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Research Article

Compassionate Places: Developing and Implementing a Method for Interdisciplinary, Humanistic Spatial Design and Place Quality Standards.

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Abstract: The design of the built environment has profound impacts on human health and social well-being. However, the significant opportunity for architecture, urban design, and spatial planning to intentionally enhance human life and address societal challenges is currently overlooked. The Compassionate Places Method, introduced in this paper, proposes a humanistic, interdisciplinary approach for spatial design that considers multifaceted factors related to human needs, human nature, and human experience. In contrast to business-as-usual practices which focus on physical "bricks-and-mortar" factors, the Compassionate Places Method situates spatial design as a vital component for actively enhancing people's well-being and quality of life. This novel design approach incorporates insights from disciplines that consider the effect of places on people but are not typically included as part of design processes, such as public health, environmental psychology, social sciences, neuroscience, and the arts. This paper explains the development of the Compassionate Places Method through long-term, practice-based research, and built design projects. The approach was implemented into a London local authority's spatial planning processes in 2023 as design standards for "Place Quality". This aims to embed health, social well-being, and inclusivity into the practices of design and planning through new guidance and requirements in the planning permission system.

Implications: This research sets the platform for an approach that can help designers and planners systematically consider the human factors and impacts of built environment design in an intentional and structured manner. It aims to contribute to a paradigm shift that situates human health and social well-being at the center of everyday design and planning processes to maximize the potential for the built environment to support human flourishing.

Keywords: Architecture; Urban design; Planning; Well-being; Health; Mental health; Neuroarchitecture; Interdisciplinary; Quality of life; Social Well-being.

1. Introduction

There is already an established understanding of the relationship between the built environment and people's physical health and mental well-being (PHE, 2017; Renalds et al., 2010; Codinhoto et al., 2009; Evans, 2003). Architecture and urban design are increasingly recognized for their significant impact on people's lives, including their happiness, social connections, and sense of community (Rice & Drane, 2020; Goldhagen, 2017; De Botton, 2007; Evans & McCoy, 1998). However, current design practices are seen as inadequate in protecting health or meeting people's needs (Organization for Economic Co-operation and Development (OECD), 2023; Pineo, 2022; McCay & Roe, 2021). As Hunstone et al. (2018) note, "systems, policies and processes of planning, building design and development are not currently supportive towards healthy placemaking".

"Many dimensions… especially those related to inclusion and equity, subjective well-being, social connectedness and environmental quality/natural capital, *have often been overlooked in the design of the built environment*" **(**OECD, 2023).

Today, more than 50% of the global population live in urban environments, a number expected to reach 70% by 2050 (United Nations, 2024). As a determinant of health (Barton and Grant, 2006; Whitehead & Dahlgren, 1991), the characteristics of the built environments where people live, work, and spend time affect life expectancy (Marmot et al., 2020). These effects can be more profound for those most vulnerable and with less influence, who are often disproportionately disadvantaged by a poor-quality built environment (Chang et al., 2022). In this context of rapid urbanization, it is a critical time to recognize the role of built environment design in its extensive effect on people's lives, and the latent opportunities to harness this area as a tool for positive change.

Figure 1*: The built environment affects people's lives – King's Cross redevelopment (left) and South Kilburn Estate prior to redevelopment (right).*

1.1. Compassionate Places Design Philosophy and Method

Designers of buildings and cities can fundamentally change the environment in which society lives in a way that many other disciplines are not able to (Rice & Sara, 2020). As such, designers have the capacity to determine the qualities of the built environment to improve health and well-being. However, the business-as-usual practice of spatial design and planning does not typically integrate knowledge and research from many other disciplines that consider how people and communities are affected by places, such as public health, environmental psychology, and neuroscience (Valentine & Mitcheltree, 2024; Chang et al., 2022). Currently, much of this knowledge is not accessible or easily usable by those carrying out the everyday processes of shaping places.

Despite the effects the built environment has on human life, there is currently no unified, structured model for spatial design that can systematically and holistically address the complexity of human needs, human nature, and human experience. Knowledge from different disciplines must be translated, structured, and operationalized into new formats, to directly inform spatial design and planning practices. New conceptual models, design methodologies, and practical tools can directly help architects, urban designers, and planners consider wide-ranging human factors and impacts in their work.

The Compassionate Places Method is a design philosophy and interdisciplinary approach (Figure 2) that situates spatial design and urban planning as transformative tools for improving people's quality of life. It aims to reflect a deeper sensitivity to the unseen

but felt effects of built environments by recognizing and responding to the complexity of this challenge. The approach views the built environment not only as a physical ”bricks-and-mortar” landscape, but also as an ecology of experiences, affects, outcomes, relationships, and societal constructs. Using this perspective, it can be harnessed as a medium through which to support human life to flourish and communities to thrive.

Figure 2: *The Compassionate Places Method views the built environment from the human perspective. Conceptual project “Intimate Infrastructure” (left) and process of developing a new design methodology through live projects (right).*

The Compassionate Places Method prototypes a way to bring together interdisciplinary knowledge to intentionally maximize the full potential of places to create benefits for human health and social well-being. As such, the architecture, design, and planning professions can play a vital role in how homes, neighborhoods, workplaces, community spaces, and the public realm can better create the conditions to support quality of life. The foundational design methodology was developed iteratively over 8 years through built and speculative design projects, in parallel with interdisciplinary exchange, research, and collaboration (2013 – 2021). It was developed and applied as an intervention in design standards and practice as a “Place Quality Model” (2022-23) (Figure 3).

