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# Pandemics and the city

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# All in this together? How a decade of austerity cleared the way for COVID-19 in deprived urban areas

Tom Gillespie and Kate Hardy

Addressing world leaders on Monday, UK Prime Minister Boris Johnson claimed that 'it is humanity against the virus – we are in this together'. Sound familiar? 'All in this together' was the oft-repeated mantra used to justify cuts to public spending and welfare services during the Cameron-Osbourne austerity years.

Yet, much like austerity, we are clearly not all in this pandemic together. In England and Wales, people are dying from COVID-19 at twice the rate in deprived areas than in affluent areas. The UK government's strategy during the critical period of early March was to allow coronavirus to spread through the population with a view to achieving 'herd immunity', an approach described by Johnson as taking the virus 'on the chin'. Clearly, some people in some places have had to 'take it on the chin' a lot harder than others.

But why are COVID-19's effects so geographically uneven? It's austerity, stupid. Cuts since 2010 have had a disproportionately large impact on deprived urban areas. Quite simply, the areas with the highest death rate are also those that have been ravaged by a decade of austerity policies, creating poverty and vulnerability that is now combining with and amplifying the effects of the virus. As a result, having already borne the brunt of a decade of austerity, it is the poorest in society who are now disproportionately paying the price of the government's disastrous COVID-19 strategy.

Take the London Borough of Newham: the worst affected by COVID-19 of all local authorities in England and Wales. Why might this be? To start with, Newham has experienced deeper than average cuts in funding from central government and has cut spending on public services by a third. In the area of housing, austerity has had particularly devastating consequences. Budget cuts combined with privatisation policies have led to a shrinking of the boroughs social housing stock and a growing number of people living in insecure, unregulated private rental housing (in 2016, the Conservative government voted against rules to ensure that rental accommodation is 'fit for human habitation', citing 'unnecessary regulation and cost to landlords').

This housing insecurity has combined with punitive policies such as the 'bedroom tax' and cuts to housing benefit to force low-income households into rent arrears, contributing to growing evictions and homelessness. In addition, Newham Council sought to capitalise on the 2012

Olympic games to gentrify the borough by redeveloping council estates, leading to the displacement of social housing tenants. As a result of this poisonous cocktail of local and national policies, Newham now has the highest rate of both evictions and households living in temporary accommodation in London.

Behind these depersonalised processes, first hand accounts of life in deprived areas can help us put the pieces together. Our research with people experiencing homelessness in Newham has shown that the living conditions in temporary accommodation, often in the private rented sector, exacerbates existing, and created new, health problems. Toni, a 22 year old, was living in temporary accommodation, sharing a single bedroom with her sister and 4 month-old baby. The poor quality accommodation was creating respiratory problems for her and her child: "The house [is] damp, I'm allergic to damp, it can affect my breathing, it's not good for a newborn to be around damp".

Rachel has been living in temporary accommodation for over two years with her young child, who had developed asthma during this time. She said, "I've got letters from doctors in Newham Hospital saying this house is not good for the family. We've both got bad asthma. It's damp, the colour is changing – if you leave it for five days, it becomes green… Every winter my little one has to go to the hospital three or five times a month to stabilise her asthma'.

> Cuts since 2010 have had a disproportionately large impact on deprived urban areas. Quite simply, the areas with the highest death rate are also those that have been ravaged by a decade of austerity policies, creating poverty and vulnerability that is now combining with and amplifying the effects of the virus.

Angela, who had worked as a care worker for over 20 years had to stop work due to her health problem. Her asthma had developed into chronic obstructive pulmonary disease and the first stages of emphysema while she was living in temporary accommodation run by Newham Council: 'when that mould came up, my breathing just went right down here. Then I put a complaint in about it and said I was going round the environmental health, next thing I know there's someone up hoovering it all. And that's what they've done ever since. Every day, someone comes up to hoover that. They've never treated it or nothing. And it's black and white mould'.

It is clear from these accounts that living in poor quality temporary accommodation has a detrimental impact on the health of homeless people in Newham. The health problems described by Toni, Rachel and Angela constitute the frequently mentioned 'underlying conditions' which make people more vulnerable to dying from COVID-19, such as asthma, emphysema and bronchitis. This reveals that austerity is at least in part responsible for creating the social conditions in which these health problems multiply. This illustrates how 'underlying health conditions' (often implicitly used to diminish the importance of coronavirus deaths) are actively produced by policies that offload the cost of public spending cuts onto specific bodies.

