

# **The effect of the social environment on mental health.**

## **Implications for service provision in new communities**

### **Executive Summary**

This paper was prompted by concerns expressed by medical practitioners and other service providers reporting high levels of mental distress in Cambourne, (a New Town in Cambridgeshire), in 2006. They posed a question to public health: “Can the environment (e.g. New Town) contribute to mental distress?” This is an important question which has major implications for this development and other proposed developments including that at Northstowe.

It was agreed that it would not be possible rigorously to infer cause and effect because of the multiplicity and complexity of factors. However, the department of public health sought to answer the question through examination of existing evidence, with a view to identifying any actions that could and should be taken to reduce risk and improve opportunities for health.

### **Conclusions**

This paper details the evidence used to draw the following conclusions:

- There is clear evidence that environmental factors influence health. Many studies identify the effects of poverty, poor housing, work environments and social class as key determinants of health. Pertinent to the question posed is Durkheim’s work: in 1897, he described the **relationship between social integration and patterns of mortality, especially suicide**. This and subsequent authors confirmed that collective characteristics of communities and societies determine population health status.
- The importance of social integration/cohesion is confirmed by a series of studies through the 1970s and 80s showing that **lack of social ties or social networks predicted mortality from almost every cause of death**. The focus on “social” indicates an ecological characteristic external to the individual, reinforcing the importance of looking at the external environment rather than individual characteristics.
- Publications reflecting on the lessons from previous New Town developments identified the creation of community as a fundamental New Town objective but also highlighted the tendency for “built environment” design and physical issues to dominate the planning process, with community and social provision falling off the agenda. These reports identified social facilities and community infrastructure as key requirements. **They identified the need to put in place mechanisms for building social capital and for community support in order to create a sense of belonging for people**. Voluntary organisations and the church were seen as means to encourage integrated communities. Posts were developed by corporations involved in the delivery of New Towns in order to foster social relationships, social liaison and community development with a neighbourhood base. Their aim was to support the emergence of social networks between the new residents and help them settle into their new homes. The need for such support was clear with the media at the time often running stories about the problems of loneliness and adjustment faced by families. The phenomenon of “New Town Blues” was widely reported.
- Additional detail of the operation of the community development workers is given but a lack of any formal monitoring and evaluation of these workers was identified as a key weakness in the New Towns programme. One advisor on the research recommended that **evaluation of the project should be commence at the start of a new project and should become part of the continuous improvement process**.

These findings seem to resonate with the situation in Cambourne. **There was a serious lack of communal meeting space during the early years of the development.** Even now, most of the opportunities for meeting others depend upon a “membership” of some sort: for example, you cannot attend a toddler group if you don’t have a toddler. This is a problem which needs to be resolved. Despite the dearth of prospective research about the effectiveness of community workers in improving health and well-being, **the overwhelming weight of published evidence suggests that we can do more to create safe and healthy communities, particularly when a significant proportion of people move into new locations.** It will be necessary to ensure people (new and existing communities) are informed and involved and supported in decision making in order to create cohesive, healthy communities. This is a core foundation block in building a healthy environment and must be given equal weight with the physical environment. Evidence indicates that a failure to do so will disadvantage people and expose the new community to an avoidable excess risk of distress and disease.

## **Recommendations**

The recommendation arising from this work is that:

- **Those responsible for the establishment of New Towns must influence developers to ensure they recognise and provide resources for social cohesion as well as the physical environment.**

### **In new developments they must:**

- Ensure that the concept of social and community development is considered alongside physical developments
- Ensure community facilities are available from the start, alongside schools and health provision.
- Build the infrastructure for social cohesion and social capital into the framework e.g. ensuring development workers are part of the framework
- Require partners in the development to agree measures of social cohesion and build these into routine monitoring indicators
- Require regular review and evaluation of such indicators as part of a continuous improvement programme, with the local community as partners.
- Ensure sustainability (resource, management and delivery)

### **In addition, for existing developments they must:**

- Require developers and planners to review existing provision of the infrastructure for social cohesion
- Require developers and planners to remedy deficiencies during the later phases of the build.
- Involve existing (adjacent)communities in the planning of new/the next phase of development.

