

# **A RESOLUTION TO CHANGE: DEMOCRATIC PROCESSES INFLUENCING PUBLIC CONTROL OVER ENVIRONMENTS**

**DR JANE THOMAS AND DR SALIM VOHRA**

UNIVERSITY OF WEST LONDON

## **INTRODUCTION**

Our environments are shaped by our elected representatives, among other actors. Citizens make judgements about what elected representatives can do to make a positive impact on urban and rural environments. These judgements shape demands. Elected representatives, in turn, make judgements about what they can do, and want to do, to affect change. This impacts on interactions with the electorate. These points apply across a range of countries.

This paper considers links between public health, elected representatives — primarily councillors — and the built environment. It focuses on councillors and canvassers gathering information about local environments from dialogue with constituents and from ‘walkabouts’ (transect walks) in local communities, as a stage in improving how and where we live. The walking routes considered range from observational walks and tours of an area through to election-canvassing routes. The experiences of councillors and canvassers, while some steps removed from architects and planners’ practice, are a valid source of contextual information. The example of England is used but with reference, in the literature review section, to public health tools employed globally.

Firstly, the background literature is set out. It covers some of public health’s core concepts (the determinants of health, inequalities in health, needs assessment, community mapping and community development) and how they link to councillors and their role. Following a description of the methods used, primary data gathered from interviews is employed to illustrate the complexities of relations between environments and elected members. The findings are then discussed with regard to what they reveal about key questions of public influence over environments, mediated by public health and elected representatives. In concluding, recommendations for further action are provided.

## **PUBLIC HEALTH, COUNCILLORS AND THE BUILT ENVIRONMENT**

There are various definitions of public health.<sup>1</sup> In one report, the World Health Organization (WHO)<sup>2</sup> has said it is “the art of applying science in the context of politics so as to reduce inequalities in health while ensuring the best health for the greatest number”. A key concept for the discipline is that of the

wider determinants of health.<sup>3</sup> Here, not only do genetic and lifestyle factors, alongside health services, influence health, but also broader issues such as housing are considered. In addition, the WHO and national governments have focused on the gap in health between different groups, or health inequalities,<sup>4</sup> and sustainable development goals target wider health determinants.<sup>5</sup> ‘Social and community networks’ and effective political institutions are determinants of health.

Although public health can be seen as ‘everybody’s business’, a key area of employment in the discipline involves data collection and interpretation.<sup>6</sup> In England, epidemiological, demographic and environmental data are provided by a government agency, Public Health England. And locally, needs assessments are one of a range of tools used to describe, triangulate data, benchmark and put forward recommendations on health issues. Public health staff have also employed community mapping, walkability assessments<sup>7</sup> and transect walks. The first involves stakeholders recording local problems, as well as assets, such as green spaces. The transect walk is a technique derived from surveys of flora and fauna, such as butterfly populations, whereby a set route is walked on a regular basis, with a focus on observation. Further relevant concepts include ‘community development’ and ‘participatory design’.<sup>8</sup> The tools are used in developing countries and have been described by the World Bank.<sup>9</sup> The references provided here give an indication of their use in Africa and Asia.<sup>10 11 12</sup> Transect walks have also been used pedagogically, for example, they have been used by Dr Salim Vohra for undergraduate teaching on health determinants. Given this article’s concerns with relations between councillors and public health, the parallels between a transect walk and a canvassing route, walked prior to elections, is striking. Councillors’ and other canvassers’ opinions on observing environments during walking routes are discussed in the findings section.

Local authorities in England cover a wide range of planning and public health functions. They are controlled by councils of elected representatives who are normally from one of the three main political parties. There is a sizeable literature on councillors’ modus operandi. Given public health’s focus on health inequalities, it is notable that areas with poorer health, and lower incomes, tend to be represented by Labour Party elected members, and better-off areas are more likely to be represented by Conservative Party members.<sup>13</sup> The context to councillors taking on the role includes the level of allowances. In London reimbursement is £11,045, rising to £85,162 for a mayor.<sup>14</sup> The average wage in London and the South East of England is approximately £24,000 and around £20,000 in less well-off regions.<sup>15</sup> The pool of potential candidates is restricted, not only by the rate of allowances, but also by the workload involved. The role and remuneration favours retired people or those with ‘independent means’, such as second-home landlords. The role is recognised as stressful and dealing with social media is considered, to a certain extent, to have added to this problem.<sup>16</sup>

Election turnout data is easily available, and gives some indication of citizen engagement, but it is typically not sourced in public health reports. The Local Government Association (LGA) commissions polling on the public's understanding and views on councils. For example, pollsters Ipsos MORI have in the past found that the public were almost equally interested in international issues as local issues.<sup>17</sup> Polls have tended to show that a high percentage of the public want more of a say in how services are run, but they are also not knowledgeable about where the responsibility for services lies.