A slow response to the coronavirus pandemic is part of the explanation for why the UK has one of the highest death tolls from COVID19 in the world. But 40 years of public housing privatisation, a decade of austerity, a culture of landlordism and a lack of protections for renters also have a lot to answer for. Just as overcrowding and a lack of access to sanitation and water in informal settlements are conditions that will enable COVID-19 to spread rapidly in the global South, housing poverty, exacerbated by 10 years of punitive austerity policies, is also shaping the uneven impacts of coronavirus in the UK.

Health funding should of course be diverted to deprived areas, but preventative social policy will also be necessary to address the underlying inequalities that make some people more vulnerable to dying of COVID-19 than others. Reversing austerity, investing in social housing and regulating the private rental sector will all be essential to avoid unnecessary deaths in the future. In the short-term, rents should be suspended to prevent a new wave of evictions and homelessness due to the economic crisis. In the longer term, a political movement that challenges the commodification of housing and prioritises public health over private property will be essential to stop the impacts of this -and future- pandemics falling most heavily on the shoulders of the most vulnerable.

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# A tale of cities: Local diasporas hold a key to strengthening international outreach

Yaron Matras

- The release of social distancing guidance in different languages has been inconsistent across England.

- If the UK Government had a domestic language policy in place, the translation of vital information could have been more efficient.

- Introducing a domestic language policy that is coordinated and consistent, that brings together the contributions of organisations in the public and community sectors, would help forge city-to-city links with other communities worldwide that are based on trust, common challenges, and shared values.

Amidst the intensity of instructing the public on how to prevent the spread of COVID-19, authorities in the UK have been slow in issuing guidance notes in languages other than English. The matter was raised by Labour MP Afzal Khan, whose Manchester-Gorton constituency is one of the country's most linguistically diverse. Speaking in the House of Commons on 11 March 2020, he called on the Government to disseminate information in community languages. On 13 March, Doctors of the World UK published translations of NHS information leaflets into 44 languages; at a similar time, the Manchester charity Europia produced video advice in various European languages.

However, it wasn't until late March that Public Health England added guidance on social distancing for vulnerable people in a number of languages. Meanwhile, Cambridgeshire and Peterborough Councils published video information in 31 different languages, while Liverpool, Manchester and Birmingham were among several local authorities to provide web links to the Doctors of the World translations.

The official UK Government COVID-19 information leaflet was finally published in a small number of languages on 7 April.

## A more consistent approach

Authorities in the UK usually translate in order to ensure accessibility of services, or else as a way of regulating behaviour. They target those that are expected to be most liable to violate the rules: leaflets on forced marriage are disseminated in Arabic, Somali and Urdu, for example, while information on angling restrictions appears in Lithuanian, Latvian and Polish. But with COVID-19, the prospect that residents with a low level of English might become carriers of the disease poses a potential risk not just to them but to the entire population. If the UK Government had a domestic language policy in place, the translation of vital information could have been more efficient and consistent. In the absence of such macro-level policy, gaps are currently being filled in a somewhat random way by charities and local authorities.

> Cities can be active contributors to a new vision of a domestic language policy. A model example is Manchester's commitment to a City Language Strategy that brings together the contributions of a variety of organisations in the public and community sectors.

## Discourses around language policy

Over the past few years, especially since the EU referendum in 2016, the public discourse around language policy, to which many researchers have been key contributors, has seen two main strands of argumentation. The first is concerned with counteracting the decline in enrolment in traditional Modern Language courses (like French and German) at secondary schools and higher education. It calls on the government to recognise language skills as a valuable asset to protect British interests abroad, like security and trade. It sees national government agencies as the primary deliverers of this agenda. Some scholars frame it as linked to the mission statement of New Area Studies, seen as the intellectual arm of foreign intelligence gathering and 'soft power'. Others have tried to capitalise directly on Brexit, cynically arguing that the imminent 'departure' of residents who are EU citizens will open up gaps in industries, to be filled by 'homegrown' workforce with language skills.

An alternative strand is concerned with language policy as a social justice agenda to promote equality in the domestic arena. It points to the rising uptake of language courses, particularly Arabic and Chinese, as heritage languages in

non-statutory education such as supplementary schools, and recognises the importance of cities and local government, and of the intellectual concept of Locality to support heritage language speakers in creating local brands of 'global diasporas'. In May 2019, Multilingual Manchester sponsored an open event, calling for the formation of a Multilingual Cities Movement that would bring together stakeholders from different sectors, uniting around the realisation that while many nation-states now promote linguistic sameness in an exclusionary way, cities are usually places where languages meet and linguistic plurality and difference are appreciated and celebrated.

Cities have the potential to forge international links. Diaspora communities within cities can play a pivotal role in that process. Global diasporas of today are not temporary emigrants waiting to return to their homelands, but active contributors to global networks of culture and trade. While maintaining links with co-ethnics abroad, they are also engaged in local practices of plurality. If they are allowed to thrive and cultivate their heritage languages, then the localities in which they are settled will be in a better position to be players on the world stage.

