about how I spoke to people and the language I used, and quickly realised I had to change. My introduction to Public Health practitioners during my HIA training, wasn’t the most positive or comfortable, but probably one of the most liberating.

If other professions didn’t understand the spatial planning process and thought that it was all about planning applications and planners not seeing beyond the red-line boundary of the site related to each development. What chance would communities have?

It was clear from carrying out the first ever HIA on a spatial planning document, on a very early draft of our local development strategy for the east end of Glasgow, that the local policies were not really going to benefit or improve the quality of life of local people. This resulted in my colleagues and I finding a different way of consulting local people. We worked in collaboration with area development officers and a few local people, who just got what it was like to live in one of the most deprived, negatively labelled neighbourhoods in the city. Our community were amazing and really didn’t hold any punches – they made it very clear that they couldn’t read maps or aerial photographs and preferred to take someone and show them what needed fixed or changed. The local community also quietly pointed out that we had to take into consideration existing and limiting literacy issues.

Our Scrapbook approach was the solution our collaborative approach came up with. We issued everyone with a disposable camera (limiting the number of pictures and encouraging people to think about what they wanted to show), and simply asked……” tell us about your daily journey and how that makes you feel?” We went from paying people to come and talk to us (usually a good turnout was 4-6 people) to filling the room with over 60 people every time. One of the key aspects of this approach was the introduction of a ‘buddy system’ where anyone not confident with their reading and writing abilities had a local person helping them tell their story in their words. The stories from the scrapbooks were turned into or influenced the local policies in the East End Local Development Strategy.

I believe that this approach was the foundation of a lot of award-winning consultation work that followed in the East End of Glasgow and was certainly a big influence for the eight Equally Well test sites across Scotland. I think this approach also heavily influenced the Place Standard Tool where you need to define the place you are going to look at, walk around the area, as well as capturing the stories people are telling you.

15 years later, I am grateful for being introduced to Health Impact Assessments and changing my mindset about spatial planning and health being integrated to limit the negative impact on the place. It is still an up-hill battle, but spatial planning and public health have made some amazing changes. There has been a real change in creating health in some policies - I remain hopeful that we will have health in all policies before too long.

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Reference Documents

1. Google East end Local Development Strategy (EELDS) 2007.
2. Equally Well Ministerial Taskforce for Inequalities 2010
3. [www.placestandard.scot](http://www.placestandard.scot)