



Local Environment

The International Journal of Justice and Sustainability

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/cloe20

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To cite this article: Lauren Powell, Zoe McCluskey, Helen Bewsher, Phil Brown, Timothy Gomersall, Jenny Retzler & Owen Richardson (2024) An evaluation of the Place Standard Tool as a means of examining inequalities in relation to place, *Local Environment*, 29:9, 1135-1149, DOI: [10.1080/13549839.2023.2284940](https://doi.org/10.1080/13549839.2023.2284940)

To link to this article: <https://doi.org/10.1080/13549839.2023.2284940>



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An evaluation of the Place Standard Tool as a means of examining inequalities in relation to place

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ABSTRACT

Improving the quality of places is a crucial element in addressing the inequalities that exist across the UK. While standardised tools exist to structure conversations about place, the extent to which these capture inequalities remain unclear.

This study examined the utility of the Place Standard Tool (PST) as a means of understanding inequalities in relation to place. A dataset of 8,218 PST responses collected in the north of England, and the PST itself, were analysed using an inequalities lens with a particular focus on the qualitative data collected through the tool.

The results showed that despite limits to the demographic data recorded by the PST such as the lack of ethnicity and disability data, key themes relating to protected characteristic groups were captured in the data. The analysis identified the themes of ethnicity, gender, physical mobility, economic status, and housing situation as particularly prominent within the dataset, and reflects on how these themes affect people's relationships with place. In its current form, the PST demonstrates an ability to improve understanding of inequalities in relation to place. However, extra consideration, particularly relating to ensuring the PST is applied equitably, and some adaptation of questions would unlock its full potential.



- Improving the quality of demographic data collected is a key part of improving the accuracy and equity of data collection.
- Responding proactively to gaps in response rates during data collection exercises can improve the overall quality of data collected, particularly for minority groups.
- Considering equitable and accessible ways to collect data using the Place Standard Tool is key to fulfilling its potential as a tool for examining inequalities in relation to place.


ARTICLE HISTORY

Received 21 November 2022
Accepted 18 October 2023

KEYWORDS

Place-based working;
inequalities; place standard
tool; evaluation

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 Supplemental data for this article can be accessed online at <https://doi.org/10.1080/13549839.2023.2284940>.

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Introduction

The places where people live play a key, and often defining, role in shaping many aspects of their lives, from life expectancy to mental wellbeing, and the relationships between place and inequality have been widely documented (Clare Bambra 2016; Bernard et al. 2007; Fairburn, Butler, and Smith 2009; Marmot 2020). This has contributed towards the rising popularity of what has become known as “place-based working”, evident in the work of many local authorities (see for example, Rochdale Borough Council 2018; Cassettii n.d.; Sport England n.d.) and national institutions such as the NHS (Charles et al. 2021). Place-based working is a person-centred, bottom-up approach that involves local services and institutions working together with communities to improve a locality (Public Health England 2021).

Place-based approaches are typically asset-based and utilise locally available resources, networks, and services. These approaches recognise that although inequality is heavily influenced by wider structural conditions it is often experienced and exacerbated at a local level and therefore approaches to address these disparities also need a local focus. The emphasis on the importance local actions have, has been seen more broadly in UK politics, through increasing localism policies (Localism Act 2011). These have culminated in the recent “Levelling Up” white paper (Department for Levelling Up, Housing and Communities 2022), which discusses geographical disparities in the UK and proposes measures to respond to these inequalities including restoring a sense of community, local pride and belonging, and empowering local leaders and communities. However, the effectiveness of these goals for tackling inequalities has been questioned by Fransham et al. (2022) and Shearer (2022) in terms of whether they have the correct focus and financial backing to create change.

Although the term “inequality” can denote unequal access to economic, cultural, and political resources, it is increasingly understood that the importance of material inequalities lies in their detrimental impacts on health and psychological wellbeing (Marmot 2020; Pickett and Wilkinson 2010; Wilkinson and Pickett 2020). Public Health England defined health inequalities as the “unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age” (Public Health England 2021). This definition applies to a broad range of issues beyond health, from access to green spaces to public transport options, and suggests that those with diverse characteristics such as those from different genders, class, races, and religions etc. will have different experiences and outcomes.

There are numerous ways to define “places” and Collinge, Gibney, and Mabey (2011) refer to three dimensions in understanding the concept of place:

- location: the fixed geographical coordinates of a physical location;
- locale: the material settings for social relations; and
- the sense of place: the subjective emotional attachment people have to places they inhabit.

This holistic definition of place fits well with a focus on inequalities, as place-based inequalities encompass social and material relations as well as more intangible factors such as sense of belonging.