## A domestic language policy

A coordinated and consistent domestic language policy must firstly acknowledge the UK as a multilingual society. It should take steps to dismantle the hierarchy that currently guides language teaching and which favours the languages of historical imperial European powers. It should recognise the value of heritage languages as skills and encourage the teaching of heritage languages in statutory and higher education, but also support community-based language learning that takes place in the country's hundreds of supplementary schools. That will also offer a pathway to empower the second and third generations of immigrant background to act as transnational diaspora communities that can build bridges with counterparts in other countries – links that can strengthen diplomacy, investment, and cultural enrichment.

In addition to supporting heritage and skills, a domestic language policy should take steps to regulate the sector of Public Service Interpreting and Translation to ensure high-quality access to services to those with insufficient English language skills.
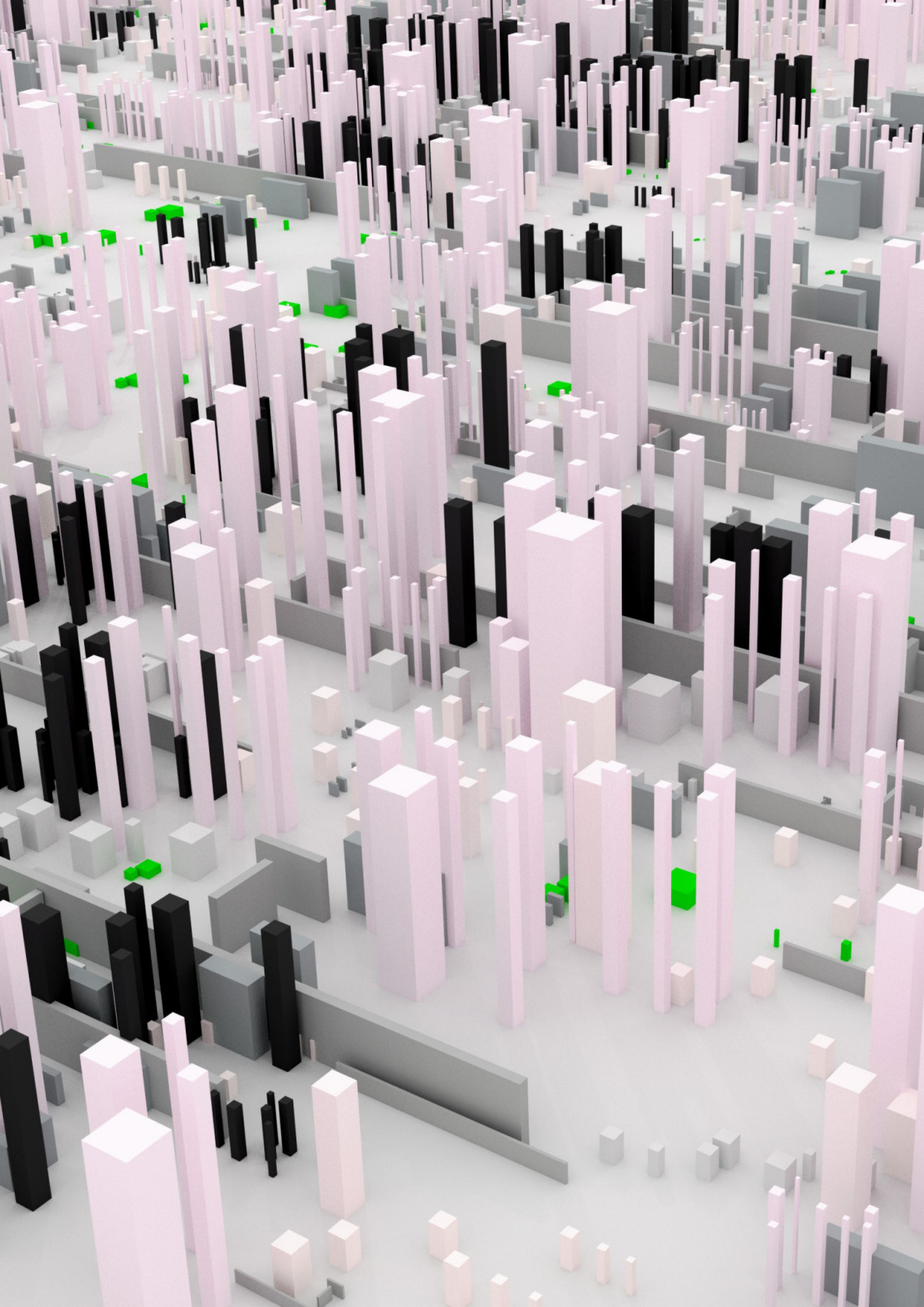
It also requires modification of key tools to gather accurate data on language use and language skills. For example,