## **The contribution of the social environment to mental health.**

### **A case study: Cambourne**

#### **1. Context:**

<sup>1</sup>Cambourne is a brand new community approximately 9 miles west of Cambridge created by three of Britain's house builders: Bovis, Bryant Homes and George Wimpey. It is to be home to 8-10,000 people. Work started in Spring of 1998 and was scheduled for 8-10 years. It was planned to be an almost self contained community with schools, medical centre, church, shops, business park and green open space. Monkfield Park Primary School in Lower Cambourne opened in April 2000 and The Vine, the second of three planned primary schools in Upper Cambourne, opened in September 2005. Older children living in Cambourne attend Comberton Village College. A private day nursery opened in Spring 2001 providing nursery care for the under 5s. Cambourne has a high street including a number of estate agents, a takeaway, a betting office, an Indian restaurant, a pharmacy, a drycleaners and a pub. Morrisons supermarket opened in 2002. In 2005, a library and Monkfield Medical Practice opened in shared premises in Sackville House and a community centre called The Hub opened close to the high street. A police station and fire station are planned to play their part in this growing community. The Country Park opened in Summer 2001 and Cambourne has its own Eco-Park with an educational theme which is now open.

The development at Cambourne is not yet complete. The next phase of development (Upper Cambourne) is due to start in 2007/8.

#### **2. An issue of concern**

In 2006, a group of practitioners who deliver services in Cambourne, met with the Consultant in Public Health to share concerns about the level of mental distress that had been observed in Cambourne by the GP practice, schools, church and other workers. Distress was observed not only in socially disadvantaged people or people known to have mental illness, it occurred across the social strata. Services were coming under strain, particularly in the school and the medical practice. Practitioners struggled to meet the level of need being expressed by adults and children moving into Cambourne. Service providers are continuing to address these needs but practitioners were starting to think beyond individuals, to the environment itself. They posed a specific question to public health: "Is there something about the New Town environment that is contributing to the mental distress observed? "

At the meeting, the consensus of opinion from practitioners was that many people were experiencing distress because (among other factors) high expectations, partly generated by the advertisement of the development as a "dream place to live in," had not been met. Although houses are of a high quality, and built in a way that does not discriminate between social and private housing, there appeared to be a lack of a cohesive plan and the necessary infrastructure to develop the community. There was insufficient attention to the help and support necessary for the establishment of networks and friendships and social cohesion. For a long time after the first residents arrived there was no meeting place in Cambourne. The school and the medical practice offered limited facilities for groups but no casual meeting space existed. There was (and remains) no place in which people may meet simply to chat, bring their children and get together— an essential part of the infrastructure which might have contributed towards a "dream environment". A space for informal gathering, without the need to "qualify" for example by joining a specific interest group was urgently needed in the first phase of the development but there is ongoing concern that even now, there is still a lack of universally available, shared space where people can meet

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<sup>1</sup> Cambourne – The official Cambourne web site [www.cambourne-uk.com/what\\_is\\_cambourne.html](http://www.cambourne-uk.com/what_is_cambourne.html) on 16th April 2007

casually and develop their own social networks and develop a sense of belonging. Existing facilities do not necessarily serve the community. There is a predominance of estate agents, and a betting shop; but for example, there is still no post office and no coffee shop. As Cambourne has grown, services have been developed e.g. toddler groups and sports clubs, but these are still in part dependent on people fulfilling specific criteria e.g. have a toddler, or sharing a sporting interest. Practitioners recognised that many of those moving to Cambourne had experienced significant disruption to their family and social ties through moving, straining their own support mechanisms. Often they arrived with an unrealistic expectation of Cambourne as a finished development, persuaded by the sales literature and photographs that an idyll awaited them. Practitioners believe that the lack of social infrastructure and support for development of communities has contributed to the high levels of mental distress that are manifest, and increased risk for those who are most vulnerable: single parents and those living alone, people with limited social skills and those in debt or experiencing depression.