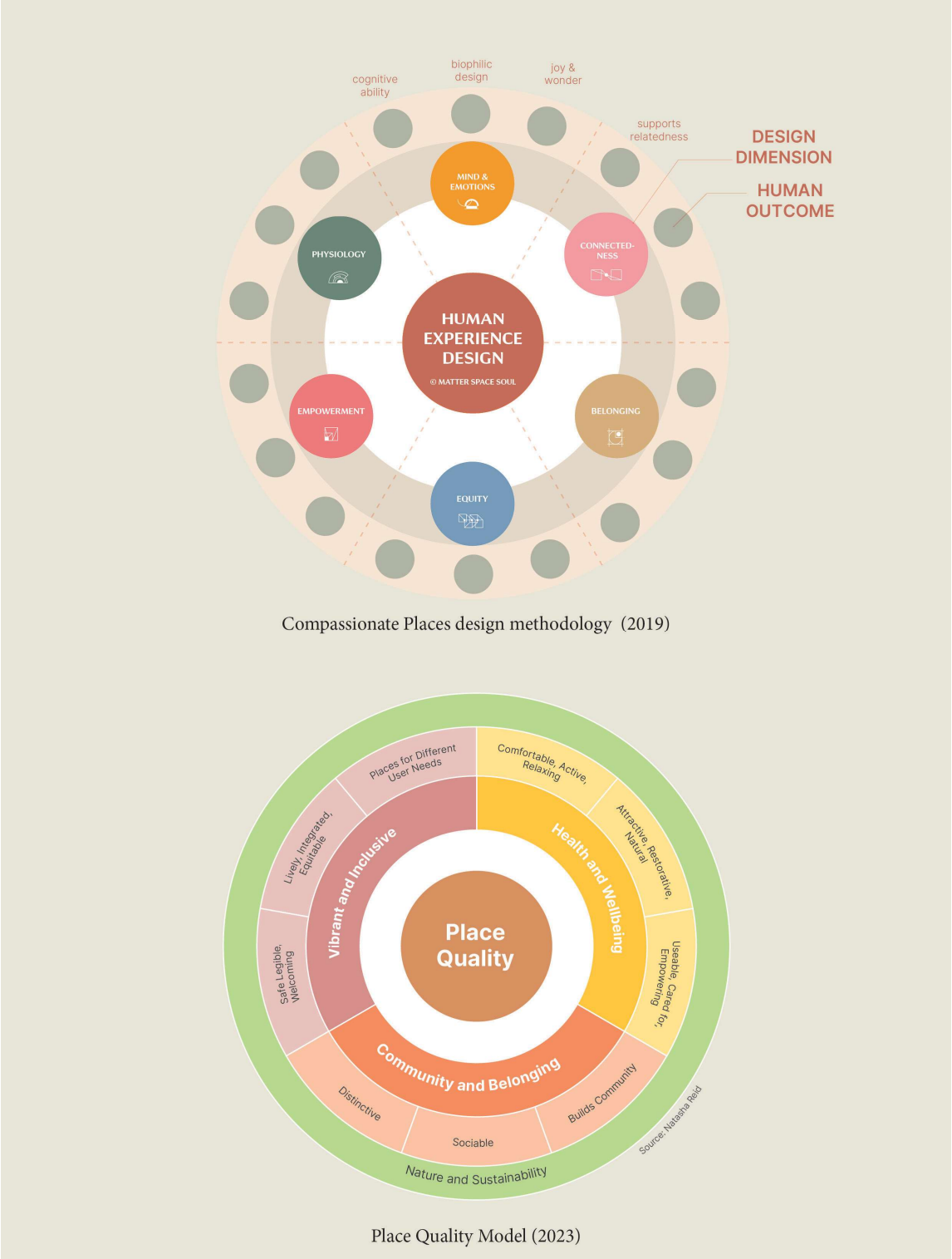


Figure 3: *Overview of design research; the Compassionate Places Method was published in 2019 and applied as a Place Quality Model in 2023. Implemented into new design standards at Brent Council, a London local authority with approximately 340,000 residents.*

1.2. Place Quality Model Implementation in Design Standards and Practice

The "Place Quality Model" (PQM) is a practical intervention based on the Compassionate Places Method and design approach. Implemented into a London local authority's spatial planning processes in 2023, it aims to embed health, social well-being, and inclusivity into design and planning practices (Figure 4). Drawing from a wide variety of areas, including public health and the human sciences, it sets out a multidimensional, structured approach for addressing human benefits in the everyday processes of shaping places. This is achieved by defining detailed spatial design qualities that relate to outcomes for people's quality of life. In this way, the expectations for built environment design go beyond conventional metrics of size, numbers or appearance (quantitative factors), to instead focus on outcomes that enrich people's lives (qualitative factors) (Figure 5).

Figure 4: *Brent Council's Residential Amenity Space and Place Quality SPD, adopted in June 2023.*

Figure 5: *Going beyond quantitative metrics to qualitative benchmarks for success.*

The PQM was developed in response to the needs of diverse practitioners and stakeholders by considering their varying levels of knowledge of "healthy places" (Bird et al., 2024; Homes England, 2020) approaches through direct collaboration and engagement over 1.5 years. Critically, it creates a lever for change by requiring the human and social benefits of a design proposal to be explicitly demonstrated as part of planning permission requirements for the first time. The intervention is currently undergoing evaluation by public health researchers at the University of Bristol (UK) as part of the PHIRST (Public Health Intervention Responsive Studies Team) scheme, completing in July 2025.

1.3. Paper Overview and Long-Term Objectives

This paper presents the evolution of the Compassionate Places Method and the subsequent application and implementation as a Place Quality Model into spatial design standards and practice. The second section sets out the theory, method, and core principles of the Compassionate Places Method. Third, how the Place Quality Model was developed and applied as new design standards. Lastly, the paper will discuss implications for a new specialist area of design – Human Impact Design. The goal of this design research (Rodgers et al., 2015; Euler, 2014) is to contribute to transforming current design, planning and policy paradigms to not only consider human health and social well-being, but for these aspects to be centered as key drivers for built development.

Design Research Challenges:

1. How to translate and apply interdisciplinary research into design practice to form a novel, cohesive, and integrated methodology (Figure 6).
2. How to translate and apply a highly specialized spatial design method into standardized guidance and standards for implementation by a wide range of stakeholders and users.

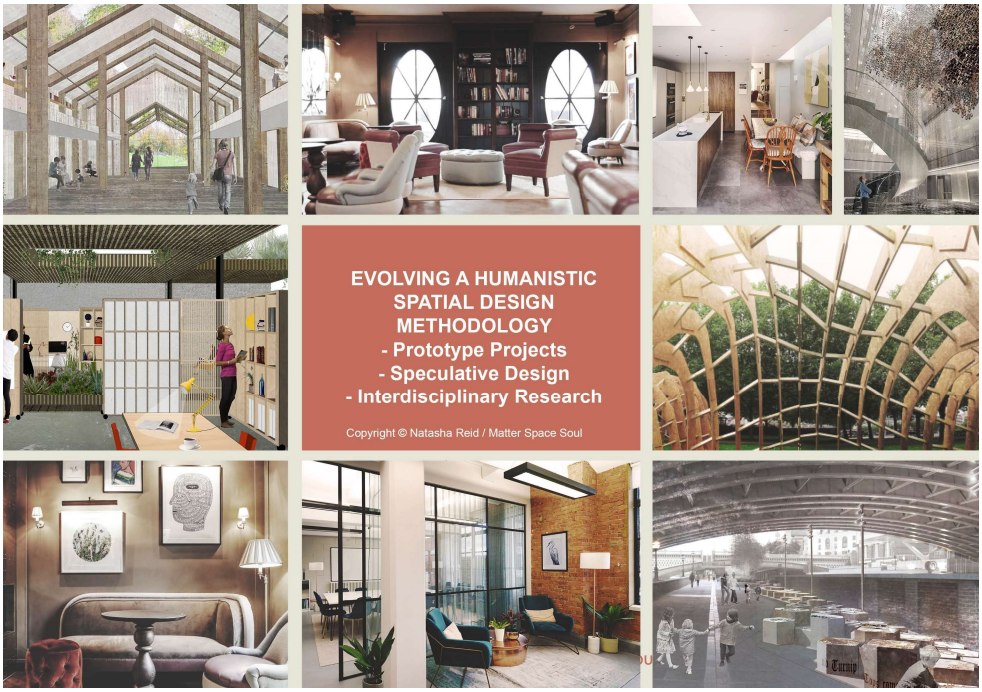


Figure 6: *Evolving a humanistic spatial design methodology through design-led research.*

2. Compassionate Places: Towards an Interdisciplinary Design Method for Human Flourishing

2.1. A New Generation of Humanism in Spatial Design

> "For some time now in architecture the outside perspective has taken precedence, giving *far more importance to form, idea, and appearance than to ways of living, to occupants' needs, and embodied experience*." (Franck and Lepori, Architecture from the Inside Out: From the Body, the Senses, the Site and the Community, 2000)

Today's dominant architectural paradigm has been criticized for its focus on visual appearance rather than human experience (Pallasmaa, 2000). Calls for moving from

formalism to humanism (Smith & Bugni, 2002) are not new, with the prevailing tendency for buildings to be designed without regard to their human functions (Arnheim, 1977). The Compassionate Places Method draws from a historical and contemporary lineage of humanistic architecture, urban design, and theory concerned with the effects of places on people. This includes the phenomenological approaches of Gaston Bachelard, Juhani Pallasmaa and Peter Zumthor; the ethnographical perspectives of urbanist Jane Jacobs and architect Jan Gehl; radical community-led, participatory practices in action today; alongside thoughtful and sensitive award-winning architecture.

However, these forms of practice have been niche or exceptional, rather than the standard expectation for built development today. As a counterforce, the Compassionate Places Method platforms a new approach for human-centric design to make it the everyday and fundamental driver for shaping places. What is different is that it draws extensively from other disciplines and scientific advances to address multiple contemporary challenges. Evidence-based approaches can accelerate a widespread shift to humanistic design practices, by more explicitly demonstrating the positive human, commercial, and socio-economic consequences.

