Healthy Streets Surveys

Capturing how members of the public experience the street

MAYOR OF LONDON

TRANSPORT FOR LONDON

EVERY JOURNEY MATTERS

Contents

Photo source: Jakob Spriesterbach

Introduction

About this document

This guide provides an introduction to Healthy Streets Surveys, one of a suite of tools that can be used to assess how a street performs against the 10 Healthy Streets Indicators.

This document explains why the Healthy Streets Survey was developed and how it can be used. It also outlines the methodology, costs and timings of conducting a Healthy Streets Survey. At the end of this guide you will find some results and insights from recent Healthy Streets Surveys.

The Healthy Streets Survey

The **Healthy Streets Approach** puts people and their health at the centre of decisions about how we design, manage and use public spaces. It aims to make our streets healthy, safe and welcoming for everyone.

The **Healthy Streets Survey** was developed to monitor progress towards this. The Healthy Streets Survey questionnaire asks people walking and dwelling on a street about how they perceive the street e.g. how attractive and enjoyable they find it to be there.

In asking these questions the Healthy Streets Survey aims to capture the 'real-life' experience of people on London's streets in relation to the 10 Healthy Streets Indicators.

Between 2014 and 2017, Healthy Streets Surveys were conducted on 80 streets in central, inner and outer London, interviewing over 8,000 respondents.

The results give a quantified indication of the performance of London's streets which can be compared across locations and over time.

Healthy Streets Tools

The Healthy Streets Survey is one of a suite of tools that can be used to assess how streets perform against the 10 Healthy Streets Indicators (Figure 1). Each of these tools assesses streets in different ways and at different stages of the project development process. See Table 1 for a comparison of the tools currently available.

The **Guide to the Healthy Streets Indicators** summarises the essential aspects of the 10 Healthy Streets Indicators using questions as prompts. It is easy to understand and therefore useful for high-level, qualitative assessments of a street's performance.

The **Healthy Streets Check for Designers** is a spreadsheet tool which helps decision makers to assess street design against the 10 Healthy Streets Indicators. The Healthy Streets Check for Designers can relatively quickly compare the pros and cons of different designs for current and future conditions. It focuses on the physical aspects of a street, rather than the actual experience of being on a street and only considers what the designer can influence and easily measure.

In contrast, the **Healthy Streets Survey** is designed to collect Londoner's 'real life' perceptions of existing streets and can be used as part of monitoring the impact of a project.

Figure 1: The 10 Healthy Streets Indicators

Source: Lucy Saunders

Table 1: Comparing Healthy Streets Tools

	Objective measures and counts	Reflects the experience of people on the street	Reflects the needs of those not on-street	Can be used during project design	Can be used during project evaluation
Guide to the Healthy Streets Indicators	✗	✗	✓	✓	✓
Healthy Streets Check for Designers	✓	✗	✓	✓	✓
Healthy Streets Survey	✗	✓	✗	✗	✓

Methodology

Survey Summary

- Members of the public stopped to ask their perception of the street
- On-street questionnaire lasting 5-10 minutes
- 22 'core' questions plus list of optional questions to use for local or scheme-specific changes
- Respondents asked to score various elements of the street which reflect the Healthy Streets Indicators from 0 to 10
- Pedestrian counts, socio-demographic characteristics and external factors also recorded

Survey Design

The questions are designed to reflect eight of the 10 Healthy Street Indicators. The Indicators 'Pedestrians from all walk of life' & 'People choose to walk and cycle' cannot be assessed by this methodology because they are not directly measurable from people's perceptions of the street.

Respondents are asked to rate their actual experiences of being on the street. Questions are focused on the current street at the present time.

> *'When answering, please think about your experience of THIS particular street TODAY'*

The survey consists of a 'core' survey and a list of optional questions to use for local or project-specific changes. Core questions must be included to enable comparison between surveys, while optional questions can be added, removed or edited depending on the aim of the survey.

Please see Appendix 1 for the full list of questions included in the Healthy Streets core questionnaire.