currently, the Census asks respondents to indicate their 'main language' other than English, but the concept of 'main' is vague, and respondents can only choose one single option. Instead, we should be asking about languages that are used in the home, as well as additional language skills. An effort needs to be made to change the public narrative on languages. Last year Boris Johnson, then still candidate for the Tory leadership, demanded that all UK residents should adopt English as their "first language". We need to move away from such notions of one-sided 'integration'. Instead, policy should encourage people to maintain language skills and cultural identity, and recognise that multiple identities and multiple languages are an asset for individuals and the country as a whole.

Cities can be active contributors to a new vision of a domestic language policy. A model example is Manchester's commitment to a City Language Strategy that brings together the contributions of a variety of organisations in the public and community sectors. Strengthening diaspora communities can help them forge city-to-city links worldwide. Policy must ensure that community language needs are met consistently and not left to improvisation in times of crisis.

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This article first appeared on The University of Manchester Policy Blogs.

# Pandemic-3.0 and the Cities Game – from crisis to transformation

Joe Ravetz

The COVID-19 pandemic has brought a multitude of deaths, the lock-down of huge populations, and the decimation of economies, not least in the UK. But here we take a forward look on cities and settlements of many shapes and sizes – not only as grey areas on the map, but as the many layered matrix for lifestyles and livelihoods. The pandemic and the immediate responses, in lockdown and distancing, decimation of public transport and others, have sucked life-blood from our cities. If and when the pandemic is contained, will the cities bounce back to the old, or bounce forward to a 'new normal'?

Cities in this part of the world change relatively slowly, but here are there are major disruptions such as political conflict or economic collapse, and it seems the COVID-19 is one of these. To explore such disruptions, and ways to turn such crisis towards opportunity, we have to think out of the box, beyond normal limits. Here visual thinking and 'mind-gaming' is really useful, as part of a synergistic toolkit for problems of deeper complexity.[1] So this blog is a brief sketch with a creative angle, for thett challenge of turning our urban crisis towards urban opportunity. This first instalment raises the questions, projecting what's in motion: the next will respond with pathways for opportunities…
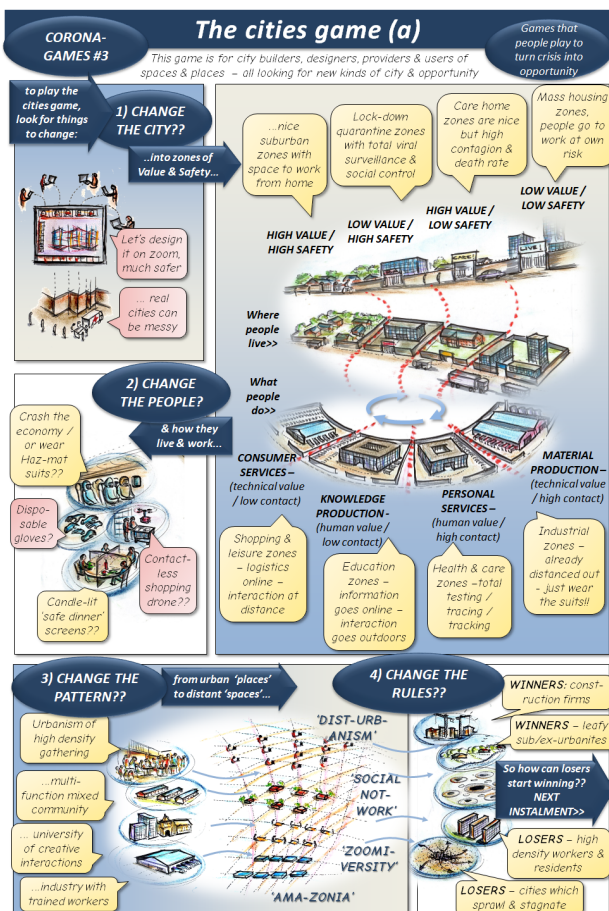
## The Cities Game

The Cities Game here is one of a series, the Corona-Games, following the emerging Pandemic-3.0 agenda (see www.urban3.net). As for the Pandemic 3.0, this is about how communities organizations or societies can learn, think, create and collaborate collectively, to turn the pandemic crisis into new opportunities – a kind of collective pandemic intelligence. This in turn draws on the new thinking in Deeper City.