As well as definitions of place, there are a variety of tools that have been developed in order to evaluate place quality, and the Place Standard Tool (PST) is one among many. A review of some of these tools by Mittal, Chadchan, and Mishra (2020) found that of the 26 urban Quality of Life assessment tools and indices they analysed, there was a heavy reliance in all of them on quantitative data, which meant there was little representation of resident’s opinions. Also, the focus on secondary data such as national databases meant that the tools were only able to assess quality of life in cities, and not the local neighbourhood level. The PST is able to meet these critiques, with its exclusive focus on local residents’ opinions, and the flexibility to collect and analyse data at a variety of levels, from the

hyper-local to whole regions. The focus on community voices in the tool sets it apart and makes it a useful tool for understanding place quality in greater depth.

The Place Standard Tool was developed in 2015 (NHS Health Scotland 2017) with the aim of providing a systematic method to explore the experience of place within communities. Local authorities have started to embrace the PST as a way to understand their local communities and draw on the findings arising from the Tool to provide a framework for policies, interventions and resource allocation. This article addresses the dual themes of place and inequality by exploring the potential utility of the PST for understanding patterns and experiences of inequality, as well as exploring how the tool itself may compound inequalities through the data collection methods used and suggesting adaptations to make the PST more inclusive. As the PST use grows in the UK and beyond, this is a timely point at which to review what benefits the PST offers for studies of inequality, and to reflect on how it could be used to tackle the complex issues associated with place-based inequality. This examination would be of value to practitioners using the PST and to local authorities and non-governmental organisations considering tools to better understand their places and the intersectional challenges they face. That is, challenges that cut across multiple characteristic groups, such as disability and gender.

The place standard tool

The PST was developed through joint working between the Scottish Government, NHS Health Scotland and Architecture and Design Scotland and launched in December 2015. It was created in response to Scottish policy recommendations for the development of a “neighbourhood quality standard” (The Scottish Government 2011, 10) to facilitate the asset-development of neighbourhoods. To that end, the PST was designed as a tool that could prioritise community voices within decision-making processes. It was first brought into use in 2015, coinciding with the publishing of the Community Empowerment (Scotland) Act (2015), which included legislation on the involvement of communities in planning for each local authority area, as well as making tackling inequalities a specific focus for local authorities. The PST was perceived as a suitable tool for responding to both policy points, and use of the tool was widely encouraged and supported in Scottish Local Authorities (NHS Health Scotland 2017). The PST has now been adopted across the UK and internationally (Gjorgjev et al. 2020; Gür 2022; Ioannou 2019; Kleopa et al. 2022; Ocana Ortiza et al. 2022).

The PST is a structured questionnaire, which can be completed online or in paper form. It consists of 15 questions, each including a quantitative and a qualitative response, as well as three demographic questions including age, gender and postcode. The questions are based around 14 themes which cover aspects of the physical and social environment such as natural spaces, and sense of belonging, with the fifteenth question covering any suggestions for improvements to an area. Respondents provide a numerical rating on a scale of 1-7, where 1 indicates there is a lot of room for improvement and 7 indicates the place is perfect and doesn't need to be improved. There is also the option for respondents to provide a written response to each question, providing more detail about their numerical score (see Appendix B in the supplementary material for an example). The PST can be applied to any geographic area, from street to regional levels, and has been used flexibly and creatively by different practitioners to gain an insight on how residents feel about their local area (NHS Health Scotland 2017).

PST data can be collected through a variety of methods. For example, in Cyprus, Ioannou (2019) used the PST as a basis for qualitative interviewing for a targeted group of older residents living in specific neighbourhoods. Whereas in Skopje (Gjorgjev et al. 2020), a general online survey was used alongside focus groups to capture views on a whole municipality area. Since the launch of the PST, it has been further developed to suit different locations and users through translation into other languages and adaptation to new contexts. It was picked up by the World Health Organisation for use by their European Health Cities Network and piloted in at least 14 European countries, Cyprus (Ioannou 2019; Kleopa et al. 2022), North Macedonia (Gjorgjev et al. 2020), Turkey (Gür 2022),

Spain (Ocana Ortiza et al. 2022) and others. Despite its widespread use in practice, together with its role for influencing local policy making and resource allocation, there is little published evidence on the use, efficacy and impact of the PST. The aforementioned articles explore its use in different locations, the results, and to some degree the challenges and strengths of using the tool. None of these studies explicitly discuss using the PST to understand inequality, however some did refer to issues related to inequality arising during their studies. For example, Gür (2022) noticed that education level affected respondents' ability to interact with the PST; Gjorgjev et al. (2020) also identified respondents' limited knowledge and awareness about what constitutes a "healthy place" as a barrier to the use of the PST in North Macedonia. These cases demonstrate that deeper (in this case educational) inequalities can affect the use of the PST and highlights the need for an evaluation of the PST through an inequalities lens. In response to this, this paper aims to assess the limitations in the design of the PST for understanding place-based inequalities.

Case study: kirklees

Kirklees is a metropolitan borough in the north of England. It encompasses rural and urban areas including three large towns, and numerous smaller towns and villages. It has a population of approximately 441,000, for which the local authority (Kirklees Council) has responsibility for providing with services and political representation.