In recent years, there have been broad shifts which create further impetus for the Compassionate Places Method: There has been action in joining together public health and spatial planning (Chang et al., 2022). The role of places is increasingly recognized as pivotal in addressing health inequalities (Marmot et al., 2020). Critical societal issues are accelerating, such as increasing digitalization, loneliness, social fragmentation, prevalence of mental health issues, and the atomization of communities. At the same time, there are burgeoning interdisciplinary areas of action across the arts, sciences, and architecture akin to a new cultural movement (Chatterjee, 2024). For example, the field of Neuroarchitecture (Edelstein, 2015; Assem et al., 2023) bridges across architecture, neuroscience, and environmental psychology. This has brought the possibility to measure changes in brain activity in relation to built environments using fMRI (Functional magnetic resonance imaging).

Currently, there is no industry consensus on what people-friendly places and design should incorporate. Nor how a successful place for human well-being could be measured or tracked (Reid, 2024). “Design quality” is a concept that exists in UK architecture and planning sectors. However, it is currently loosely defined and often narrowly related to aesthetics and architectural styles. The Royal Town Planning Institute (RTPI) has defined the need for more holistic and objective design quality standards which relate to problem-solving, such as supporting health and well-being, inclusivity, civic pride, and sustainable communities (RTPI, 2019). In the face of interconnected urban crises, there is significant opportunity to expand the scope and purpose of design to tackle a range of problems and actively enrich people’s lives (Reid 2019). The Compassionate Places Method aims to conceptually connect advances and concerns across different disciplines and sectors, which are currently fragmented. It proposes a form of multidimensional, humanistic design that can provide new benchmarks for success and act to harness insights from a variety of fields to bridge the gaps across research, practice, and policy.

> “The art of architecture studies not only structure in itself, but the *effect of structure on the human spirit*” (Geoffrey Scott, The Architecture of Humanism, 1914)

2.2. A Missing Layer of Design for the Human Dimension

> “Place is the foundation stone of individual and collective life and a repository of *emotions*, *experiences*, *meanings*, *and memories*” (Madgin and Robson, Developing a People-Centered, Place-Led Approach, 2023)

The Compassionate Places Method proposes a structured concept for built environment design that can enable positive human outcomes, through the systematic, intentional, and multidimensional consideration of human needs, human nature, and human experience. It puts forwards a redefined purpose of architecture and spatial design; pivotal tools through which to create the conditions to better support human life. Evolved through practice-based research, it provides a prototype for spatial design methods informed by a wide register of ways of perceiving and understanding space.

The key difference to the status quo of architecture, urban design, and interior design is a way of shaping places that incorporate insights and synthesizes knowledge from multiple disciplines concerned with diverse human factors. These include public health, environmental psychology, social sciences, neuroscience, as well as the arts. Knowledge derived from human responses to the built environment can be used in design decisions to better design for those responses (Karakas & Yildiz, 2019; Horayangkura, 2012; Lang, 1987). Therefore, the Compassionate Places Method combines physiological, cognitive, and psychological considerations with societal issues such as tackling loneliness, supporting inclusivity, and creating more equitable outcomes for people and communities. The design methodology also includes arts-led approaches to address subjective and emotional factors, such as symbolic meaning, perception, identity, belonging, memory, and participatory approaches.

Conventional design guidance documents and standards related to health typically set out checklists of prescriptive physical features to be provided, such as the WELL building standard (Reid, 2019). The Compassionate Places Method however sets out spatial qualities and outcomes, such as restorative spaces to reduce stress, which can be achieved through a range of possible design solutions. In this way, a new form of human-centric spatial design can be applied as an additional layer of consideration across traditional disciplinary boundaries such as architecture, urban design, interiors, and landscape design.

This flexibility is possible due to the prioritization of spatial qualities rather than physical attributes. This includes considerations such as health, well-being, restoration, empowerment, relationships and interactions between people, community, place attachment, sense of place, distinctiveness, social capital, inclusivity, sense of welcome, feelings, behaviors, lived experience, and cultural diversity. Through this lens, the design of built environments can better address the full potential for places to support human life and for human potential to unfold.

2.3. Development through Design Research and Pilot Projects

The development of the Compassionate Places Method happened iteratively over a period of 8 years through design research, speculative concepts, and built projects that evolved to apply a new methodology in practice. These projects include housing masterplans and developments (Figure 7), co-living concepts, workspace and hotel interiors, private homes, cultural and community spaces, public space, and public art interventions.

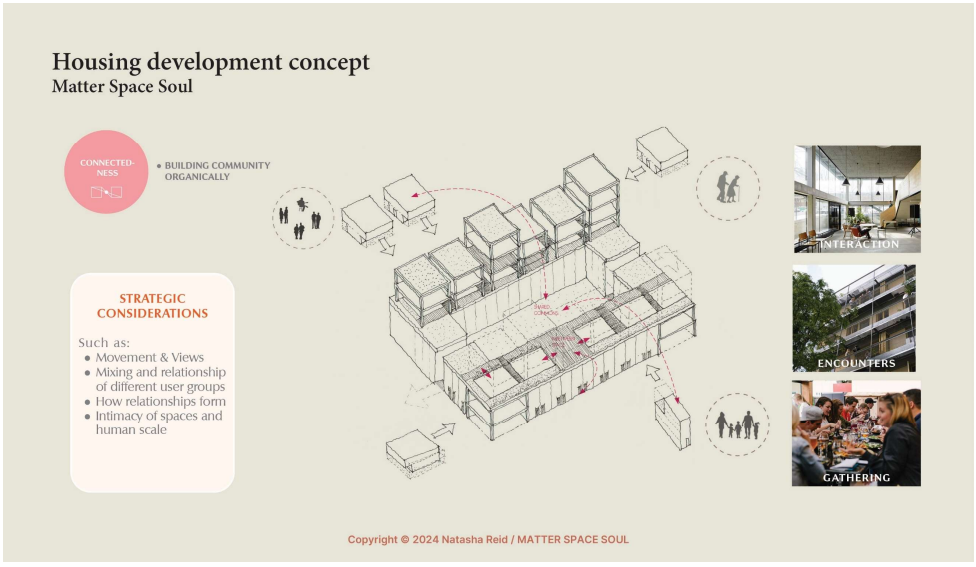


Figure 7: *Shaping a housing development to support social connection, build community and mix different generations.*

The impetus to reframe prevailing design paradigms developed through researching other disciplines, which led to the development of methods for science-informed and socially-responsive design. The theories and concepts underpinning the Compassionate Places Method draw together humanistic architecture, socially conscious urbanism, equity-based practices such as participatory design (Cilliers & Timmermans, 2014), systems thinking (Meadows, 2008), and design thinking (Brown, 2008). Literature review was carried out across a range of different disciplines and combined with practice-based projects. Informal conversations were held with a broad range of stakeholders from industry, academia, and the third sector. Engagement with niche communities of practice for cross-disciplinary exchange was a key part of the evolution, such as the Centre for Conscious Design and the Loneliness Lab. Interdisciplinary collaborations were developed, such as with an environmental psychologist for a workspace design project, where their insights were translated and applied to the design process. Neuroscience and other human factors insights were applied to several built projects including a hotel interior (Figure 8).

Figure 8: *Designing using the Compassionate Places Method, incorporating insights from neuroscience particularly through biophilic design.*

The process of developing the Compassionate Places Method is characterized as Design-led Research; open-ended, creative, exploratory, interdisciplinary, and inherently ambiguous (Green & Lindley, 2021). The flexible and responsive approach used design-thinking (Brown, 2008) approaches to synthesize knowledge and methods from multiple disciplines and perspectives on how places affect people into spatial design processes. This took a phased approach; iterative cycles of analysis, imagining, prototype design, testing, analysis, and redesign.

Using prototyping as a vehicle for enquiry, the process is “constructive design research”; research that imagines and builds new things and describes and explains these constructions (Rodgers et al., 2015). This form of explorative and iterative design research through practice can also be aligned with methods and characteristics found in reports mapping the emergent fields of “System-Shifting Design” (Design Council, 2021) and “Design for Life” (Royal Society of Arts (RSA), 2022).