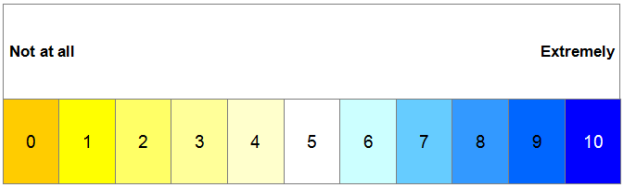
Example Question - Clean Air

'How clean do you think the air on this street is today?

Scoring

Respondents are asked to score the Healthy Streets Indicators from zero to 10 (10 is best). Respondents are shown a response card (Figure 2), where they select their score for each question. A **Healthy Street score** is calculated for each street by averaging the eight Indicators' scores.

Figure 2: Response card shown to respondents



To maintain a consistent response card for all questions, scores for some of the indicators must be reversed during analysis. This applies to 'How intimidated do you feel by the traffic on this street?' and 'How noisy are you finding this street today?'. For these questions, a score of 10 indicate that the respondent feels 'extremely' intimidated by the traffic or finds the street 'extremely' noisy. This is a negative perception of the street, and therefore should become a score of 0 during analysis. (Similarly, a score of 3, becomes 10-3 = 7, and a score of 6 (10-6) becomes a 4).

The interviewer

An independent research agency used interviewers trained to conduct on-street surveys. They were overseen and checked by experienced fieldwork supervisors. The procedure they follow is consistent across all sites and tightly replicated. For example they designate an imaginary line across the street and interview the 'next' potential respondent who crosses the line – irrespective of whether they look likely to participate or not.

Fieldwork is halted at specified times to conduct pedestrian counts (6 mins in duration) including estimated age and gender. These counts are used to ensure the sample is representative of the people on the street and if necessary can be used as a basis for weighting final data (although to date, it has not been necessary to weight the data).

The interviewer must record precisely where she/he stands to conduct the interviews by taking a photo of the specific location. The interviewer must survey people from this spot on the street and are asked to follow a 'next available respondent' approach.

Interviewers record additional information e.g. weather, noise level.

Costs

It costs approximately £3,000 per site for an independent research agency to conduct 100 on street surveys, with shifts covering weekday AM, weekday PM and weekend day. This includes analysis and reporting.

Timings

Fieldwork requires approximately 25 – 50 hours per site. The length of time required to complete the Healthy Streets Surveys depends on the number of survey sites and the number of people at these sites. At busy sites, it is easier to find participants, whereas in locations with few people it takes more time to find participants. Costs will increase to reflect any additional interviewer shifts required.

In addition, the research agency may need three to four weeks for data processing, and two weeks to produce a report. Of course, this depends on number of sites and requirements for analysis and reporting.

Considerations

To compare results, survey methodology must be strictly replicable:

- Consistent time of year and time of day. 'Neutral' months (i.e. Sept - Oct or March - May) are best for fieldwork to reduce the influence of temperature extremes and school holidays. Shifts are designed to cover a mix of weekday morning, weekday afternoon and weekends, and therefore capture the full mix of users;
- Consistent site selection. Surveys should not be conducted within 15 metres of a junction as perceptions of adjoining streets may affect the scores. Selected sites should be a 50-100m uninterrupted stretch where the character or condition does change dramatically to ensure it is clear which location is being assessed;
- The survey makes no reference to street types and respondents should not be told what 'type' of street they are on.

Before & after surveys

- Sites should be accessible and comparable both before and after a project is completed;
- 'After' surveys should be conducted within three to nine months (max. 12 months) of the project being completed. This will enable the project to 'bed in';
- A large sample size is required to identify statistically significant change between before and after scenarios. E.g. a sample size of 100 people interviewed before and after will only produce statistically significant results with large changes in scores. Therefore minor changes to the street environment may not be picked up in a smaller sample.