Kirklees Council first started using the PST in 2018 as a consultation tool to support the work of the Democracy Commission, (a council working body aiming to increase democratic and community participation of Kirklees residents) to ensure the voices of local people were heard. It has been utilised by a variety of individuals and organisations since, including local councillors/elected officials, charities, and council services to consult with local populations about how their area could be improved. It has been used at different scales, from villages of several hundred people, to sampling the whole of Kirklees. The responses from the PST have been used to inform the creation of local action plans and Council service changes.

Methods

This paper draws on a dataset which consists of 8,218 responses to the PST from 36 selected geographical areas across Kirklees, collected during the period 2018–2021. Taken together, these areas reflect the diverse elements of Kirklees, including both rural and urban areas, different population sizes, and levels of deprivation (see Table 1 for a full breakdown of the data).

Data collection was instigated by Kirklees Council, as well as town and parish councils, and local organisations. Data was collected through a variety of means including online surveys, paper surveys posted to households, focus groups, and face-to-face interviews with individuals or small groups. Where responses were made by a group these were entered and counted as one response. Findings from each engagement activity were shared publicly via a council web site (www.howgoodisourplace.org.uk), with some localities also bringing the results back to residents as a part of ongoing consultation.

Our analysis focused on the qualitative responses as the qualitative data had not previously been analysed through an inequalities lens by Kirklees Council.

The qualitative responses analysed ranged from a single short sentence to whole paragraphs and were sometimes not given at all (see Appendix B in the supplementary material for an example). The responses were analysed collectively, with individual characteristics such as gender or location being examined as a secondary factor.

In order to analyse the data, a deductive content analysis approach was used, with a priori search terms being used to examine and code the data, alongside ongoing identification of other emergent themes. The a priori terms included words related to the nine protected characteristics under UK Equality Act (2010) including: age, disability, gender reassignment, marriage and civil partnership,

Table 1. Demographic characteristics of Place Standard Tool participants.

Demographic	Number (proportion) respondents
Gender	
Female	4499 (55%)
Male	2662 (32%)
Non-binary	106 (1%)
Other	355 (4%)
Prefer not to say	595 (7%)
Age	
0–16	355 (4%)
16–24	343 (4%)
25–34	825 (10%)
35–44	1327 (16%)
45–54	1469 (18%)
55–64	1340 (16%)
65–74	1424 (17%)
75+	1010 (12%)
Prefer not to say	124 (2%)
Ward	
Almondbury Ward	104 (1%)
Ashbrow Ward	288 (4%)
Batley East Ward	340 (4%)
Batley West Ward	106 (1%)
Birstall & Birkenshaw Ward	481 (6%)
Cleckheaton Ward	407 (5%)
Colne Valley Ward	415 (5%)
Crosland Moor & Netheron Ward	530 (6%)
Dalton Ward	211 (3%)
Denby Dale Ward	71 (1%)
Dewsbury East Ward	128 (2%)
Dewsbury South Ward	388 (5%)
Dewsbury West Ward	465 (6%)
Golcar Ward	206 (3%)
Greenhead Ward	314 (4%)
Heckmondwike Ward	184 (2%)
Holme Valley North Ward	1197 (15%)
Holme Valley South Ward	485 (6%)
Kirkburton Ward	519 (6%)
Lindley Ward	104 (1%)
Liversedge and Gomersal Ward	138 (2%)
Mirfield Ward	119 (1%)
Newsome Ward	805 (10%)
Prefer not to say	212 (3%)
Total	8217

pregnancy and maternity, race, religion or belief, sex, sexual orientation (a full breakdown of search terms can be seen in Appendix A of the supplementary material). These were selected because they cover the key demographic groups which are frequently considered when discussing “inequality” (Bambra 2022), and they appear in the questions within the PST, which will be discussed further in the discussion section. The codes “income” and “housing” were later added as these emerged as important issues throughout the data, cross cutting many of the other codes mentioned above. The data within these codes was then analysed to reveal evidence of place-based inequalities among protected characteristic groups. Inter-coder reliability was tested in the first place by both coders piloting the analysis method and comparing their findings. The coding and analysis was done separately by two coders who split the a priori codes between themselves and then checked each other’s work at the end of the coding period.

The codes with the greatest number of relevant results were selected for further qualitative, and where data allowed, quantitative, exploration (see Appendix A in the supplementary material). This resulted in five codes being explored: ethnicity, disability, income, gender, and housing. A chi-square

analysis was used to assess whether perceptions of safety varied significantly by gender in terms of the quantitative data, but this was the only data available for quantitative analysis in relation to the qualitative themes identified.

This approach was selected due to the lack of demographic data within the PST, which would have otherwise enabled analysis of both the qualitative and quantitative data by protected characteristic categories such as ethnicity. In light of this absence, a deductive content analysis approach was identified as the most rigorous option.