Box 1: Extracts from Systems-Shifting Design (Design Council, 2021) and Design for Life (RSA, 2022)

- Looking for alternative ways of thinking about and perceiving the world.
- Transdisciplinary approach, mindset, skills-set (imagination and anticipatory approaches, reflexivity and agility, experimentation).
- Fundamental rethink of systems. Reconfiguration of their moving parts. The design of completely new parts for the existing system.
- Cross-sectoral systemic change.
- Working at the intersection between disciplines.
- Embracing adaptive intervention.
- Imagining and bringing forth alternative possibilities through provocation, speculation, and propositional futures.

A preliminary model was published in 2019 setting out 3 conceptual principles and a design methodology based on outcomes across 6 dimensions. This first version of the Compassionate Places Method was presented at industry conferences and events 2019 – 2021. The Place Quality Model for design standards and practice application evolved in 2022-23. Both have a flexible format that can be developed to further encompass areas of knowledge and depth of detail.

2.4. Compassionate Places Method: Core Principles

2.4.1. Human Impact Design

Currently, health and well-being are typically considered as supplementary considerations to design processes, rather than core drivers. The Compassionate Places Method intentionally integrates physical, mental, and social well-being into design practice by shifting the understanding of places from being inert physical settings to an understanding that they can have either positive or negative impacts on people. By seeing spaces through the lens of what they can "do" (Figure 9), rather than only how they look or function, this sets people's ability to thrive as the new benchmarks for success. In this way, spatial design is an agent for social transformation, improving the quality of people's lives. This outcomes-focused approach prompts a different way of seeing and shaping places, to support a step-change towards maximizing human health, well-being, and flourishing as a standard part of design.

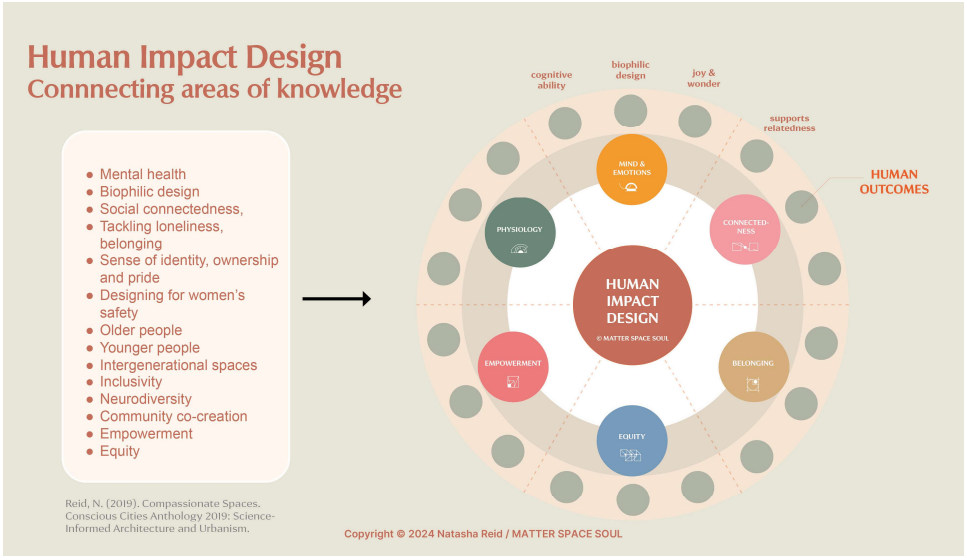


***Figure 9**: Compassionate Places Method published in 2019. 6 design dimensions with 18 areas of human outcomes.*

2.4.2. Experience-Led, Evidence-Informed, Emotionally Intelligent, Equity-Based Design

The Compassionate Places Method sees the built environment not as a container for activities, but as an active ecosystem which can enable experiences, nurture relationships, and create effects (Reid, 2019) (Figure 10). It sees places as structures of physical and non-physical elements, as spatial and social constructs (Lefebvre 1991), as active participants in people's lives and as a critical medium through which to create human value and well-being. It explores the potential for new forms of practice at the intersection of disciplines, sectors, and ways of working, thinking, and doing. It is led by human experience, which provides a unifying concept across different disciplines and methodologies. It is evidence-informed by combining design with insight from public health and human sciences (neuroscience, environmental psychology, social sciences). It must also be emotionally intelligent, to consider people's lived experience, cultural histories, and other forms of "felt" perception. It is rooted in values of equity and spatial justice (Soja, 2010; Harvey, 1973) to counteract inequalities and structural disadvantage built into the fabric of cities and spaces (Reid, 2021; Gelormino et al., 2015).

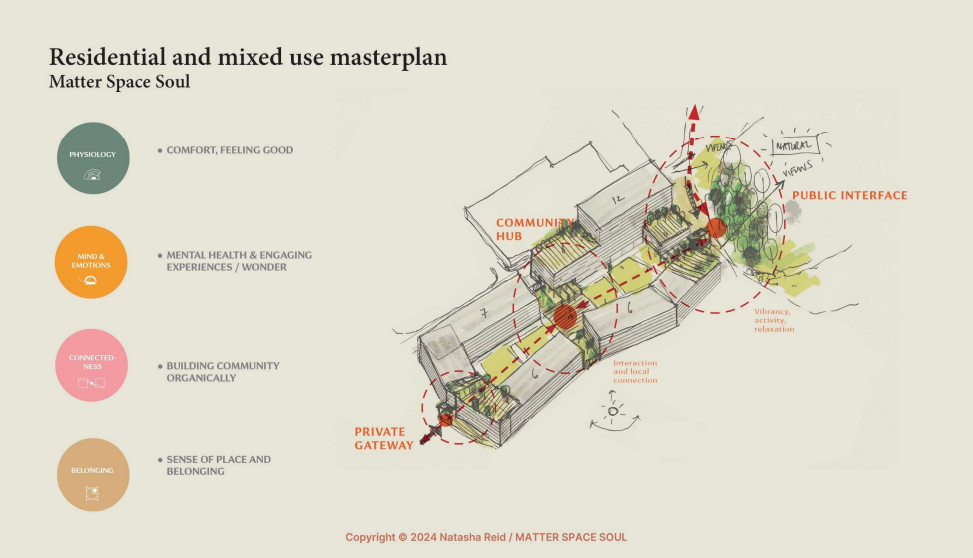


Figure 10: *Built environment as ecosystem. Embedding human benefits into the strategic design principles of a residential development masterplan.*

2.4.3. Multidimensional Spatial Design

> "Built environment professionals deal with macro-, meso- and micro-scale policy and design decisions that affect people's living environment. In that sense, they are involved in *designing environments that affect both structural and individual determinants of health*" (Pineo, 2022).

It is through design that human outcomes are constructed into the physical reality of a place. Spatial configuration and spatial qualities are key to shaping these outcomes, such as how people will move through a space, what they can see, how they will feel, whether they might meet others, or be welcome to access a place, physically, or psychologically. Spatial qualities, like *restorative, attractive and natural* environments, affect the everyday experience of a place, such as reducing stress (Kaplan & Kaplan, 1989). At the same time, access to green spaces can affect mental health outcomes across an individual's life course (Olszewska-Guizzo, 2023; McCay & Roe, 2021). Therefore, considering the potential impacts of design for people's well-being and the complexity of this requires an interconnected, multi-scalar, and multifaceted approach.

A **multi-scalar design** method considers human factors across 3 levels: First, individual factors, such as sensory or cognitive impacts; second, relational factors, such as supporting a sense of community; third, societal or structural factors, such as inequality and long-term health impacts.

A **multi-faceted design** method addresses a variety of considerations by drawing together different areas of knowledge in a structured way. The Compassionate Places Method (Figure 9) sets out 6 dimensions - physiological, mind and emotions, connectedness, belonging, equity, and empowerment. Figures 10 and 11 show an application of these design dimensions. As a prototype approach, the Compassionate Places Method is intended to adapt, expand and grow rather than delimiting all possible considerations.