Practitioners described a disturbing level of unhappiness. Children in the new schools exhibited a great need to have their “bereavement” from their former lives recognised and understood. Young parents turned to the teachers and the medical practitioners for support, often in great distress. Many people turned to drugs and alcohol to ease their sense of loneliness and unhappiness. One report described how a group of young mothers would meet in each others’ houses after dropping their children off at school, to spend the day drinking together until it was time to collect their offspring.

The practice of releasing tranches of social housing for occupation simultaneously led to sudden influxes of families with very high levels of disturbance and behavioural problems all arriving in the same streets at the same time, swamping the helping agencies with requests for help. Unsurprisingly, under these circumstances neighbour disputes erupted and certain areas in Cambourne became stigmatised through frequent disturbances and calls to the police and housing associations. Violence erupted from time to time and some residents experienced extreme intimidation. The police response was inadequate and serious errors were made in handling complaints. One family had to be moved to a safe house in another village to escape the threats that had been made against them.

The group asked:

- Have these phenomena been described in other new towns?
- Can the living environment contribute to the level of distress and if so,
- What are the contributing factors?
- Can anything be done and if so, what steps can/should we take to reduce distress or risk of distress in this and other new communities?

These questions were particularly pertinent because the next phase of development of Cambourne is about to commence with the construction of Upper Cambourne, and because of the New Growth planned for the London-Stansted,-Cambridgeshire -Peterborough corridor. It is an important inquiry to answer as it is an essential part of the assessment of potential health risks and benefits of new developments.

## **2. Method of investigation.**

The library services in Anglia Support Partnership was asked to undertake a literature search on New Towns. It identified 2 reports and a book for consideration:

- (i) ***Transferable lessons from the New Towns*** published in July 2006 by the Department for Communities and Local Government available on [http://comunities.gov.uk/pub/547/TransferableLessonsfromtheNewTownsProgramme\\_id1501547.pdf](http://comunities.gov.uk/pub/547/TransferableLessonsfromtheNewTownsProgramme_id1501547.pdf)

- (ii) *From New Towns to Growth Areas (learning from the past)* by Jim Bennett published in May 2005 by the Institute for Public Policy Research (IPPR) available on <http://www.ippr.org/ecomms/files/housing.pdf>
- (iii) *Social Epidemiology* edited by Berkman and Kawachi published by the Oxford University Press in 2000.

The following draws heavily on these publications, highlighting key points to answer the questions. It also applies common public health knowledge e.g. the Dahlgren Whitehead model of health which clearly describes social and cultural environment as a key determinant of health.

### 3. Results:

#### 3.1 Can the living environment contribute to distress?

*Social conditions affect health .*

Many of these quotes come from the book on Social Epidemiology. Epidemiology is the study of the distribution and determinants of the states of health in populations<sup>2</sup>. Variations in health in different parishes have been described since 1662<sup>3</sup>. Initially, studies centred on the effects of poverty, poor housing and work environments. By the 19<sup>th</sup> century, Villerme<sup>4</sup> and Virchow<sup>5,6</sup> refined observations to identify social class and work conditions as key determinants. In 1897<sup>7</sup> Durkheim wrote on the relationship between social integration and patterns of mortality, especially suicide. These and other studies confirm that collective characteristics of communities and societies determine population health status - “The group thinks, feels and acts entirely differently from the way its members would if they were isolated.” This theory is supported by powerful biological models.

More recent studies confirm the importance of a population approach. Rose<sup>8</sup> reminds us that (a) risk and disease is not binary in nature but is distributed along a continuum and (b) confirms that small shifts in distribution of risk throughout a population can make large differences in the health status of the population.

#### 3.2 What are the contributing factors?

*Social integration: a key determinant of health.*

If we focus on Durkheim’s work on suicides as an example of severe mental distress, the primary aim of his work was to explain individual pathology as a function of social dynamics. In “Suicide”, he shows how social facts can be used to explain changing patterns of aggregate tendency toward suicide. He started his work with the observation that countries and other geographical units and social groups have very stable rates of suicide year after year. “Individuals making up a society change from year to year, yet the number of suicides itself does not change. ....the population of Paris renews itself very rapidly, but the share of Paris in the total number of French suicides remains practically the same.... The causes which thus fix the contingent of voluntary deaths for a given society or one part of it must then be independent of individuals, since they retain the same intensity no matter what particular persons they operate on.”