Findings

Table 1 presents the demographic characteristics of Place Standard Tool participants, including gender, age and ward or location. Although the participant sample reflected a wide age range, younger people were under-represented in the dataset, with 0–24-year-olds making up just 8% of the data (Table 1). 55% of the sample were female (Table 1), which is over-representative of females relative to the population of Kirklees (as of 2020).

Table 2 explores the data in more depth, showing the quantitative scoring for the data examined by gender. Of the 9 codes initially used to analyse the data, ethnicity, gender, and disability had the most references coded to them, as well as the two additional themes of income and housing which also emerged as significant within the data.

Ethnicity

At the time of writing, the PST has no demographic question on ethnicity, which makes it difficult to know if a representative sample has been achieved and to link respondents' ethnicities to their comments unless explicitly stated. Within the written responses, the ethnic groups identified by respondents were chiefly "Asian", "Eastern European", or simply "ethnic groups", making it difficult to establish which ethnic groups were being referenced.

An analysis of references to ethnicity revealed a range of experiences and opinions. Within this category the themes of integration, prejudice and unequal opportunity were identified, with experiences of racism being reported, as well as evidence of racist, non-racist and anti-racist attitudes evident. Some respondents reported experiencing implicit and explicit racism, including difficulty in accessing jobs, verbal abuse on the street, and unequal treatment from neighbours. These experiences had an impact on respondents' sense of safety and belonging.

I'm a child of immigrant parents. We get the odd racists in the streets; however different communities don't really mix with others. One fears the other. As a Muslim, born and bred here, I'm always feeling intimidated at times. (Female, 45-54, Batley town centre)

One respondent who self-identified as Black ethnicity also felt that there were barriers to higher level jobs for Black people, both to being hired initially and to progressing in workplaces.

Table 2. Responses to the question "Do I feel safe?" by gender.

Gender	Rating			
	Lots of room for improvement (1-3)	Some room for improvement (4-5)	Very little room for improvement (6-7)	Blank
Female (<i>n</i> = 3346)	956 (21.2%)	1173 (26.1%)	1217 (27.1%)	1153 (25.6%)
Male (<i>n</i> = 1995)	599 (22.5%)	671 (25.2%)	725 (27.2%)	667 (25.1%)
Prefer not to say (<i>n</i> = 459)	153 (14.5%)	155 (14.7%)	151 (14.3%)	597 (56.5%)
Grand Total (<i>n</i> = 5800)	1708 (20.8%)	1999 (34.5%)	2093 (36.1%)	2417 (29.4%)

There isn't a lot of good quality well paid jobs available for Black and Ethnic Minority groups. The main employer is Kirklees Council, majority of the opportunities go to white British and BME groups are concentrated on low paid front-line work. (Male, 35-44, Huddersfield)

Comments such as these originate from a variety of locations, and mostly from respondents in the 35-54 age range, suggesting that there may be generational differences in experiences of racism.

Racist attitudes were evident in some responses. For example, in response to the question: "Do I feel safe here?" one respondent associated a lack of ethnic diversity with a sense of safety.

It is still safe as we have not been overrun by ethnic groups. (Male, 55-64, Meltham)

For the respondents who felt negatively towards people of other ethnicities, an underlying theme was that these residents were perceived as a threat. The perceived threat was felt on several levels, including an association with criminal activity, ethnic minority groups being disproportionately supported in terms of community facilities and renovations, and the very presence of ethnic minority groups as a threat to longer-term residents' sense of belonging in the area they live in.

Disunity between different ethnic groups was also evident. There were numerous comments on issues of segregation or a perceived lack of integration between different ethnic groups. There were conflicting opinions on how segregated different areas were and what implications this had for each locality.

Clear segregation of different groups, and groups of shops from particular ethnic groups taking over parts of town, Polish etc., and in certain villages. (Prefer not to say, 55-64, Huddersfield town centre)

For some respondents the efforts that had been made to support integration were welcomed. Some Asian and Black residents also had specific suggestions for ways to support their community, including wanting support for access to employment and business start-ups, recreation facilities for young people, and better mental health education.

Living in an Asian household and in a tight knit Asian community it is very difficult for people to take mental health seriously as we are taught to sweep it under the rug and just "get on with life". I feel as though the efforts made are definitely heading in the right direction in regard to mental health. (Male, 16-24, Thornhill Lees)

There were also requests from respondents for formally organised integration activities. Some respondents saw the lack of diversity in their area as a negative which limited the positive identity of the community.

Whilst Shepley has a great community feel I would argue there is very little if anything to attract either other ethnic groups and/or groups with other religious beliefs. Which in this day and age doesn't contribute to building a community with a diverse culture. (Female, 45-54, Shepley).

These responses came from the question about identity and belonging, which included the sub-question: "*Does everyone feel like they belong, whatever their background, age, sex, ethnic group, religious beliefs, sexuality or disability?*" This question has influenced the content of some of the anti-racist responses and succeeded in drawing out some experiences of ethnic minority groups.