Figure 11: *User experience-led design through multidimensional consideration of human factors.*

3. Place Quality Model: Design Standards and Practice Application

3.1. Overview

The Place Quality Model (PQM) is an application of the Compassionate Places Method, adapted for mainstream use by the built environment industry. The PQM was developed as part of a new Supplementary Planning Document (SPD) formally adopted by Brent Council in London in 2023 (Figure 12). It is a practical design framework and new system of assessment aiming to embed people-focused outcomes into everyday design and planning processes. It was developed in response to the limited awareness and application of healthy places principles in the industry (Pineo, 2022). It has been shaped to the needs of non-specialist users, such as local authority planners, design teams, and decision-makers. The long-term aspirations are: 1) To shift what is valued by different stakeholders in the built environment sector; 2) for new approaches to be implemented into policy and practice beyond this initial application, to enable widespread systemic change; 3) for the new design standards to act as a lever for change in the private sector where commercial interests are typically the primary driver.

***Figure 12**: The Place Quality Model is within an SPD, pictured here as part of an officer training session.*

The borough of Brent has approximately 340,000 residents and is typical of many areas of London, in that it is experiencing high levels of growth and development (Figure 13), it includes areas of affluence alongside deprivation, and housing delivery is a priority. The Place Quality Model aims to change the way residential developments are expected to be designed and assessed for planning permission. This is through creating new benchmarks for success and a requirement for development proposals to explicitly demonstrate the benefits for people in their design. New qualitative metrics prompt a prioritization of the human experience of the built environment. These expectations apply across different scales of a built development and throughout the design process; from the masterplan and the first strategic principles of a design, such as the arrangement of housing blocks in a site; to the details of individual spaces, such as the provision of benches to support social interaction. The requirements can apply to both external spaces, such as a public space or roof garden, and internal spaces such as an entrance hall or community space.

***Figure 13:** Wembley Park (pictured) in the borough of Brent has seen significant high-density growth in recent years. Image credit: Brent Council.*

From the "What" to the "How"

As an intervention in public sector design standards and processes, the PQM takes a systems-thinking approach. This is a way of understanding complex systems by thinking in terms of wholes and looking at how parts relate to each other. It's a holistic approach that can help solve problems and create effective change (Government Office for Science, 2022). User feedback showed that linear, step-by-step processes were also essential to include within the new system, to facilitate the day-to-day implementation of a new approach. These step-by-step parts include tools to support learning and understanding by stakeholders and users (Figure 14), design methods, and mechanisms to implement change, such as new design quality benchmarks for decision-making. The components of the PQM are:

1) Place Quality Framework with supporting design guidance.
2) Place Quality Toolkit – step-by-step methods.
3) Place Quality indicators.
4) Requirement for submission of a Quality statement with drawn evidence (Figure 15).
5) New assessment process.
6) Place Priorities.

Figure 14: *Engaging with different levels of awareness and understanding to make change.*

Figure 15: *Extract from SPD showing an example of drawing-based evidence with Place Quality Indicators marked. Image credit: Brent Council.*

3.2. Development for Non-Specialist and Place-Based Use

> "Focusing on *effective implementation*... is now key to addressing place-based health challenges and reducing inequalities" (Royal Town Planning Institute, Enabling healthy placemaking, 2020)

A study on Spatial Planning and Health, Getting Research into Practice (GRIP) 2019, identified the following key barriers and challenges: 91% of responders cited existing evidence is not translatable to practice at the local level. 89% stated lack of resources and capacity at local authority level was an important factor, and 89% noted quality versus quantity (prioritizing the number of homes over the impact on health). In addition to these top three barriers, the report includes feedback such as: "Enhance practical application at local levels"; "More explicit advice on what to look for in planning proposals"; and "Make it more applicable to policy and practice decision-making".

The practice of Health Impact Assessment exists in the UK, with some local authorities requiring this measure as part of the planning process. It is a tool used to identify the health impacts of a plan or project and to develop recommendations to maximize the positive impacts and minimize the negative impacts (Public Health England, 2020). However, it does not address the significant opportunity to integrate health considerations through the spatial design process itself.

As a design-based intervention, the PQM targets the barriers identified by GRIP to directly integrate health into the planning process through design. Recognizing the lack of capacity in local authorities, the intervention was shaped to avoid needing additional resources or specialist consultants. Using the Compassionate Places Method as a starting point, the PQM was developed through further literature review from academia, research bodies, advocacy groups, and initiatives in the UK and internationally, such as the Happy Cities toolkit. Workshops and engagement sessions with a wide range of local authority stakeholders were carried out within Brent Council. These were held with the council's teams of built environment professionals, including urban design, placemaking, infrastructure, sustainability, and policy officers. A key stakeholder and user group was the Development Management team who would implement the assessment process in their day-to-day work reviewing building proposals submitted for planning permission.

A key development was to structure the PQM in a way that suited the level of user awareness and understanding of the content. The number of dimensions was reduced from 6 to 3, to support the introduction of key concepts and using familiar language for the sector. Greater detail was restructured into "Quality of Life criteria" and "Place Quality Indicators". A 3-tier hierarchy of information was found to be more effective in communicating new knowledge, and for formatting into a practical process for non-specialists to adopt.

The council's politicians and corporate decision-makers were consulted at key points in the PQM's development and as part of the local authority's formal adoption processes. An 8-week public consultation was held, and feedback from stakeholders, including property developers, was incorporated. The interim development was reviewed by Brent Council's Quality Review Panel; a group of built environment industry experts engaged to advise on development proposals to ensure high quality outcomes. This group includes architects, urban designers, landscape architects, and specialists in topics such as child-friendly design. Following adoption of the SPD, Place Quality training sessions were held with Development Management teams in September 2023 and in January 2025.

3.3. Place Quality Model Development Outcomes

3.3.1. Human Impact Design

The Place Quality Model reframes the concept of "design quality" to be based on the benefits to people's health, well-being and quality of life. It aims to change the way places are shaped to be based on recognizing the complexity of human needs and the qualitative human experience of places, to go beyond quantitative "bricks and mortar" factors. It sets out a multidimensional, structured approach to embed human benefits into the everyday practice of shaping places, through the areas of spatial design, planning, and urban decision-making. This enables systematic consideration of the wide-ranging impact of the built environment on people's quality of life, well-being, and societal challenges.

The PQM includes a standardized Framework, Toolkit, and Indicators (Figure 16). The Toolkit is expected to be used by design teams to demonstrate design quality through quality-of-life considerations. It sets out a system for bringing healthy places principles and thinking to the start of the design process and visioning. This is through an expectation for design teams to demonstrate consideration of user needs, demographics and the socio-economic context of a development proposal from the outset. The PQM is expected to be used throughout the local authority planning process, where design teams can engage in "pre-application" consultation with the council officers to discuss early designs prior to making a submission for planning permission.

The application of the PQM was developed for the needs of Brent Council and place-based issues, such as social segregation, cultural diversity, and a high proportion of young people. These areas were set out as "Place Priorities" in the guidance and requirements, alongside the standardized Place Quality Framework. Integration of green infrastructure (Dover, 2015) is encouraged, as this creates co-benefits for people's quality of life. Green spaces have positive effects for physical, mental, and social health (Rice & Drane 2020); encourage social interaction; create safer and stronger communities, improve the image of an area, and instill a sense of pride.

Figure 16: *Place Quality Model core components, including the Place Quality Framework depicted above.*

3.3.2. Experience-Led, Evidence-Informed, Emotionally-Intelligent, Equity-Based Design

The Place Quality Framework creates new detailed design benchmarks of spatial qualities across three dimensions; Health and Well-being; Community and Belonging; and Vibrant and Inclusive Places. In line with the Compassionate Places Method, these address three scales of needs; firstly, the individual and how they are directly affected by space; secondly, social interactions between different people and groups; and thirdly societal or civic needs. There are nine Quality of Life Criteria. These components are structured into a Place Quality Toolkit (figure 17), providing a step-by-step method to address the dimensions and criteria.

This equips designers, planners, developers, and decision-makers with new tools to consider the complex impact of the built and natural environment on people and communities. This enables greater clarity when identifying the qualities (or deficiencies) of development proposals and how the benefits of growth are balanced more equitably. The approach can be applied flexibly to different types of development schemes, since not all criteria or considerations will be relevant for all design proposals or to the size of scheme. Different levels of practice are defined, from "baseline" to "leading", allowing flexibility for different types of users to engage, whilst providing aspirational standards to raise expectations for design quality.