Polling has been concerned to find out how local authority services' and councils' reputations can be improved. However, polling has been less likely to ask what the public know about councillors' political profiles, council meetings and other political vehicles, including petitions. The role of councillors, as a group, in affecting change is rarely promoted. Thus, for instance, while council newsletters have been recommended as an effective communication tool, and polling suggests people often don't know who their councillor is, the newsletters tend not to provide information about the councillors. The activities of council meetings are also not referred to. For example, resolutions have been advertised randomly on different websites.

### **PUBLIC HEALTH DATASETS AND METHODOLOGY**

The primary data used in this paper is drawn from two sources. Firstly, the relationship between councillors and public health was discussed in face-to-face interviews conducted on a one-to-one basis, and in pairs, with all elected representatives in one borough, in August and September 2009. Interviews were recorded, transcribed and analysed by theme. Twenty-six councillors were interviewed, along with one MP and one MEP. Two MEPs and one councillor did not respond to the request to be interviewed. The summary topics discussed were: public health data available for councillors to use; issues raised by, and problems experienced by, residents; politically controversial issues, such as income inequalities; and party-political activity. For the purposes of this article, the data extracted pertain to issues raised by residents about their locality and local environment, and the elected representatives' consequent actions. The councillors' political affiliations were mixed, consisting of Labour, Conservative and Liberal Democrat.

Secondly, interviews were conducted with people who had been canvassers in the 2017 general election. The councillor interviews had frequently mentioned issues about canvassing as a means of uncovering public views and issues. The canvasser interviewees, as we will see, referred to councillors' canvassing. In total, 21 face-to-face interviews, covering 19 constituency areas, were conducted. These interviews were with Labour canvassers, but, unlike the councillor interviews, they did not generate any party-political issues, rather, they solely related to discussing street-environments and processes for forwarding problems raised by the electorate.

### **PUBLIC INFLUENCE AND CONTROL OVER THE WIDER DETERMINANTS OF HEALTH**

Attention in this article is focused on complexity in the way information about problems, to do with how and where residents live, is brought to politicians. Their actions to address issues at other stages in the ‘policy process’ is not the focus here. But an assumption is that an increase in ‘issueness’, or issues being raised and discussed, will influence politicians’ actions.<sup>18</sup> Councillors hear about issues covering housing, planning, roads and transport, crime, health services, schools, immigration and more. While the topics raised are manifold, they are still filtered by residents. Thus, no councillor in our sample said that any residents had raised workplace issues with them. Yet, from a public health perspective, the workplace is an important setting that can provide health benefits and create health problems. Likewise, issues such as income inequality, privatization and corporate taxation are in danger of falling through a ‘democratic representation net’ unless councillors work hard to seek out public opinion on these issues. In addition, councillors may be grappling with issues where their powers are restricted, or where there is a balance to be made between employment, environments and health, such as with alcohol licensing. Other public health issues are very different for different groups, such as non-car drivers. Thus, “the richest 10 per cent of the population effectively receive four times as much public spending on transport as the poorest 10 per cent” and “one in five men and one in three women do not drive”.<sup>19</sup> Nevertheless, councillors in the sample reported that complaints from car drivers about potholes were ubiquitous.

Polling of residents has found that “those [council services] which affect the visual appearance and atmosphere of an area” tend to have the greatest impact “on overall views of a council”. But of greater impact, the same survey found, was levels of deprivation and ethnic diversity. Issues around planning and local development also had an important bearing on satisfaction levels.<sup>20</sup> The public health-related information acquired by councillors is therefore broader in character than that dealt with by public health departments.

The councillors’ perspective blends information from direct observation of streets and neighbourhoods, residents’ understandings and experiences of them, and councillors’ powers to change these environments. The councillors interviewed gave examples of housing issues they witnessed and the public raised with them. These included: problems with rats; difficulties in phoning landlords and housing associations (due to them ‘not caring’ and residents’ not having the finance to make phone calls); lack of housing; empty properties; houses in multiple occupation (entering some of these properties felt dangerous); over-concentrated social housing and not enough people with money; conversely – not enough social housing; high turn-over of residents; and, loneliness in single occupancy households.

Thus, one said: “There is a high turnover of residents in poor quality housing...If rent is paid by benefits they’d rather be in the centre...near pubs.” One councillor added: “That area is crisscrossed with paths and rights of way [shortcuts], it would be good to have a map of them all...Car ownership is low and people walk.”

In another area of the town, a councillor said neighbourhood complaints related to noise: “Everyone here is on top of each other. One dysfunctional family moves in and walls in the flats are so thin, they drive their neighbours up the wall.”

However, the housing issues merge with other socio-economic issues, such as, on the positive side, creating beautiful parks and schools within walking distance from homes, through to substance misuse, traffic, swimming pool closure, single parenting and poverty.

The councillors also listed their achievements, including, for example, controlling empty and derelict properties, challenging a bus company to maintain existing routes, reducing street drinking in a neighbourhood, supporting neighbourhood children’s activities, organizing public meetings on issues like climate change, supporting school committees, local groups and clubs, developing employment opportunities and overseeing development of land for housing. One said: “The councillors worked on getting restoration of the park. It’s [now] enjoyed by everyone.”