Overall, these comments reveal a diversity of experiences and attitudes around ethnicity in Kirklees. However, caution should be applied in interpreting these, as individual responses mentioning ethnicity are numerically small within the data set as a whole, making up just 1.6%

It can be inferred from the responses that tension between ethnic groups exists in some (largely urban) areas of Kirklees, and this affects the sense of belonging in those areas. However, we know little about the ethnic background of respondents answering these questions.

Gender

In the category of gender, the theme of safety was the overarching place-based inequality experienced by participants. Stark gender- or sex- related differences emerged through the “Feeling Safe” sub-question: “Is the area safe for everyone, whatever their age, sex, ethnic group, religious beliefs, sexuality or disability?”, although there was difference between the qualitative and quantitative data. Content analysis of the qualitative responses to the question “Do I feel safe?” revealed differences between male and female respondents included experiences of and reactions to anti-social behaviour, with anti-social behaviour and subsequent lack of sense of safety more commonly reported by women across all age groups.

I have had many experiences of men making crude comments to me whilst outside my building. Although I've never had to deal with someone being physically violent towards me, I certainly do not feel safe in this area and often feel on edge each time there is someone walking past or a group of people round the back of the flat. (Female, 25–34, Birstall)

The impact of this was that many of the women felt unsafe, some of them to the point that they would not leave their own home alone or at night. This was apparent in both rural and urban areas.

I feel safer indoors. Lots of large groups of males accumulate in my area in the archways leading to the main road ... Some are respectful but some are intimidating. I only leave my house with someone else, not on my own. (Female, 45–54, Newsome Ward)

By contrast, male respondents discussed anti-social behaviour in more general and objective terms, and it did not appear to restrict their movement.

Anti-social behaviour linked to alcohol consumption can be a problem. Some footways could be better lit. Generally safe but some people do feel vulnerable at night. (Male, 65–74, Ashbrow)

These comments suggest gender differences in the way residents feel about the safety of their locality. However, these gender differences were not as evident in the quantitative responses. In the quantitative ratings (where 1 represents a lot of room for improvement and 7 represents very little room for improvement), male and female responses follow a similar pattern (see [Table 2](#)). Whilst the gender differences on the rating for the safety question were not statistically significant ($p = 0.567$), males indicated slightly more than females that there was a lot of room for improvement in terms of safety in their area ([Table 2](#)). Although this difference is almost negligible, it suggests potential inconsistencies in how this question is asked, as some of the sub-questions ask both about individual sense of safety, as well as how safe people in general feel. However, these results may also indicate some level of social desirability bias in terms of the ways males and females talk about personal safety. Further analysis would be useful to clarify if differences in age and location also impact on responses.

A limitation of this data is the high number of non- responses to the question on safety, particularly for those who did not record their gender (56.5%). This missing data could account for some of the inconsistencies between males and females and reveals the importance of collecting accurate demographic data when seeking to examine inequality.

Mobility

Some PST questions ask respondents to consider different mobility needs, which may provide insight into inequalities relating to physical disabilities. Responses indicated that mobility was a particular issue with some older residents and wheelchair users. Mobility problems are linked with inappropriate housing, uneven paths, and the difficulty of accessing public transport. It was identified that some rural villages in Kirklees did not have appropriate housing available for people with limited mobility.

This is a small village, so housing is limited. Houses are owned and rented locally but I wouldn't think staying within the village would be a possibility as age and mobility become an issue. (Female, 45–54, Denby Dale)

Respondents identified that times and routes of public transport were limited, and sometimes did not have appropriate or sufficient access, and this affected the ability to access other services.

Extremely poor service on [name of street]. 259 from 10:50 to 13:50 only. No way to get to Cleckheaton after these times. Anyone with poor mobility, disability finds it hard to access doctors' appointments inside these times. (Female, 55–64, Cleckheaton)

Comments highlighting challenges to mobility demonstrate how the PST can be used to explore physical disability-related inequalities in relation to place. Although there were some differences in challenges faced by respondents living in rural and urban wards, there was a great deal of cross-over. Both faced issues of access to public transport, in terms of its frequency and the limited space available for wheelchairs. Access to flat pathways was also an issue for both: in urban areas uneven paths were problematic, whereas in rural areas there were added obstacles in terms of muddy routes, steps and stiles. Whilst these questions reveal practical aspects of place affecting mobility, it is less clear how mobility interacts with other inequalities and informs residents' perceptions of the place.

Economic inequality

Searching the term "income" revealed insights about perceived economic inequality. Frequently occurring with the word "low", income was discussed particularly with reference to a lack of affordable housing. This may be due to the sub-question under the "Housing" question: "Is there a range of housing tenancies (rented, privately owned, and so on) to meet different needs of people, whatever their income?" Although this is the only PST question that directly references income, responses under "Work and the Local Economy" were also explored. The sub-question on the availability of local work, "Is there an active local economy and the opportunity to access good-quality work?", was particularly relevant and revealed a dearth of high-quality work opportunities available in the Kirklees area.