<sup>2</sup> Susser, M (1973): Causal thinking in the health sciences: concepts and strategies in epidemiology. New York: Oxford Press

<sup>3</sup> Graunt J (1662). Natural and political observations mentioned in a following index and made upon the bills of mortality. London. Reprinted Johns Hopkins University Press, Baltimore, 1939

<sup>4</sup> Villerme Jr (1830) De la mortalite dans divers quartiers de la ville de Paris Annals d’hygiene publique, 3:294-341

<sup>5</sup> Virchow R (1848). Report on the typhus epidemic in Upper Silesia. In Rather, LJ (ed) Rudolph Virchow: collected essays on public health and epidemiology. Canton MA. Science History,1:205-20

<sup>6</sup> Rosen G (1963). The evolution of social medicine. In Freeman, HE, Levine, S and Reeder LG (eds). Handbook of medical sociology. Englewood Cliffs NH, Prentice Hall pp 1-61

<sup>7</sup> Durkheim E (1897). Social integration, alienation, and anomie in Suicide. New York: Free Press 1951.

<sup>8</sup> Rose G (1992). The strategy of preventive medicine. Oxford, England: Oxford University.

He goes on to theorize that the underlying explanation for suicide relates mostly to the level of social integration of the group. He saw suicides not as an “isolated tragedy” but as a reflection of conditions of society as a whole<sup>9</sup>: “Suicide varies inversely with degree of integration of the social groups of which the individual forms a part”, arguing that individuals are bonded to society by two forms of integration, *attachment* (extent to which an individual maintains ties with members of society) and *regulation* (the extent to which an individual is held in the fabric of society by its values, beliefs and norms). Lowest rates of suicides are found in highly integrated societies and excess rates are found in societies undergoing forms of dislocation and loosening of social bonds.

Shaw and McKay<sup>10</sup> also found effects of the social environment on crime. They found that in their study of 21 US cities, the same socio-economically disadvantaged areas continued to exhibit high delinquency rates over several decades despite changes in race and ethnicity. This led them to reject individualistic explanations and focus instead on community processes which led to delinquency.

Throughout the 1970s and 80s, a series of studies consistently showed that the lack of social ties or social networks predicted mortality from almost every cause of death<sup>11, 12</sup>.

Social scientists continue to search for the collective characteristics to explore why some communities seem to prosper, have law abiding and healthy citizens whilst other communities do not.

*Social cohesion and social capital: key characteristics contributing to health.*

Much research indicates that social integration and social cohesion contribute to health. Social cohesion is the extent of connectedness and solidarity among groups in society. A cohesive society has abundant mutual support, leading individuals to share in the collective energy and which supports his own, when it is exhausted. Putnam<sup>13</sup> defines social capital as features of social organisation such as trust, norms, and networks, that can improve the efficiency of society by facilitating coordinated actions. He suggests that the indicators of social capital are trust, perceived reciprocity, density of membership in civic associations. Again the focus on “social” indicates an ecologic characteristic external to the individual, reinforcing the importance of looking at the external environment rather than on individual characteristics.

### 3.3 What can be done?

(I) (See Appendix 1) The July 2006 publication from the Department for Communities and Local Government summarises findings from a review of literature dealing the UK government’s programme to develop 32 statutory New Towns under the 1946 and subsequent New Town Acts. It focussed on the following themes:

- Delivery
- Finance
- Creating communities
- Governance
- Economic achievement and competitiveness
- Physical environment and design
- End user experience
- Long term sustainability.

The research was entirely desk based relying on the collection of research based and grey literature reviewed under the themes and extrapolated into transferable lessons.

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<sup>9</sup> LaCapra (1972) Emile Durkheim: sociologist and philosopher. Ithaca, NY: Cornell University Press.

<sup>10</sup> Shaw C and McKay H (1942). Juvenile delinquency and urban areas. Chicago: University of Chicago Press.