Limitations

- On street surveys fail to capture the views of people who are not using the street because they find it inaccessible or unappealing. Therefore, this approach does not accurately reflect the inclusivity of a street;
- Interview methodology is resource intensive and costly to replicate across many streets;
- Responses might be influenced by external factors (e.g. the news). However, findings to date suggest that weather conditions do not significantly affect people's experience of the street;
- Streets are used for different functions, and this may be reflected in varying scores across different types of street;
- Respondents tend towards giving middle scores (e.g. 5/10);
- Respondents might be inclined to please the interviewer in a face to face interview and give more positive answers;
- The sample of people surveyed should be checked against pedestrian counts to see if they are representative of the observed population and assess any change in before and after surveys;
- Results cannot be assigned a monetary value. E.g. we cannot say how much an increase of 0.7 in average Healthy Streets score is worth economically.

Previous Surveys

Locations

Surveys have been conducted at over 80 sites across central, inner and outer London (Figure 3) with responses gathered from over 8,000 randomly selected respondents (Table 2).

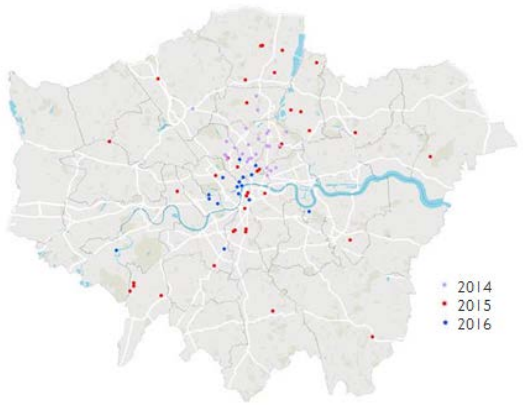


Figure 3: Locations of surveys to date

Date	Aims	Survey sites	Respondents
October 2014	Test Healthy Streets Survey method	27 sites across different types of street	2106
September to November 2015	Track street improvement over time	16 sites- 8 with major intervention planned in next 2 years, 8 without planned works	1934
October 2015	Monitor impacts of cycle scheme on pedestrians (before)	18 sites pre-major urban realm improvements	2175
October 2015	Monitor impacts of speed reduction schemes (before & after)	4 sites	467
March 2016	Boost survey sample in central London and for different types of streets	16 sites in central London with high estimates of people walking or new schemes	1754
October 2017	Monitor impacts of cycle scheme on pedestrians (after)	3 sites post-major urban realm improvements	359

Table 2: Summary of Healthy Streets Surveys 2014-2017

Findings

The results of Healthy Streets Surveys to date have been compared and analysed. Below are some of the findings. The full report **Key findings from the Healthy Streets Survey** is available on the TfL website.

Healthy Streets scores and traffic dominance

A 'traffic dominance' indicator was calculated by multiplying modelled traffic speed and volume (AM peak only).

As part of the survey, respondents were also asked to rate the level of motor traffic on the street from 1 to 3 (1= 'too low'; 2 = 'about right'; 3 = 'too high'). This captured the perceived traffic levels at the time of the survey.

Healthy Streets scores tend to be higher for streets that have lower perceived and objective traffic dominance (Figures 4 and 5). The link between traffic and Healthy Streets Score appears stronger when using perceived traffic levels (Figure 5). This suggests that motorised traffic has a negative impact on people's experience of the street.