Jobs locally aren't brilliant. I travel 20 miles to Leeds to work because I can get a better job and income. (Female, 35–44, Waterloo)

This issue may be compounded for residents who live in more rural areas of Kirklees. If travel is difficult or expensive, access to higher quality employment opportunities for residents may be limited. This point was also raised in the analysis of mobility, highlighting the importance of intersectional understandings of issues related to place. The cross-section of limited mobility and limited income could doubly limit some residents in terms of their employment opportunities. Furthermore, proximity of other services that enable residents to access work (such as job centres or childcare) also affects employment opportunities and earning potential.

I think we have good facilities. Not all families will use these. Harder for low-income families and especially those who live away from the centre where most exist. (Female, 55–64, Huddersfield)

Housing

The category of housing had the highest hit rate of any search term explored. Housing is a main category within PST, under which respondents discussed themes such as the availability and suitability of housing, the affordability of different tenancy types, and the needs of different social groups. Many respondents highlighted an abundance of housing, but that it was not suitable for local needs, with much of the housing available to buy or let being unaffordable or unsuitable. Several demographic groups were identified as being under-served by the current housing availability, namely: elderly people and people with young families. Some elderly people were living in

housing that was not appropriate for their age and mobility levels, and there was a lack of suitable accommodation to move into.

Older residents are trapped in inappropriate outdated housing that does not meet their changing needs; single storey private accommodation options are limited. So, people are either stuck in inappropriate housing or have to leave the village they have spent their lives in or move elsewhere. (Male, 35–44, Golcar)

Issues related to housing availability are not simply a question of what is available across Kirklees but are intimately tied up with a sense of place, social connection and personal history, which increases the complexity of this issue. Some respondents mentioned that young families also have little choice in finding suitable housing, due to the limited availability of affordable family homes. Newly built homes appear to compound rather than alleviate this problem, as they are frequently unaffordable for first time buyers, or inappropriate for their needs.

Too many of the homes being built will not serve local people, we need smaller family homes for first time buyers and social housing, not large, expensive houses and seven story 2/3 bedrooms apartments. (Female, 45–54, Denby Dale)

A housing sub-question focuses on tenancy types: *“Is there a range of housing tenancies (rented, privately owned, and so on) to meet different needs of people, whatever their income?”* With reference to social housing, many respondents indicated that there was not enough social housing available, and this both impacted upon and was impacted by the affordability of other tenancy types.

Private renting is very expensive and [there’s] not enough social housing. There are lots of cheaper alternatives however so much of this is student accommodation. (Female, 45–54, Huddersfield)

Renting has become a lot more expensive. – We desperately need more affordable housing ... It’s extremely difficult to save money for a deposit if renting is high. (Male, 25–34, Batley)

As these quotes illustrate, the availability of social housing is linked to the availability and affordability of properties to let or buy, with expensive rent forcing respondents out of some areas and making it difficult to save to buy a house. This was a particular issue for rural areas, where the cost of housing has been inflated by property being bought and rented as holiday lets. This analysis highlights the conflicting housing needs of students, elderly people, young families, and those on low incomes; all presenting different needs that are met by a patchwork of availability across the borough.

Discussion

The PST was found to be effective in highlighting how social factors interconnect with and influence perceptions of place. The inclusion of questions on sense of belonging, influence and safety illustrates this most clearly. These questions also reveal insights about inequalities; it is in response to these questions that equality issues related to gender and ethnicity were most often raised. Accessibility was key to themes of economic inequality, mobility, and housing. This analysis begins to reveal how inequality is experienced in many aspects of residents’ day-to-day life, and how the PST can be used to understand these experiences.

In this paper we have drawn on the PST to illustrate its efficacy for understanding and responding to place-based issues through an inequalities lens. This analysis shows that the strengths and limitations of the PST hinge around two factors: the content of the tool itself, and how it is used. In terms of the content of the tool, its strengths lie in its statistical reliability (Gjorgjev et al. 2020; Gür 2022; Kleopa et al. 2022), and the range of themes covered. Its limitations have been identified as an overlap between themes, accessibility of the questions (particularly for respondents with lower educational levels), and the tool being too long (Gür 2022; NHS Health Scotland 2017).

Within the questions that make up the PST itself, considerations of inequalities have been written into the sub-questions in five of the fourteen PST themes through asking respondents to consider the experiences of protected characteristic groups. For example, *“Is a range of natural space*

accessible to everyone, whatever their age, mobility, disability, sex, ethnic group, religious belief or sexuality?". The characteristics covered include six of the nine protected characteristic groups, plus the added characteristic of "mobility" which was included under two of the themes: "Natural Spaces" and "Public Transport". This extra characteristic expands upon the disability characteristic and encourages participants to consider other physical differences which affect access to spaces. The inclusion of questions on protected characteristics suggests that the PST was constructed with experiences of inequality in mind and aims to elicit reflections beyond the individual experiences of respondents. However, the extent to which these questions reveal experiences of inequality may be limited. Eliciting reflections about the experiences of disabled people from those who are not disabled, for example, could lead to both respondents and analysts talking about demographic groups, without hearing from them directly.