The qualitative objectives include;

- supporting people's physical and mental well-being;
- enabling social connection; building strong and integrated communities;
- encouraging vibrancy and intergenerational mixing;
- nurturing a sense of place and belonging; and fostering a sense of ownership.

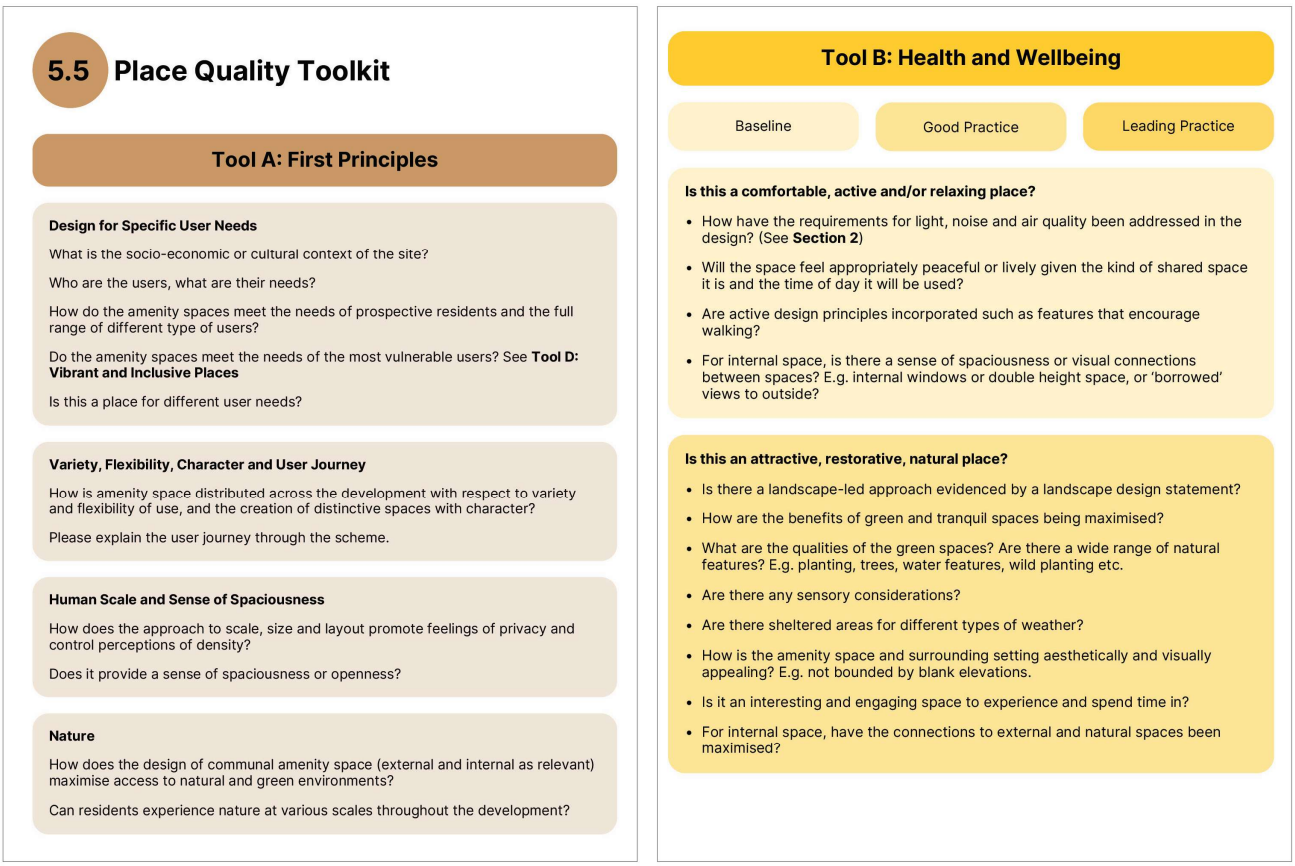


Figure 17: *Extracts from Place Quality Toolkit.*

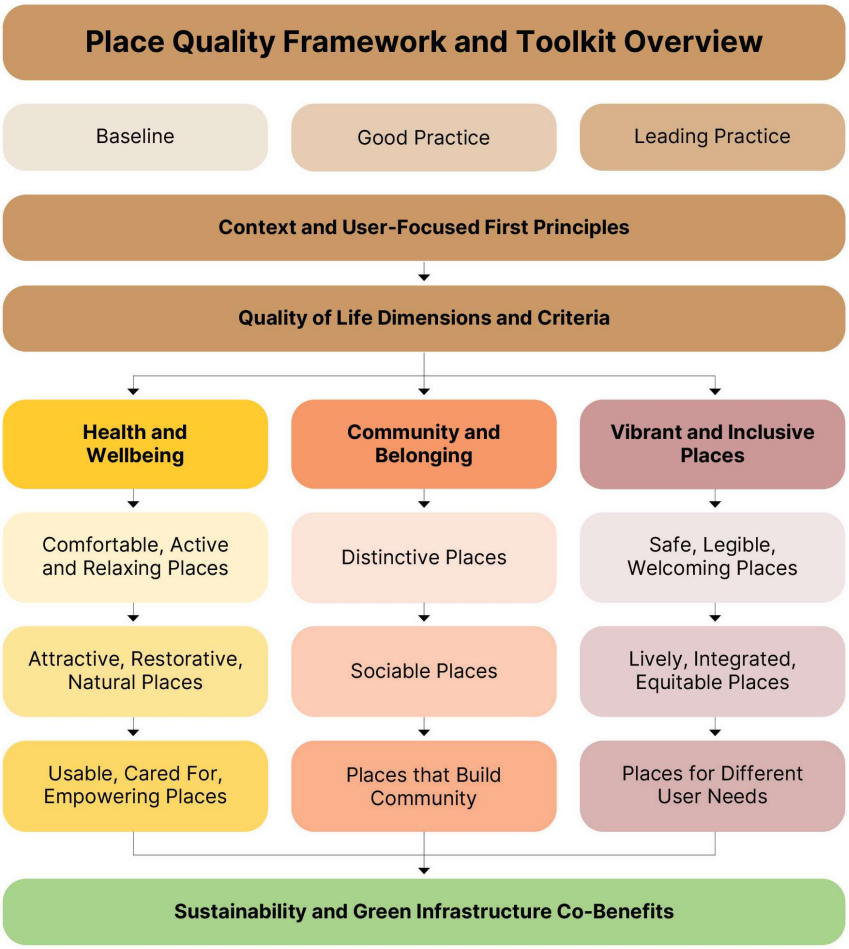


Figure 18: *Place Quality Framework and Toolkit Overview.*

3.3.3. Multidimensional Design

The PQM introduces new human-centered metrics of design quality - "Place Quality Indicators" - which relate to specific spatial qualities and principles. The difference to conventional standards is to provide a method to generate a wide range of possible design solutions, rather than provide a limited range of physical features. Each of the Place Quality Criteria is a starting point which can be expanded upon in greater detail. For example, "Attractive, Restorative and Natural Places" (Figure 19) can be expanded to include a more detailed consideration of visual appeal, such as formal complexity, proportion, fascination, sensory factors, emotional response, or cognitive factors.

Similarly, this criterion could be addressed through in-depth biophilic (Kellert & Wilson, 1993) design principles related to prospect-refuge theory, patterns, textures, natural metaphors, or analogues. Similarly, when creating "Places for Different User Needs", there are many in-depth design considerations that can address the needs of women and girls, older people, young people, and people with neurodiversity or disability. As the first application into industry, the Place Quality Toolkit (Figure 20) acts as a primer, prompt, and guide for users to engage with and apply human-centric, socially-conscious, and evidence-based forms of design.