<sup>11</sup> Berkman LF (1995). The role of social relations in health promotion. *Psychosom Med*, 57:245-254

<sup>12</sup> House JS (1988). Social relationships and health. *Science*, 241:540-545

<sup>13</sup> Putnam RD (1993). Making democracy work : civic traditions in modern Italy. Princeton, NJ: Princeton University Press

Although the context of the development of the towns studied in the report differed from Cambourne, which was developed by private, rather than government led developers, a number of issues resonated with practitioner's views:

- New towns faced major problems of infrastructure provision “Those responsible for delivering Growth Area clearly need to display similar qualities in championing the infrastructure needs of their own area”
- There was a tendency for design and physical issues to dominate the planning process with community/social provision falling off the agenda
  - It is necessary to put in place a mechanism for community support and social capital building so as to provide a sense of belonging for people from diverse backgrounds and places and an opportunity to participate in the development process, but it is complex, requiring time and energy. This can include community development workers, and a community chest for funding small scale community projects.
  - A post was created by some development corporations to develop social relationships/social liaison/community development with a neighbourhood base.
  - The role of churches and other voluntary organisations should be explored.
  - Social facilities and community infrastructure are key to creating “walking distance” communities
- Consider existing populations, treat them as being of equal importance to the new incoming population groups.

*This report identifies “creating communities” as the heart of New Town’s objectives.* It defines community as a group of individuals living in the same neighbourhood who have a shared identity around the place they live, the social infrastructure they use, and a place where social capital is strong (networks, neighbourliness, trust). It was recognised early on that it was necessary to provide a sense of belonging for people who had come from diverse backgrounds and places as well as provide them with an opportunity to participate in the development process. To do this, social/community development workers were established to (a) ensure information reached people (b) ensure that people were involved as far as possible in decision making as the settlement grew. To facilitate resident’s involvement in decision making, neighbourhood councils and associations were also set up. Voluntary organisations were also seen as a vital means to create integrated communities.

Research in Runcorn suggested some tension between newly arrived residents and the established community. Experience showed that it is important to treat existing residents as of being of equal importance as the new ones.

A review of the literature of end user experience showed that people had mixed experience living and working in New Towns. Early studies suggested that new arrivals were relieved to be moving out of substandard housing into relative green and spacious surroundings of the New Town. However, the housing conditions did not make up for inadequate provision, of local shops, entertainment and poor public transport. But experiences depend on local circumstances and the particular contexts in which communities are being created.

The lesson from the long term sustainability is to consult the population on the design of their neighbourhood and the facilities that they would find useful.

(II) (See Appendix 2) The IPPR report “From New Towns to Growth Areas” focuses on a number of themes that were key features of the New Towns Programme:

- |                        |                                     |
|------------------------|-------------------------------------|
| ➤ Balanced communities | ➤ Commercial and social development |
| ➤ Employment           | ➤ Monitoring and evaluation         |
| ➤ Delivery             | ➤ Urban design                      |

Of the critical lessons identified there are some which are particularly relevant to this work:

*Under the section on Community:*

- A vision is needed of whom the housing in the Growth Areas is for, and the types of new communities to be created
- Comprehensive delivery plans with clear objectives about who is going to live in the Growth Areas are required, setting out range of housing which need to be delivered within mixed communities
- The provision of housing at higher densities, in high quality neighbourhoods, must not be compromised by the drive to reduce building costs.

*Under the section on Economy*

- Mechanisms for financing up-front capital investment in infrastructure and sufficient capacity within mainstream funding for public services to expand alongside housing growth are needed.
- Sufficient capital funding to support the provision of social, cultural and community facilities will be crucial for the social and economic success of the Growth Areas

*Delivery*

- Responsibility and resources for social development needs to be allocated to agencies with the capacity to deliver support to new communities.
- Government must have capacity for monitoring delivery and comprehensive evaluations of each of the Growth Areas.

The corporations involved in delivery of New Towns employed significant numbers of staff in social development. Their aim was to help foster social networks between the new residents and help them settle into their new homes. In spite of this, the media at the time often included stories about the problems of loneliness and adjustment faced by families earning the tag of “New Town Blues<sup>14</sup>”.