Furthermore, this can make it unclear who a respondent is answering about, themselves or others. For example, in the question on safety, the main question focused on the respondent "*Do I feel safe here?*"; but one of the sub-questions focused on people in general, "*Do **people** feel safe both at home and when out and about?*". Clarifying who is being asked about would help to avoid conflating issues for different groups.

Similarly, when the data is analysed on an aggregate level e.g. average scores for a town, there is a risk that some important problems experienced by particular groups are missed. Therefore, being able to break down the data by demographic groups is crucial, to analyse the experiences of different groups.

It is also important to consider the accessibility of the PST questions more generally. This was raised as an issue by Gür (2022), who found that the language of the PST was not accessible for everyone. To respond to this challenge, in 2022 the PST team began piloting an adapted easy-read version and guidance pack for adults with different learning needs.

The tool has been praised for its ease of use and potential for creating meaningful community engagement, as well as its flexibility which enables a variety of creative approaches to data collection (NHS Health Scotland 2017). The challenges identified include the difficulties in engaging with a representative sample, and it being time and resource intensive to run and analyse. Kleopa et al. (2022) also question the extent to which data from tools such as the PST represent a community "voice", observing that it depends on the extent to which the tool is actually integrated in decision-making processes. Whilst not a limitation of the tool itself, this reflects a challenge to practitioners in using the PST to its full potential.

The PST has been administered in different forms, including online, paper surveys posted to households, in focus group discussions, and as a question guide for face-to-face interviews. These methods can be creatively adapted to suit different audiences and engage respondents in different ways. Indeed, use of creative and targeted engagement methods adapted to the respondents was highlighted by Scottish users as a key method for gaining a representative sample (NHS Health Scotland 2017). Considering equitable and accessible ways to collect data using the PST is vital. To assess this there are two key questions namely: who is responding? And how is data collected?

Who is responding?

Capturing protected characteristics data is important to better understand specific needs and is key to ensuring that collected data accurately reflects the local populace. Data on age, gender, and post-code are already collected, but these features are insufficient to establish whether a representative sample has engaged with the process, and do not necessarily accurately reflect the participant populace. For example, there is an issue with the conflation of gender and sex, with gender being recorded, but the sub-questions only ask about sex-based differences. This wording may mean inequalities faced by other genders, such as non-binary people, are not captured in the responses. Further information such as ethnicity and disability would be also useful in assessing whether those facing inequalities are accessing the PST.

In Kirklees, partial postcodes were collected but this was insufficient to examine how respondents mapped onto the index of multiple deprivation (a UK measure assessing the relative deprivation of set geographic areas). As ethnicity and disability information are not collected in the PST, it is difficult to know how representative the sample is of the Kirklees population. This gap is particularly pertinent in considering how the tool can be used to examine inequality.

A key element in improving the equity of data collection is not just finding out more specifically who is responding to the PST, but also using that information iteratively throughout the data collection process. This will enable under-represented groups to be targeted, and therefore a more representative data set to be gathered.

How is data collected?

Considering whether the data collection process facilitates or hinders participation from certain demographic groups is key to assessing the effectiveness of the PST in examining inequalities. Understanding and adapting to respondents' needs is important at all stages of data collection, including promotion, data gathering, and subsequent follow-up.

Many PST facilitators report using multiple data collection methods, such as an online survey and in person focus groups (Gjorgjev et al. 2020; Kleopa et al. 2022; NHS Health Scotland 2017). Combining data collection methods enables a broader reach and flexibility of contact with respondents. However, there are strengths and weaknesses associated with different collection methods. Gjorgjev et al. (2020), for example observed differences in response ratings between data collected through online surveys and focus groups, with the focus groups rating all domains higher. Another factor is the understanding and ability of those facilitating data collection. The sub-questions under each theme are intended as interview prompts to guide the respondent, and the way these are used relies on effective facilitation. Skilled facilitation can result in more detailed and nuanced data, which is particularly important when discussing sensitive issues such as experiences of inequality.

It is also essential to ensure that collected data is analysed and used in an equitable way. For example, findings from the PST may be brought back to the public for consultation on priorities which then informs action planning. However, if those consultation sessions are not fully inclusive, the voices of those experiencing inequalities may go unheard.

Caution is needed when interpreting the numerical ratings for each theme. An overall score is given for a whole theme, such as "public transport", but it is not possible to know what specific aspects of public transport these scores refer to. Qualitative responses shed more light on each theme but rely on participants being explicit and detailed in their responses.

Recommendations

Demographic questions

The Kirklees case study identified a particular gap around understanding the experiences of different demographic groups, including ethnicity, disability, income level, and gender. Furthermore, adapting the way responses are recorded to allow for a more accurate representation of groups would improve the quality and accuracy of the demographic data collected.