The Cities Game is played by city builders, investors, agents, designers, providers, managers & many kinds of users of spaces and places. Each in their way will respond to the crisis and damage and disruption, and look for new opportunities, in a kind of real-life Monopoly game. The challenge is that all too often the 'winners' will win more, while the 'losers' will lose more – in this case not only living and livelihood, but life or death itself (shown as the mortality gradient of rich and poor).[2]

This game is arranged in four key questions about what to change: the city order, the people, the spatial pattern, or the rules of the game?

The first question is how to change the 'order' of the city? On current trends it seems quite logical to separate out the different zones of safety and value (although going against many current principles of urban planning and urbanism). Here are some basic combinations for the residential sector:

- High value / high safety suburbs and ex-urbs – gardens and home-work-spaces for knowledge-based professionals.

- Low value / high safety quarantine zones for recent cases and incoming travellers etc, with high levels of contagion management, surveillance and social control.

- High value / low safety care homes and similar institutions, where full contagion management is difficult, and high death rates are accepted for residents and workers.

- Low value / low safety zones: high density estates and neighbourhoods, lacking private space or enclosures, where manual or high-contact workers are at higher risk.

And for the services sector:

- Material production – (technical value / high contact): Industrial zones are already distanced with social management to lower risk;

- Personal services – (human value / high contact): Health & care zones –total testing / tracing / tracking;

- Knowledge production – (human value / low contact): education and knowledge based service zones – information goes online – interaction goes outdoors;

- Consumer services – (technical value / low contact): Shopping & leisure zones – logistics online – interaction at distance.

A second type of question explores the possibility of social and lifestyle change. Will the people accept the wearing of full haz-mat suits in higher risk locations such as public transport? (and will the suits be available?) Will people go to restaurants fitted with glass safety screens?

The third question is more about the structure of spaces and places. This is not something which can be changed overnight, but if there are existing trends, such as the decline of retail high streets, the crisis and its spatial response could accelerate them, and generate new opportunities.  So here are some of the key pillars of urbanism, with possible headlines for what lies ahead:

- Urbanisms of high density gathering, in dense vibrant centres of food and drink, leisure and culture. Can we look for other kinds of spaced out 'dist-urban-ism'?

- Multi-functional mixed communities and neighbourhoods: with the disruption to jobs and services and interactions, we could talk about the 'social not-work'…

- Universities based on creative interactions, set in a physical playground of intensive learning or campus. This sector is especially vulnerable to change, with strong pressure in the direction of a 'zoomi-versity'.

- Manufacturing industry or logistics with trained local labour force, already under pressure to merge into the global platform of logistics and worker-free automation now known as 'Amazonia'.
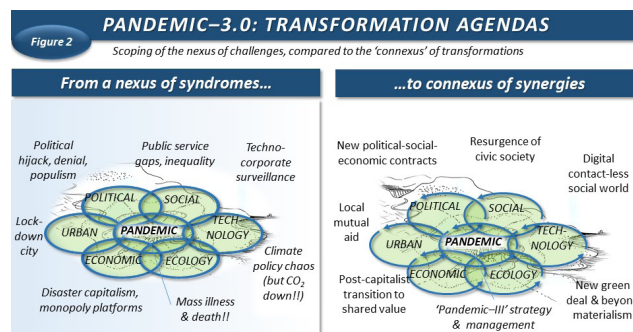
The fourth question is really to sum up the winners and losers so far, and then ask, so what?.  As the pressure ramps up for lower density / higher safety living and working space, the winners will be the construction sector and those already in the desired zones. Meanwhile the 'losers' will be the majority in higher density / lower safety areas, along with whole cities which are likely to sprawl and dissipate. The implication is the search for positive synergies and urban opportunities for all, is ever more urgent.

> The main question here is how cities can best respond, and make the choice between alienation, and a Pandemic-3.0 kind of transformation.

## Societal transformations – by accident or design?

Meanwhile there's a bigger picture, where cities are the spatial layer of other systems – the social, technology, economic, ecological, political and cultural ('STEEPC' for short).  We can follow each of these domains, around the material facts of the pandemic, in the centre of a nexus of inter-connections. As sketched on the left of Figure 2, each of these involves not only material facts such as economic growth, but the underlying layers of discourse and myth between all involved.[3]  And for each part of the nexus there's also a potential counter-case, shown in the connexus on the right, where we can map out the synergies and cultivate the seeds of transformation.



**Figure 2** PANDEMIC–3.0: TRANSFORMATION AGENDAS
Scoping of the nexus of challenges, compared to the 'connexus' of transformations

In the social domain, the pandemic response locks down all forms of direct social interaction, along with one third of economic activity in service consumption: it also exposes the gaps and shortfalls in public services, and the underlying inequality and exclusion.  However there's a

resurgence of social and cultural values, organizations and systems, from singing on balconies to a mass volunteering in the health service.