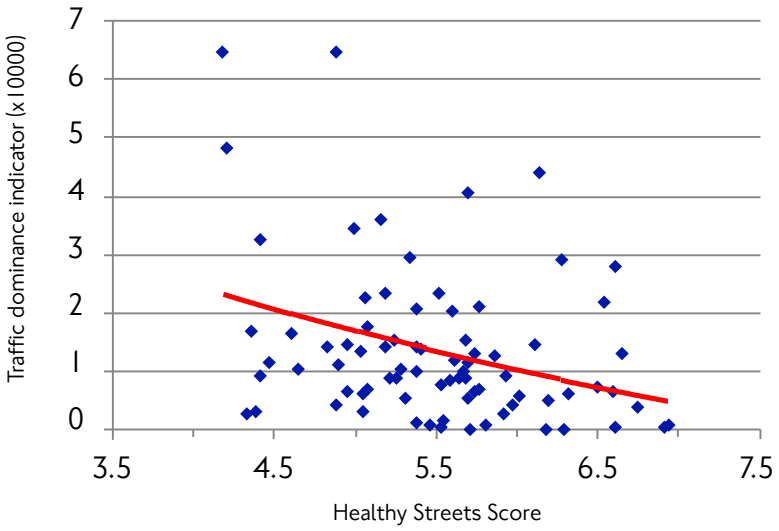


Figure 4: Relationship between Healthy Streets Score and modelled traffic dominance

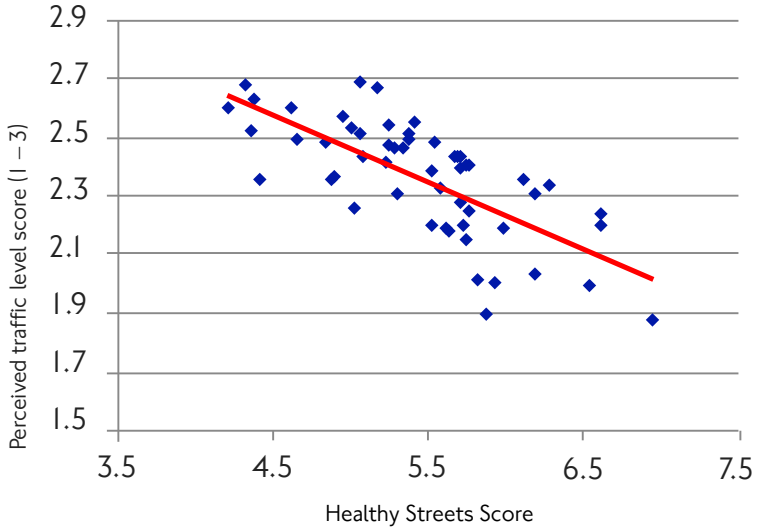


Figure 5: Relationship between Healthy Streets Score and perceived traffic dominance

Variation across Indicators

Figure 6 shows the variation in scores recorded for each Indicator. Average scores for each Indicator ranged between 3.9 and 6.8.

'Not too noisy', 'Places to stop' and 'Shade and shelter' Indicators vary the most and perform worst of the Healthy Streets Indicators.