Collecting data on the ethnicity of respondents would help to create a better understanding of the experiences of different ethnic groups and would enable analysis to move beyond just ethnicity and start to explore other potential connections between ethnicity and other demographic characteristics, as well as experiences of places.

Similarly, it would be useful to be able to identify the experiences of respondents with disabilities. PST questions were effective in eliciting the experiences of those with physical disabilities, but these responses were largely focused on practical issues and did not reflect on wider themes such as sense of belonging or employment. A demographic question on disability would help to identify issues for

disabled people specifically, across all thematic areas. Furthermore, including a diverse definition of “disability” might help to draw out more experiences beyond physical difficulties.

For the question on gender, more nuanced response options may be beneficial. In the Kirklees case study, 12% of respondents selected “other” or “prefer not to say”, suggesting that the current gender response options are inadequate. Including an open text box for the gender question would allow greater room for self-expression; or Spiel et al. (2019) suggest the following options list: woman/man/nonbinary/ prefer not to say/and prefer to self-describe (with this last option including an open text box). Either of these options would be a step towards greater gender inclusivity and data accuracy.

Lastly, requesting full postcodes from respondents would enable mapping to areas of deprivation, revealing greater insights relating to socio-economic differences. Including this level of detail would, however, reduce the anonymity of the respondents, which could impact response rates. One way to work around this issue would be to offer this question as opt-in rather than required. Understanding the levels of socio-economic deprivation for respondents would help to understand how this affects their experience of places, as well as how multiple inequalities may intersect.

Any additional questions require a balance between respondent anonymity and increased utility, which is particularly important when considering adding demographic questions. These suggested changes could help to improve the equity of PST data collection, as well as its ability to speak to inequality issues.

Data collection methods

Ensuring accessibility of materials is essential at each step, including pre and post data collection. In addition, reviewing the demographic characteristics of respondents during the data collection process, and acting to increase responses from under-represented groups while the engagement is live would help to create a more equitable data set. Where a group is under-represented, other techniques to reach specific populations could be employed, such as snowball sampling, respondent-driven sampling, or targeted sampling (Shaghghi, Bhopal, and Sheikh 2011). In addition, providing training for PST facilitators to increase their confidence and skills in asking questions relating to inequalities could elicit more detailed and meaningful responses.

Study limitations

Whilst the approach taken in this study has many strengths, particularly the detailed insight into the qualitative data collected, it offers only one perspective on the multifaceted nature of inequalities. The search terms used may not have covered all instances of inequality experiences within the data. However, use of the synonym search within NVivo (which also searches for words that have the same meaning) by the coders revealed that this did not add further relevant results, suggesting that the terms used were sufficiently comprehensive.

This analysis did not dig deeply into place-based differences due to the incomplete postcode data. Further research examining the differences between places by deprivation level would give further insight into the nature of place-based inequalities.

There are some questions around data validity within the dataset used, particularly for the responses to the question on gender, as there was a high percentage (12.9%) of non-responders. However, there were sufficient responses overall for meaningful analysis.

Furthermore, this study did not compare the PST with other tools examining place quality, this could be a potential avenue for further research.

Conclusion

Using the PST to talk to residents about “place” covers more than just the tangible physical structures in a locality. The PST also considers social and psychological factors in defining place quality,

including how people use, relate to, and interact in different spaces. This distinction was key to the design of the PST and makes the tool attractive to audiences beyond planners and architects. It also enables the possibility of using the tool to examine inequalities, as inequality is embedded in the interplay between social, economic, cultural and physical factors.

This article has examined the potential utility of the PST to understand inequalities. A PST case study explored data through an inequalities lens, focusing on experiences of inequality in relation to protected characteristics, as well as examining housing and economic inequalities.

The questions, and sub-questions, that make up the PST were to some degree designed with inequalities in mind. The range of topics covered reflects the diverse factors that influence inequalities, many of which overlap with the social determinants of health identified by the World Health Organization (2022) and discussed widely in the public health literature (Mackenbach 2011; Marmot 2020; C. Bamba et al. 2011).

However, it is unclear to what extent these questions lead to meaningful responses from protected characteristic groups. The value of the PST in understanding inequality is influenced by the way in which it is applied. Considering how data is collected and who is responding are key factors in ensuring an equitable data set which has the potential to further our understanding of local inequalities. Additional demographic questions have been recommended, as well as inclusive data collection methods and consideration of the needs of different respondent groups. Overall, the PST demonstrates the ability to improve our understanding of inequalities in relation to place but would benefit from further refinement, in terms of its content and delivery, in order to more fully respond to the disparities that need tackling across communities and in local places.

Acknowledgements

The authors would like to acknowledge the valuable contribution of the Active Citizens and Places team at Kirklees Council for their support in accessing and understanding the Place Standard data.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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