For technology, the door is open ever wider for techno-corporate surveillance and financial-ization: while local businesses go down, and while community apps and 3D printing emerge, the global 'GAFA' platforms are expanding without limit.  Meanwhile in a possible future world of distancing and 'contactless community', the same digital platforms and networks will be indispensable.

Production in the global economic system has been through possibly its greatest ever shock and reduction of GDP, with untold suffering from the newly sick, unemployed, uninsured and homeless. However there are new patterns of part-time and home-working, along with a new questioning of materialist debt-fuelled production and consumption.

For the ecological and climate agenda, the pandemic slowdown has brought clear skies for the first time in generations, even while climate change, species extinction and toxic overload continues.  While international cooperation will be more difficult, it seems possible that in a post-pandemic era, new forms of the green deal will emerge along with non-material lifestyles.

Political implications spread in all directions – the most obvious being the extraordinary acts of the state underwriting businesses and workers (in many countries) – and the most extreme where large (tax-avoiding) corporates carve up the multi-billion bailouts.  Again in a post-pandemic era we look for pathways for transformation, with new political-social-economic games in play, and a potential emerging collective political intelligence.

Scientific knowledge and expert practice in a post-truth society may yet emerge as the source of trust and confidence. But the massive uncertainties in the basic science are now entangled with existential controversies:  it seems post-normal science is one way to approach this, if it can link 'science' with other forms of knowledge.[4]

And coming back round to cities and settlements, as above the current trends are pushing towards low density, distanced, virtualized, segmented urban forms – at the same time as newly found aspirations for local communities, mutual aid and public service.

The main question here is how cities can best respond, and make the choice between alienation, and a Pandemic-3.0 kind of transformation. In this they might need the

'pathways from smart to wise' which are beginning to emerge: collective financial intelligence, integrated positive health systems, inclusive social mesh-works, synergistic business-enterprise models, deliberative-associative multi-level governance, and so on.

And more than any one of these, the Pandemic-3.0 agenda calls for a collective intelligence which can realize the new potential from the ashes of the old.  For which, see the next instalment…

*Joe Ravetz, Research Fellow in Planning and Environmental Management, The University of Manchester*

[1] Waltner-Toews, D, Annibale Biggeri, Bruna De Marchi, Silvio Funtowicz, Mario Giampietro, Martin O'Connor, Jerome R. Ravetz, Andrea Saltelli, and Jeroen P. van der Sluijs. (2020) PostNormal Pandemics: Why COVID-19 Requires A New Approach To Science. Discover Society.

[2] Inayatullah, S, and Black, P, (2020).  Neither A Black Swan Nor A Zombie Apocalypse: The Futures Of A World With The COVID-19 Coronavirus. Journal of Futures Studies.

[3] ONS (2020) Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020. ONS Statistical Release

[4] Ravetz, J, (2020), Deeper City: collective intelligence and the synergistic pathways from smart to wise. NY, Routledge.

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# Inflammatory Bowel Disease and COVID-19: experiences of those well versed in social distancing

Poppy Budworth

The global outbreak of Coronavirus has prompted important questions around the impact of isolation on people's mental and physical health, interactions with the environment, their relationships, work life and social life. The words 'social distancing' have echoed in many of our minds over the last few months, shaping the everyday practices and urban encounters for the whole UK population. But for a large proportion of people living with active Inflammatory Bowel Disease (IBD), physical distancing, staying at home, and avoiding social contact is already a big part of everyday life. The taboo subject of toilet trouble, the embarrassment around smells and sounds, the urgency of bowel movements and the chronic pain and fatigue, often orients the lives of those living with the disease.

IBD, also known as Crohn's or Ulcerative Colitis, is an autoimmune disease affecting various parts of the digestive system from the small intestine to the rectum. There are a number of different symptoms associated with IBD, including stomach pain, the passing of blood and mucus, uncontrollable bowel movements and extreme fatigue. With around 300,000 people in the UK living with IBD, it is important to recognise the various ways in which Coronavirus has impacted people's emotional and physical wellbeing, as well as acknowledging how discussions around isolation and vulnerability have the potential to create positive, long term change for those living with chronic illnesses. For the majority of the population, the end of lockdown will signal a return to normality, but what does this mean for those who distance themselves regardless of a global pandemic, and how can we create a 'new normal'?

## Living with IBD

Living with IBD and avoiding coronavirus has created an emotional and physical paradox. Those diagnosed with IBD, who are either managing their disease, receiving treatment, or awaiting/recovering from surgery, will have received a letter or text regarding their risk level of catching and recovering from Coronavirus. With low and moderate risk groups being told to practice stronger social distancing, and the most vulnerable groups being told to practice the strongest level of isolation known as 'shielding', the simple categorisation of one's body can induce various feelings and worries and impracticalities. According to NHS guidelines, the term 'shielding' is used as a measure to protect extremely vulnerable people through the minimisation of interactions with others. Throughout the

> The experiences of those still visiting hospitals will vary significantly between those living in urban and sub-urban areas compared to rural, those with access to cars compared to those that rely on public transport links which are now deemed unsafe.