Figure 19: *Examples of Quality-of-Life criteria and Place Quality Indicators.*

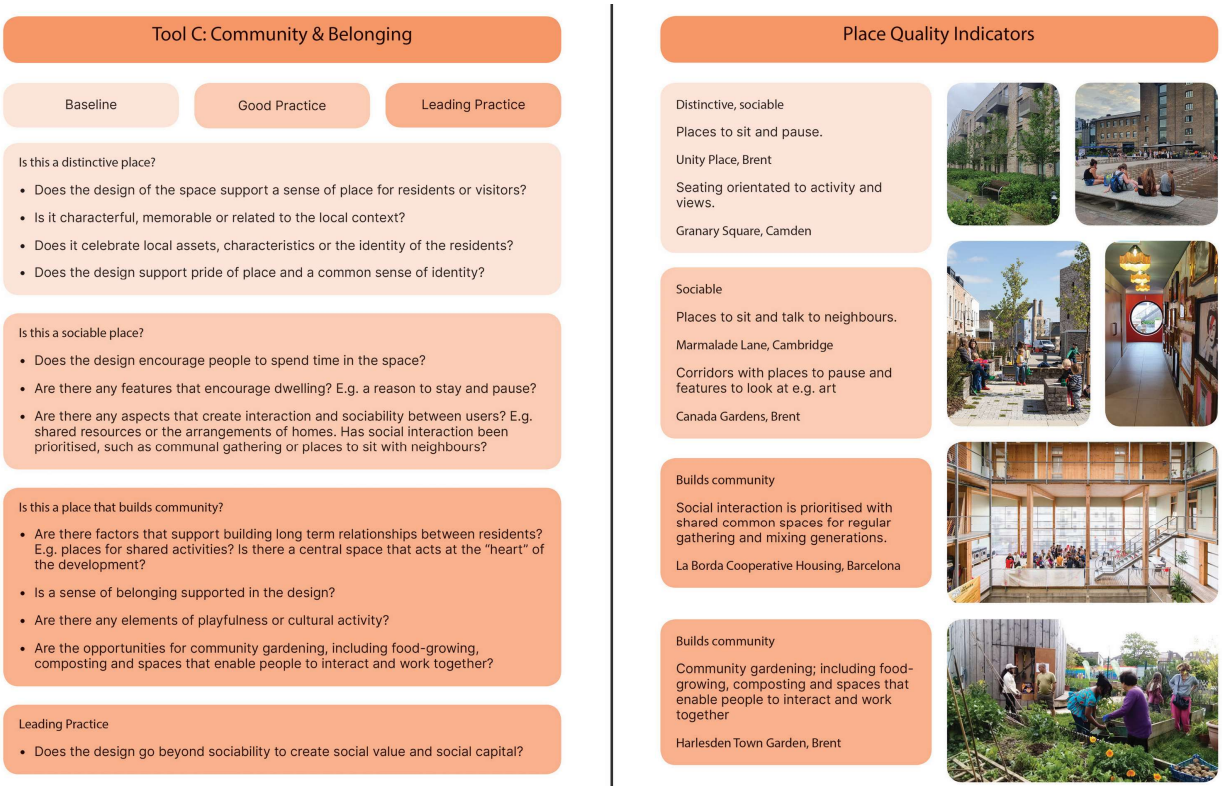


Figure 20: *Place Quality Toolkit Tool C: Community and Belonging dimension, showing Quality of Life criteria and examples of Place Quality Indicators for each criterion. Image credit: Brent Council / Natasha Reid.*

3.3.4. Levers for Health Equity and Systems Change

As a new requirement for planning permission, design teams must provide a Quality Statement and support drawings that demonstrate the benefits to people. The statements are structured by a template that correlates with the Place Quality Framework, Toolkit and Indicators (Figure 21). To address health inequalities, the assessment model sets out levels of expectations that are proportionate to people's needs in a particular context. Greater levels of expectations of "Place Quality" will be required for proposals in areas of deprivation, areas of open space deficiency (Figure 22), and for larger schemes. This also applies development typologies which typically provide greater challenges for quality-of-life, such as high-density, high-rise, build-to-rent and co-living developments. The impact of development on new and existing communities, and the relationship to health disparities are also considered.

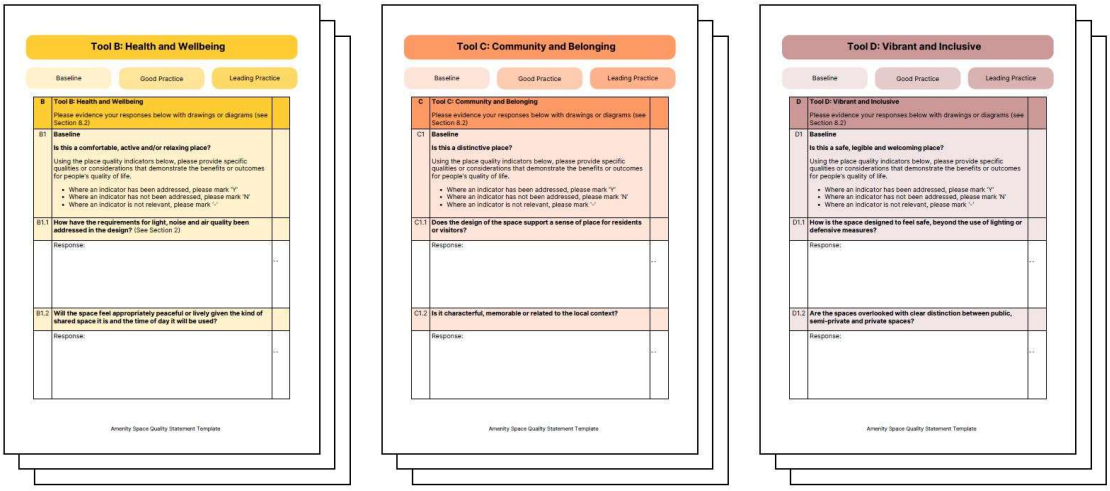
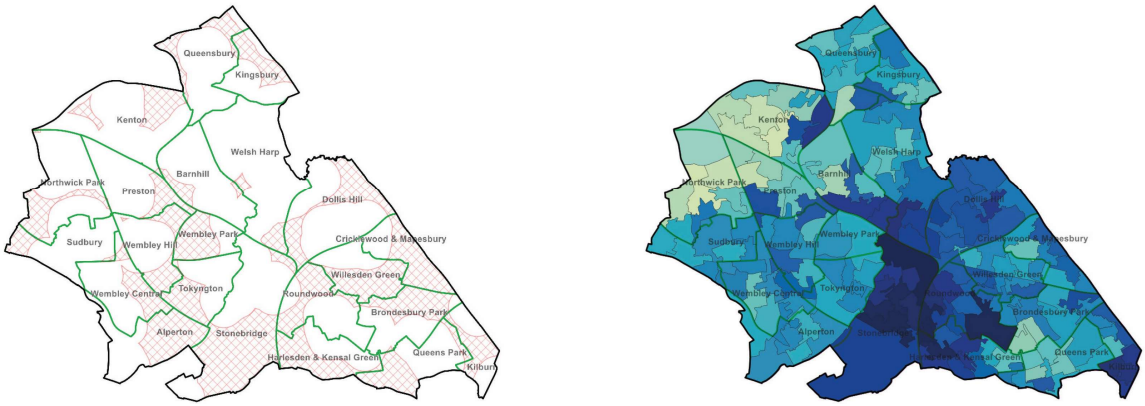


Figure 21: *Diagrammatic extract from SPD showing requirements to provide a Quality Statements using a new template. Image credit: Brent Council / Natasha Reid.*



Map 1: Open space deficiency in Brent **Map 2: Indices of Multiple Deprivation in Brent 2019**

Figure 22: *Expectations for Place Quality are proportionate to local need. Image credit: Brent Council.*

3.3.5. Measuring Success of the Intervention Development Process

The primary metric of success has been the completed development and formal adoption of a new intervention within the context of the public sector. Progress was measured by buy-in from stakeholders and user groups. Adoption of the guidance was in June 2023, and the Quality Statement template was formally adopted within the SPD in December 2025. An important barrier to the application of healthy places practices previously identified was the lack of resources and capacity in local government. A secondary metric of success has been the development of an intervention that does not significantly disrupt the existing ways of working or place additional burdens on officers. The flexibility within the PQM in how it can be applied provides users and stakeholders time to adopt the new practices incrementally (Figure 23).