Social development continued to be a significant function in the development corporations for many years. The areas of activity fell into the following three categories:

- ❖ Community development – encouraging the engagement in sport and social activities, including supporting new residents
- ❖ Social planning – inputting into the planning decisions to ensure that they were sensitive to social issues
- ❖ Information and participation , ensuring that residents were involved in planning decisions<sup>15</sup>.

But, the effectiveness of the investment of staff has never been formally evaluated. The work of social development officers was made hard because of the absence of shops and amenities. In the early years of the New Towns, the private sector would not invest in shops and leisure facilities until there was sufficient population to support them. The key lesson identified for Growth Areas is that large scale housing growth requires skills and capacity to address social development:

- ❖ Responsibility and resources for social development needs to be allocated to agencies with the capacity to deliver support to new communities
- ❖ Capital funding to support the provision of social, cultural and community facilities will also be essential to the creation of sustainable communities.

The lack of any formal monitoring and evaluation was identified as a key weakness in the New Towns Programme. An examination of the New Towns Programme undertaken by the Commons Expenditure Committee in 1974 was highly critical of the vagueness surrounding the programme objectives and process of decision prior to designation. It criticised the lack of any analysis by which to judge the success of the New Towns or to measure the social and economic opportunity costs of the programme. A key lesson identified is the need for specific monitoring provision to be put in place so that progress in delivery can be measured.

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<sup>14</sup> Pitt (1972)

<sup>15</sup> Brooke Taylor G (1972). Social development in Evans H.ed



This same point was raised in the Transferable Lessons report. One advisor on the research recommends that evaluation of a project should be undertaken at the start of a new project and should “become part of the continuous improvement process. As we move towards a culture of improvement through evaluation, the challenge will be to establish appropriate measure that are both quantifiable (the easiest to achieve but often relating to those with the least impact), and qualitative (which are less tangible, reflect perceptions and impact on the expression of place)”.

#### **4. Conclusion**

In summary, examination of existing evidence indicates that there is a suggestion that people are at risk of “New Town Blues” when they move into new towns. There is very good evidence that the social/living environment can contribute to the level of distress and that lack of cohesion is a risk factor for increased suicides, delinquency and criminal behaviour. Social cohesion/capital is related to societal wellbeing. New Towns identified the use of community development workers to generate cohesion and capital and the IPP report specified their activities as promoting community development, social planning, provision of information to residents (old and new) and facilitation of their participation in planning and decision making. Provision of social, cultural and community facilities is essential in the creation of sustainable communities and needs to be available from the start.

Unfortunately the effectiveness of community development workers in New Towns is unclear because of the lack of any formal evaluation. End user experience has changed over time and place. A key challenge is to incorporate evaluation as part of an ongoing continuous improvement process, identifying suitable, simple valid measures meaningful to local communities.

#### **5. Recommendations:**

The recommendation arising from this work are:

- **Those responsible for the establishment of New Towns must influence developers to ensure they recognise and provide resources for social cohesion as well as the physical environment.**

##### **In new developments they must:**

- Ensure that the concept of social and community development is considered alongside physical developments
- Ensure community facilities are available from the start, alongside schools and health provision.
- Build the infrastructure for social cohesion and social capital into the framework e.g. ensuring development workers are part of the framework
- Require partners in the development to agree measures of social cohesion and build these into routine monitoring indicators
- Require regular review and evaluation of such indicators as part of a continuous improvement programme, with the local community as partners.
- Ensure sustainability (resource, management and delivery)

##### **In addition, for existing developments they must:**

- Require developers and planners to review existing provision of the infrastructure for social cohesion
- Require developers and planners to remedy deficiencies during the later phases of the build.
- Involve existing communities in the planning of the new/ next phase of development.

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## Appendix 1

Copied from: *Transferable lessons from the New Towns* published in July 2006 by the Department for Communities and Local Government

### Key lessons on creating communities:

**3.1** Guarantees of financial support are essential to provide backing for a large-scale New Town/Growth Area programme, in order to provide confidence, reduce risk, and give credibility to the development.