Coronavirus outbreak, the NHS and UK government have strongly advised those identified as high risk to shield, meaning they should stay at home and minimise all non-essential contact with members of their household.

But for many, the practicalities of isolating from your family is almost impossible. Firstly, people who live with IBD still have the same responsibilities as those who do not; they are mothers and fathers, sons and daughters, brothers and sisters, carers, students, friends, health care professionals, key workers, and much more; they are everyone of us. Considering this, many people are unable to follow the strict guidelines they have been recommended. Moreover, the inability to follow such guidelines also reflects the social differences across the country, which are often reproduced by the spatial and relational limitations which come with IBD. For example, the experiences of those still visiting hospitals will vary significantly between those living in urban and sub-urban areas compared to rural, those with access to cars compared to those that rely on public transport links which are now deemed unsafe. The lack of guidance on how to mitigate against the consequences of having to carry on with normal life, and the self-responsibilisation of one's health, demonstrates the multi-pronged burden of being chronically ill during a global pandemic.

## Being 'high-risk'

In many high risk IBD cases, patients are often undergoing biologic or immunosuppressant treatment and need regular tests to ensure the safety and sustainability of

their medication. In essence, a number of people with compromised immune systems are simultaneously told to avoid ANY contact, even with family members, and to continue with their IBD treatment in hospitals and doctors' surgeries. The consequences of trying to negotiate between staying safe and tackling their illness can create an enormous amount of stress and anxiety for the individual and their family; making an often isolating situation even more difficult.

As well as those deemed high risk, there are people who are managing their disease, or who are in remission, who have been characterised as 'vulnerable' and 'at risk' by post or text. This can prove to be an extremely confusing time for people, as it can bring to the surface the struggle between how people feel in themselves, how they look on the outside to others, what's happening on the inside, and what they are being told by a healthcare professional. This, combined with the avoidance of face-to-face contact and counsel, can be very frustrating. The conflict between the internal/external experiences of the body, as well as what's visible/invisible to others, raises an important discussion about the role of our bodies in our experiences, perception, our identity and our relationships. Once again, the necessity of a reliable and familiar body in today's fast paced world has been re-affirmed, raising questions about how society works to include, and exclude certain bodies and behaviours.

## Social vs physical distancing

As mentioned, the term 'social distancing' is both representative of, and problematic for, many people tackling IBD symptoms. Although chronic illnesses can result in many people avoiding social situations, virtual space and communication has shown to be of key importance for many living with IBD. With Facebook support groups and Instagram public figures with large followings (for example @crohns.mummy, @thegrumblinggut, @amberostomy) showing the highs and lows of living with IBD, there is a clear difference between physical distancing and social distancing. The close-knit virtual communities highlight the varying experiences of IBD, sharing personal experiences of those who live day to day with minimal health concerns as well as those who experience chronic pain and fatigue. Charities such as #GetYourBellyOut and Crohn's and Colitis UK continually reiterate the importance of sharing stories, and this has prevailed during the last few months. Although each IBD story is different, what the online community

demonstrates is the mutual respect for tackling the disease together, how to adapt, be resilient and create a 'new normal' for yourself and your family. What's significant here is the emphasis on each persons' experience of IBD being different, which contrasts significantly to the impersonalised, an often contradicting advice people have received through letters and texts.

It is important to recognise that as well as playing a positive role in people's life, social media can also work to isolate and demean those living with a chronic illness such as IBD. Across Instagram, Facebook and Twitter there is a constant feed of hashtags, trends and challenges which can reaffirm the unreliable, and less-than-ideal body many IBD suffers feel they live with. For example, popular influencers posting about their lockdown health kicks, or home exercise regimes, as well as friends and families running 5km's for charity or sharing their travel pictures online. This again allows for a divide between those bodies that are able, and those that are not.

Coronavirus has created an enormous amount of anxiety for people all over the world. Whether you are a parent, a carer, a student, a healthcare professional, everyone is feeling the worry and pain induced by the Coronavirus outbreak. But for those living with IBD, the events of the last few months have both heightened, and entrenched the stresses and impacts of living with a chronic illness. The discussions surrounding social distancing and mental health issues raise fundamental questions about how we protect people who come into contact with isolation and vulnerability on a day to day basis. Developing a society with caring infrastructures to protect those with bodies who deviate, will be fundamental to the 'new normal' post-COVID19. This requires greater flexibility, social cohesion and more nuanced urban policies, which together recognise the complexities of living with chronic diseases.