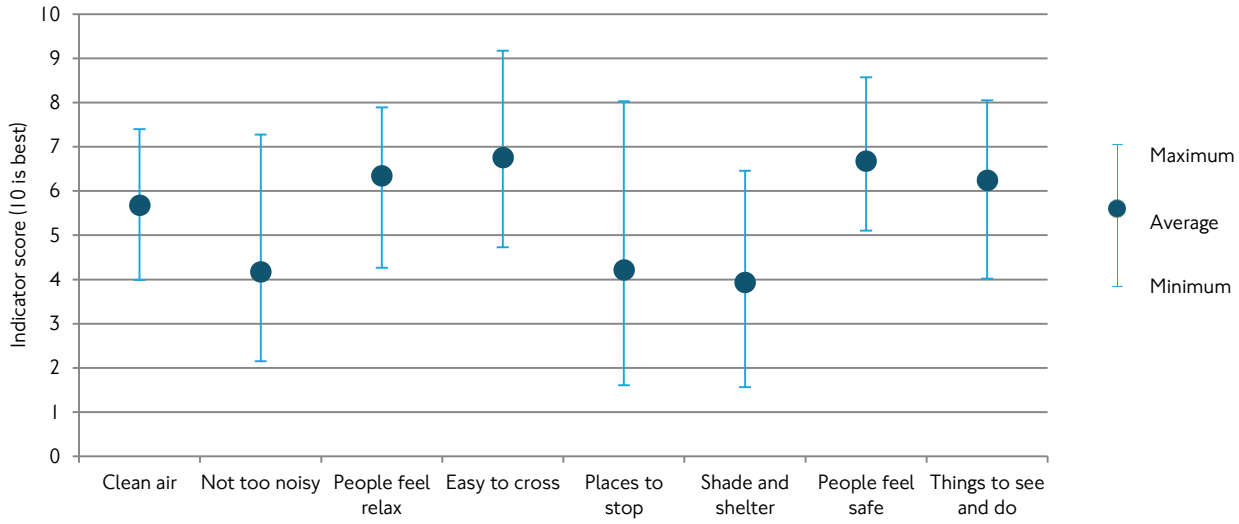


Figure 6: Variation in scores recorded across Healthy Streets Indicators

Healthy Streets scores and customer satisfaction

As part of the survey, respondents are asked '*Overall how satisfied are you with this street today?*', scoring their satisfaction level between 0 and 10. Figure 7 shows these scores alongside the recorded Healthy Street Score for each survey site.

Respondent's overall reported satisfaction with the street is largely consistent with the Healthy Streets scores. This suggests that following the Healthy Streets Approach will increase customer satisfaction with streets in London.

Figure 7: Comparing Healthy Streets experience scores with 'satisfaction' indicator scores