Added to this, councillors are often party-politically engaged. Thus, certain councillors in our borough had strong views on national policies to deal with unemployment, health service administration and the national minimum wage. Most felt that income inequalities were too high and did not think bankers’ earnings should be so high.

The complexity of a councillor’s role in relation to receiving and dealing with issues includes questions such as:

- Is the issue anything the councillor can address, or is it casework relating to topics outside their remit?
- Is the councillor part of the leading council group, or more isolated?

Routes to contacting councillors are vital and need to be regularly reviewed and widely advertised, if the councillors’ role in relation to environmental and health improvement is to flourish. Information on MPs, their role and relations between MPs and councillors could also be promoted. One communication channel is face-to-face contact by councillors or their party supporters. However, in relation to communication methods, on the one hand, polling data on residents’ views of council communications does not tend to discuss direct contact, they instead emphasize the benefits of council websites and newsletters.<sup>21</sup> On the other hand, ‘boots on the ground’ are considered to be influential in winning elections.<sup>22</sup> This is a view certainly shared by the councillors interviewed here. A number said they had knocked on every door in their ward and felt this was the reason they were elected.

At the 2017 general election, hundreds of canvassers supported door knocking and leaflet drops in some constituencies. The canvassers that were interviewed had different perceptions of ‘street issues’, depending on their personal perspectives and what they had been told to do by their election organiser. One said that he was a very unobservant person and would not notice anything unless it was pointed out. Another, for example, said she took copious notes of problems she saw and residents’ views on issues, such as, street lighting and drainage, and she fed them back to the candidate. She said, for instance, that: “The doorbells in the flats are an issue. In the lets [rented flats] they don’t work and in some blocks the entry system is so loud it disturbs those flats near it.” Another said, “We saw a derelict house. But we were with a councillor and they said they would deal with it.”

Steps and stairs were an issue, for instance: “The stairs in one block were shocking. They were see-through. [Which is] not good for people with a fear of heights. The lift wasn’t working.” And another said “Some blocks had steps down to them and then up again. It was on a hillside, there were steps everywhere.” Another general complaint was street labelling, one simply said “it’s rubbish.”

Generally, the issues councillors and non-councillor canvassers came up with were similar, with some canvassers reporting detailed observations. Thus, canvassing was a rich source of additional information about how where people live can be improved. However, at the same time, in stark contrast to walking round neighbourhoods and talking to people, further uses of information and communications technology (ICT) in supporting democracy and improving the built environment may yet emerge.

### **RECOMMENDATIONS AND CONCLUSION**

Recognising the value of communications between the public and politicians about built environments, and changes to strengthen dialogue, can support improvements in how and where we live. The role of the councillor as a source of, and conduit for, qualitative information to improve environments has been highlighted here. LGA data indicates that the public regard their street environment as important and councillors have a role in acting as eyes and ears that can deal with issues; discussing and responding to residents’ concerns. Canvassers support this process by relaying information to current and prospective politicians.

But there is a wider problem with the visibility of the councillors’ political role. The councillors’ role, from a public health perspective, should not just be to promote flu jabs, for instance.<sup>23</sup> A search for more opportunities for local authorities to highlight the councillor’s political role and educate the public about it, is needed. For example, council resolutions affecting environments are difficult to locate on websites and, more broadly, education in motion-writing as part of the debate process has been neglected, outside of the trade union movement.<sup>24</sup> In addition, further scrutiny of the role of ICT

in supporting democracy is necessary if important opportunities to develop public control are to be taken.<sup>25</sup> This might address, for instance, communications between councillors and the public on decision-making and council budgets.<sup>26</sup>

Councillors can act to improve public health in ways that council staff are not in a position to do. In local authorities, only elected members can go beyond service delivery issues to highlight the more political upstream determinants of health. Only they can move the focus of debate from health inequalities to income inequalities, and other contentious political issues that influence population health. If poverty and inequality are among the key drivers of dissatisfaction with local areas, then it is remarkable that councillors' influence over income inequalities is not highlighted. Thus, a checklist mapping 'the politics of how and where we live' is recommended. Councils' consideration of the political role of elected representatives in improving environments could include the following type of audit:

- How are the public encouraged to raise issues with elected representatives, such as councillors?
- What issues are they encouraged to raise?
- Are important issues falling through a 'representative net', i.e. not being covered by MPs or councillors?
- What relevant issues have been debated at council and assembly level?
- Should the role and remit of elected representatives be altered, for instance, in the light of globalization and climate change?<sup>27</sup>

Further debate is needed on developing democratic processes that lead to sustained environmental improvement, improvements in health and wellbeing and the narrowing of social and environmental inequalities. This paper has highlighted the complex nature of data collection at the local level and the opportunities to take steps to acquire different perspectives. Less visible issues, such as inequalities, may be brought to the fore and politicised and this can impact, as well, on living and working environments.

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