As an intervention, the PQM was awarded an academic evaluation by the Public Health Intervention Responsive Studies Teams (PHIRST), funded by the National Institute for Health and Care Research (NIHR). It is anticipated that the outcomes of the evaluation could inform policy locally and nationally. The results could support the dissemination of the PQM a prototype exemplar that can be iterated further and be generalizable for a wide-ranging types of spatial planning and design governance (Figure 24).

> "With the growing evidence and awareness of the significant effects of the built environment on people's lives, this supplementary planning document will contribute to making Brent a healthy, happy, livable, vibrant and inclusive place to be. It also helps us set a *new benchmark for "Place Quality" that can guide and shape future development in Brent to make sure we are maximizing opportunities for our residents through* sustainable growth that is focused on what matters to people and communities." (Brent Council, Residential Amenity and Place Quality SPD, 2023)

Figure 23: *Officer training session on the Place Quality Framework and SPD, September 2023.*

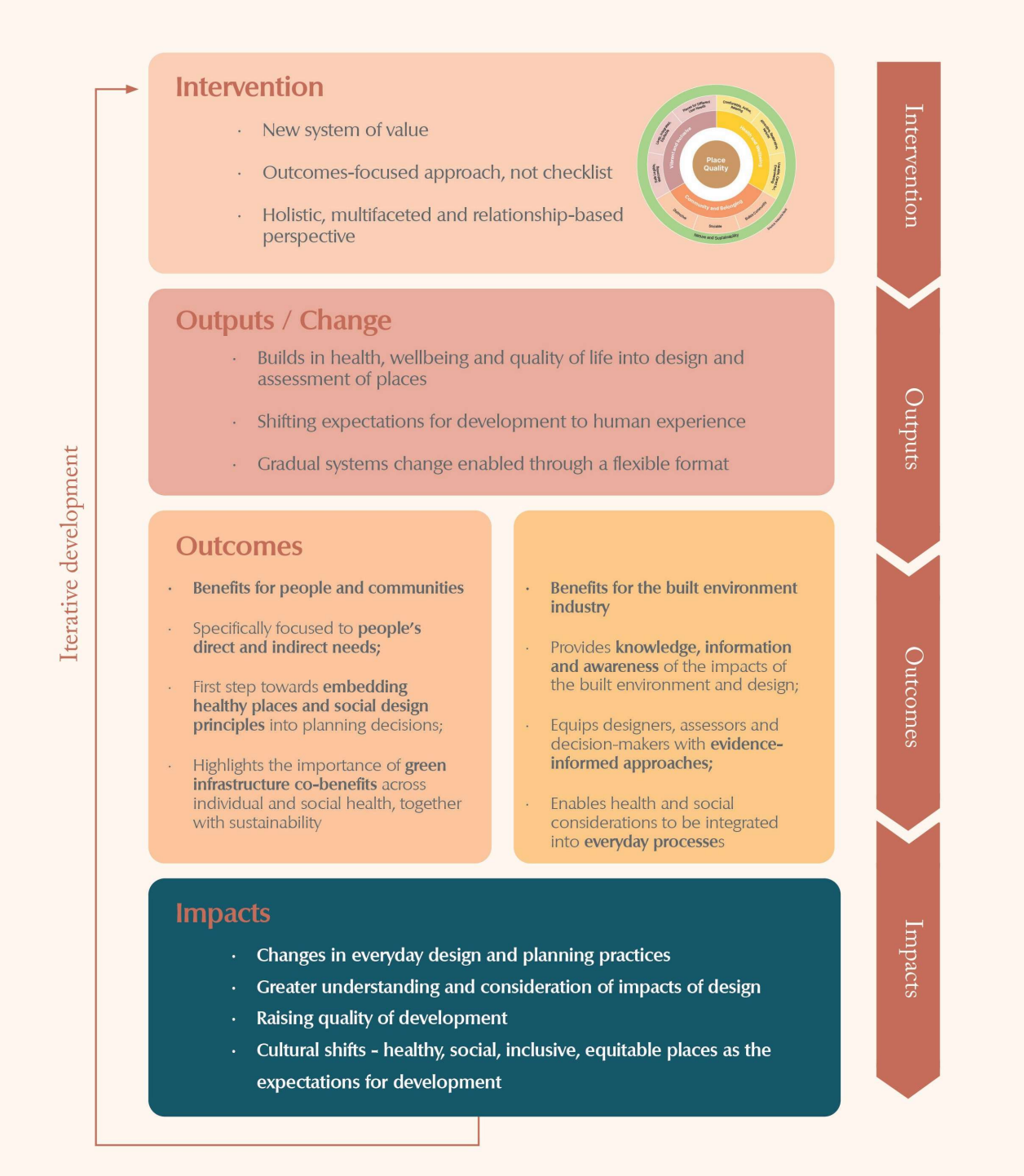


***Figure 24**: Logic model / Theory of change.*

4. Implications

4.1. Human Impact Design: A New Area of Focus

There is an opportunity for the Compassionate Places Method and the Place Quality Model to inform the development of a new specialist design discipline centered on human factors. A field for "Human Impact Design" could be developed, akin to how environmental sustainability has evolved to be recognized as a critical consideration for designing buildings, public spaces, neighborhoods, and cities.

The design research outcomes suggest this could be addressed through several steps:

1) Elevate the role of design as a medium and tool for human flourishing.
2) Expand the purpose of design and development practice to integrate a wide range of human factors.
3) Develop further structured methods to systematically embed qualitative human factors into the design of places, supported by quantitative metrics, such as user data.
4) Support the practices of spatial design and urban planning with a new specialist professional discipline focused on human factors, similar to sustainability consultants.

A workshop was held by built environment forum New London Architecture in 2024 to explore what is needed in the industry to move towards "Healthy Places". The session brought together 40 built environment experts, and the Compassionate Places Method and the PQM were presented as a primer for the session. Outcomes from the workshop included the need to; define new standards across the sector, develop clear metrics to define and value human experience; and the need to develop new transdisciplinary professionals. Overall, there was consensus on the need to formalize a new coherent field of practice (Reid, 2024).

4.2. User and Community Participation

The PQM also has implications for community participation and co-creation as part of built environment design and planning processes. The system was designed to be usable as a tool by local communities, including marginalized or under-represented groups. It aims to be welcoming and accessible in its hierarchy of information and language. Members of the public can use the Place Quality Framework and Toolkit to evaluate and define the qualities (or deficiencies) of an existing place, to support design proposals. It can also be used as part of a co-design process to input user and community needs and lived experiences into a structured set of design principles. It can be used to facilitate participatory mapping that can translate local people's knowledge and experiences of an area into an evidence base to develop new policies or strengthen and refine existing policy.

Conclusion

Design has the power to create transformational change. Many different forms of practice are emerging aiming "to use design as the methodology for intervening into socio-spatial-ecological systems in order to attain improved sustainability and human well-being" (Rice & Sara, 2020). The Compassionate Places Method and the Place Quality Model show a prototype for a new form of practice that could lead to a new discipline for "Human Impact Design". This form of multidimensional, humanistic design can provide the channel to harness the work being done across a variety of fields, and bridge the gaps across research, practice, and policy.

Design can provide both a space for different types of insights to converge, together with the processes to translate a wide range of research into coherent solutions that can actively and effectively enrich people's lives. Design-thinking methods can structure and operationalize knowledge from multiple disciplines and perspectives on how place affects people. This can create new evidence-informed and holistic models which are needed to inform and expand mainstream design practice and development processes. By considering design as a tool through which to achieve tangible change, there is a significant potential to better support people's health, well-being, and flourishing by putting these drivers at the heart of how the built environment is shaped in practice.

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