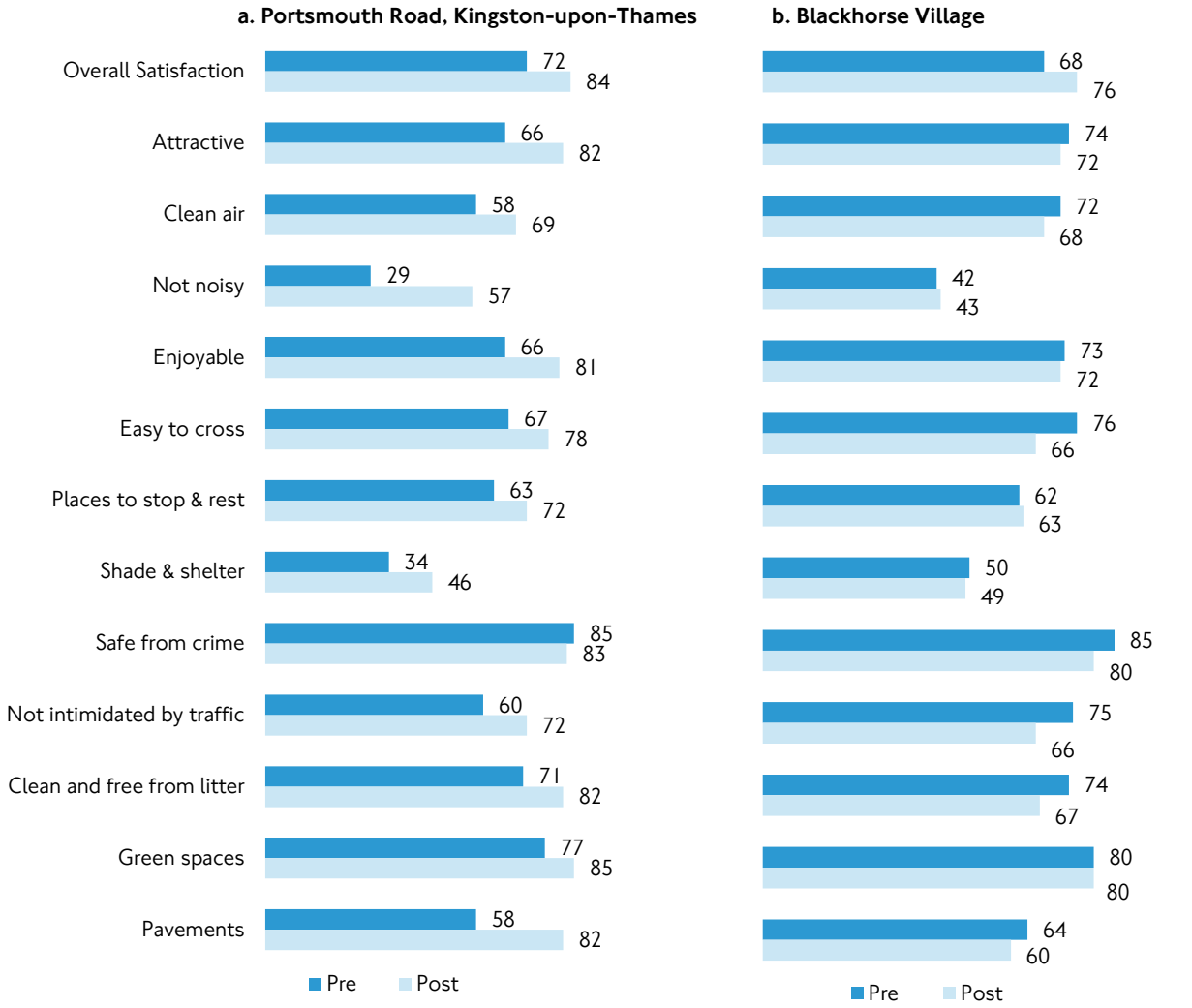
Before and after surveys

To track changes in perceptions as a result of improvement initiatives, before and after surveys were conducted at three sites.

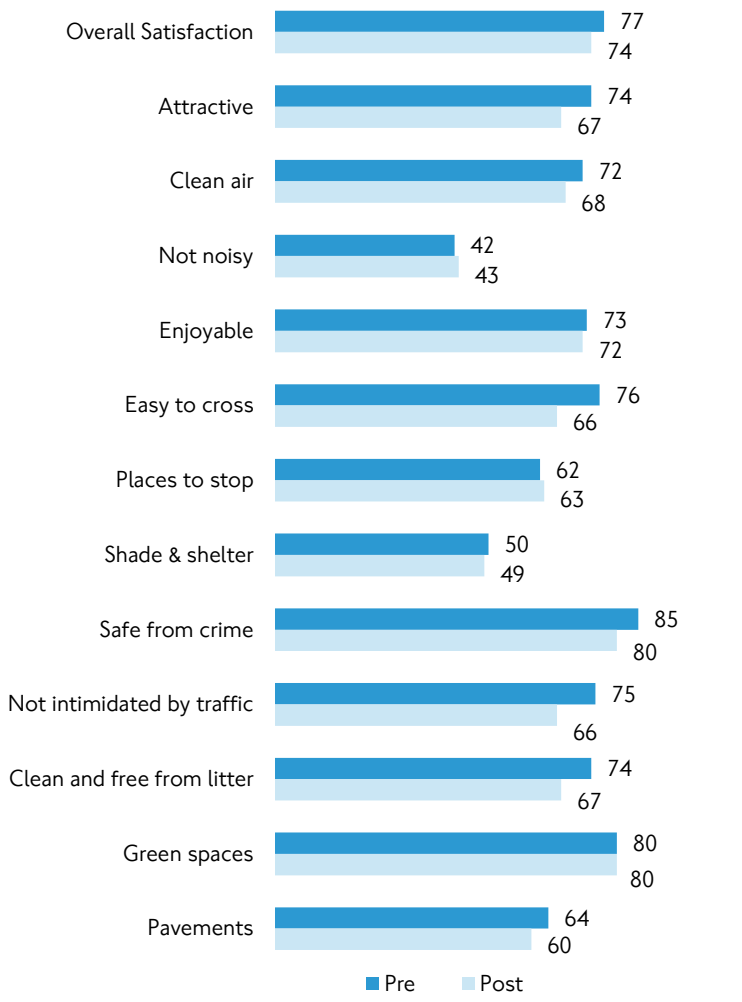
Surveys conducted at two of the sites (Portsmouth Road, Kingston-upon-Thames and Blackhorse Village, Waltham Forest) post-intervention showed that the changes implemented had a positive impact on people's perceptions of the site (Figure 8a,b)

However no significant improvements in perceptions were observed at the third site (Chingford Town Centre, Waltham Forest; Figure 8c). It is likely that this is because changes at Chingford Town Centre were relatively minor in comparison to the other sites.