**Key lesson requiring action**

**3.2** Put in place mechanisms for community support and social capital building. This can include community development workers; a 'community chest' for funding small scale community projects; working with the community and voluntary sector; working with church and faith groups; providing resources in terms of buildings, computers etc. In the current climate, a Community Development Trust that could be funded by developer contributions may be considered.

**Key lesson requiring action**

**3.3** Harness the support and collaboration of neighbourhood councils, neighbourhood associations and voluntary organisations.

**Key lesson requiring action**

**3.4** Social facilities and community infrastructure are key to creating 'walking distance communities'. Liaise at an early date with the LEA re school provision. Education facilities are key to the creation of communities, but in today's housing market, this also implies the provision of affordable key worker housing for teachers to live in the area. It's also important to ensure that local social facilities are already built before the community moves into the area, and that buildings can be multi-use.

**Key lesson requiring action**

**3.5** It is important to have a mix of housing stock, in terms of tenures and providers. This will attract a mix of households, although it is also important to establish their requirements, and provide the appropriate facilities and services (families, elderly people, single people etc.). This requires close liaison between the Development Corporation, the District Council, County Council and voluntary organisations.

**Key lesson requiring action**

**3.6** There needs to be a consideration of the existing population, treating existing residents as being of equal importance as the new ones. Anticipate, and build a strategy for dealing with resistance to new settlements from the existing community in the area, or from communities nearby.

**Key lesson requiring action**

**3.7** There needs to be realism about the socio-economic context in which the Growth Areas are being created. It is likely that the outcomes will be determined more by lifestyles, working patterns, and economics/financial resources, rather than the built form.

**Key lesson requiring awareness**

At the heart of the lessons is the question "what kind of communities are desirable?". The form of housing tenure will in part dictate the kind of community that will be attracted to live in the Growth Areas, in terms of socio-economic or income group. There is little evidence-based research from the New Towns on issues of housing and its impact on creating communities, but other sources of literature would reveal lessons on housing that would also be useful to the Growth Areas teams.

## Appendix 2

*From New Towns to Growth Areas (learning from the past)* by Jim Bennett published in May 2005 by the Institute for Public Policy Research (IPPR)

### Summary

There are critical lessons for the Growth Areas that can be drawn from the successes and failures of previous housing growth policies. Although the New Towns programme was developed and delivered in a very different political and policy climate, many of the issues that the Government, the New Towns Development Corporations and local authorities grappled with are similar to those that will need to be addressed in the Growth Areas. This paper draws out the following key lessons from the New Towns experience which the Government and its partners need to consider in relation to the Growth Areas.

#### Community

- A vision is needed of whom the housing in the Growth Areas is for, and the types of new communities to be created.
- Comprehensive delivery plans with clear objectives about who is going to live in the Growth Areas are required. They should set out the appropriate range of housing types, including social housing, which need to be delivered within mixed communities, as a guide to planning decisions.
- The provision of housing at higher densities, in high-quality neighbourhoods, must not be compromised by the drive to reduce building costs.

#### Economy

- Strategies for developing mixed local economies in the Growth Areas to ensure that there are a range of jobs to meet the needs of diverse communities, should be a key priority for the Regional Development Agencies and local authorities.
- Learning and Skills Councils and Job Centre Plus must be given resources to improve skills and support access to jobs for newly arriving and existing lower income households in the growth areas.
- Mechanisms for financing up-front capital investment in infrastructure and sufficient capacity within mainstream funding for public services to expand alongside housing growth are needed.
- Sufficient capital funding to support the provision of social, cultural and community facilities will be crucial for the social and economic success of the Growth Areas.

#### Delivery

- Consideration should be given to making greater use of Urban Development Corporations or other special purpose bodies with greater powers, resources and capacity to provide the strategic interventions necessary to create new sustainable communities.
- More focused and accountable leadership is required to co-ordinate the multiplicity of agencies responsible for the delivery of the Growth Areas.
- Responsibility and resources for social development needs to be allocated to agencies with the capacity to deliver support to new communities.
- Government must have capacity for monitoring delivery and comprehensive evaluations of each of the Growth Areas.

The Growth Areas are well placed to avoid past mistakes, but there are still important lessons that need to be taken on board to ensure their success.