Figure 8: Summary of Healthy Streets scores pre-intervention and post-intervention



c. Chingford Town Centre, Waltham Forest



Appendix 1: Healthy Streets Survey core questions

- Interview location
- Weather on the day (Sunny, Cloudy, Light rain, Heavy rain)
- Shift type (Weekday AM, Weekday PM, Weekend)
- Assessment of level & speed of traffic

Healthy Streets Indicator	Survey Questions
Clean Air	Q: How clean do you think the air on this street is today? Q: How clean would you expect the air on this street to be?
People feel safe	Q: How intimidated do you feel by the traffic on this street? Q: How safe from crime and antisocial behaviour do you feel on this street today? Q: How intimidated by the traffic would you expect to feel on this street, given its function and what it is used for? Q: How safe from crime and anti-social behaviour would you expect to feel on this street?
Not too noisy	Q: How noisy are you finding this street today? Q: How noisy would you expect this street to be?
Easy to cross	Q: How easy do you think it is to cross this street? Q: How easy would you expect it to be to cross this street?
Shade and shelter	Q: And, how easy do you think it would be for you to find shelter, for example if it was very sunny or raining? Q: And, how easy would you expect it to be for you to find shelter, for example if it was very sunny or raining?

Places to stop and rest	Q: How easy do you think it would be for you to find somewhere to sit or rest on this street if you needed to? Q: How easy would you expect it to be for you to find somewhere to stop, sit or rest on this street if you needed it?
Things to see and do	Q: How attractive do you find this street? Q: How attractive would you expect this street to be?
People feel relaxed	Q: How enjoyable are you finding being on this street today? Q: How enjoyable would you expect being on this street to be? Q: How clean and free from litter, dog mess and other rubbish do you find this street today? (Question added in 2015) Q: How would you rate the trees, plants and green spaces on this street? (Question added in 2015) Q: How would you rate the quality of the pavements on this street, thinking about the pavement width, pavement surface and pavement obstructions? (Question added in 2015)
Contextual Information	Q: What is your main reason for being on this street today? (Shopping, travelling to/from work, travelling to/from school/college: as a student, Work-related activity, Personal business, Entertainment, Dining/Eating out, Tourism/Site seeing, Meeting friends/relatives, Visit place of worship, Health or medical appointment, Going for a walk/cycle/drive for enjoyment, Just passing through/On my way somewhere, Live nearby, Other) Q: Overall how satisfied are you with this street today?
Demographic data (interviewee)	Q: What is your employment status? (Working full time: 30+ hours a week, Working part time : 8-29 hours a week, Self-employed full time: 30+ hours a week, Self-employed part time: 8-29 hours a week, Student, Seeking work, Not working- not looking for work, Retired, Looking after the home, Other, Prefer not to say) Q: Do you have any long-term physical or mental impairment which limits your daily activities or the work you can do, including problems due to old age? (Mobility impairment, Age related mobility difficulties, Visual impairment, Hearing impairment, Learning difficulty, Mental health condition, Serious long term illness, Other: write in respondent's words, None,

	Prefer not to say) Q: Where do you live? (In London, In UK but outside of London, Outside the UK, Prefer not to say) Q: What is your postcode? Q: Which age category do you fall in? (16-17, 19-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75 and over, Prefer not to say) <u>Recorded by interviewer:</u> Gender (Male, Female) Using: Walking frame, One walking stick, Two walking sticks, Wheelchair, Mobility scooter, Guide dog, White stick/cane, Crutches, Pram/pushchair – recorded by interviewer Encumbered by: Shopping bag, Shopping trolley, Small child/baby, Suitcase/heavy luggage, Large or awkward item, Baby pushchair/pram, None) – recorded by interviewer Accompanied by: Baby, Toddler/pre-school, Children 5-11 years, Children 12-16 years, Elderly person, Person with mental/physical impairment, Other adult (specify number of adults) – recorded by interviewer