*Poppy Budworth, postgraduate student, The University of Manchester.*

# Build in haste, repent at leisure? Post-pandemic planning at the precipice

Iain White, Graham Haughton and Nuno Pinto

- Current relaxed planning regulations in England risk creating near-inhospitable environments for some people in lockdown.

- There has been a move in some countries to further relax regulations to incentivise economic recovery, bypassing public scrutiny and undermining environmental protections.

- After the pandemic, planning policy must be rebuilt with fairness, transparency and accountability in mind.

- Local projects, which promote long-term growth, should be prioritised.

A wide-ranging discussion on the implications of the COVID-19 pandemic by city mayors, academics, and others, has evoked new ideas on how we live and move, and on how to transition economies to be greener and cleaner. Despite such good intentions, as the dust settles, we run the risk of returning to 'business as usual' and we are already seeing much new thinking side-lined, alongside a reversion to familiar narratives of 'speed' or 'red-tape'. We must be cautious about altering the planning system so it can do the wrong thing more efficiently.

## The cost of fast-tracking infrastructure

Under pressure for quick results, there are signs that some governments seek to short-circuit the planning system in order to expedite development. For instance, the mooted 'shovel-ready' infrastructure stimulus in New Zealand aims to create a fast-track process, where politicians select projects and there is no opportunity for citizen involvement. Significantly, the Minister in charge said that there should be a high level of certainty that consent is given. Meanwhile, Australia's version of 'fast-tracking infrastructure' sees a call not just to cut 'red-tape' but 'green-tape' too—that is, environmental regulations. In the UK, the Transport Secretary recently used the term 'bureaucratic bindweed' to describe rules in the current system that presumably need to be eliminated.

During the current pandemic, English local authorities were initially forced to abandon their planning committees, instead giving greater powers to officials, sometimes aided by senior local politicians, to decide on major, occasionally contentious, projects. Requirements to publicise site notices have been relaxed in England, while the Housing Secretary has announced that instead of traditional methods, local councils and developers can use social media to publicise applications to 'unblock' planning. This is bad news for those without social media or access to technology or data, discriminating particularly against the elderly and the most vulnerable. While some local authorities in England have now adopted virtual planning committees, many have been slow to introduce them.

Under these relaxed measures, opportunistic developers may have been emboldened by relaxed planning requirements to bring forward proposals that are likely to be locally contested, hoping this might improve their chances of slipping projects through.

We structure our discussion about improving the processes of planning under three headings: better planning before, during, and after future pandemics.

## Better planning anticipating pandemics

Having now experienced social distancing and lockdown, and with the prospect of a pandemic a recurring possibility, planners need to prioritise actions that better prepare for the implications. It is clear we need better provision of both private and public space. Homes need to be built to higher standards. Under current English regulations – as a recent case in Watford revealed – it is possible to build homes without windows, a decision upheld by the planning inspectorate, against the objections of local planners and politicians. Imagine an elderly or vulnerable resident being locked-down inside such a development.

> Under these relaxed measures, opportunistic developers may have been emboldened by relaxed planning requirements to bring forward proposals that are likely to be locally contested, hoping this might improve their chances of slipping projects through.

Fortunately, the considerable public outcry, media attention and political opposition appears to have seen the developer reconsider the scheme. This only goes to show the importance of proper local scrutiny of development proposals. The problem here is that the English planning system no longer does this in all cases, and fast-tracking may give more power to developers. Rather than give away more permitted development rights, we should be looking to limit them, restoring local democratic scrutiny and the rights of local residents and citizens.

### Better planning during pandemics

Local authorities need clear plans in place for how planning decisions will be made in any future lockdown or enforced social distancing. Major projects must not be waved through under emergency rules, and predatory developers wishing to exploit any perceived relaxation in planning approvals need to be discouraged, perhaps by removing their right to appeal any planning decisions taken under lockdown and instead giving the public the right to appeal.

In terms of planning to exit a future pandemic-related recession, rather than relying on large scale mega-projects ushered through without adequate political scrutiny and public consultation, there is much to be said for encouraging smaller projects that emerge out of local consultation and that are open to robust challenge under effective local planning systems.

Local projects might be slightly slower to be approved, but much quicker to build than, for instance large-scale road projects. They also tend to be better fitted to the nature of places that they occur in and jobs more likely to be local.

### Better planning processes, fit for rebuilding the post-pandemic world

Considering how the public expectations of transparency and fairness have been raised during the pandemic, we should also expect citizens to question the politicians who use expert advice to deflect, blame or limit meaningful opportunities for public engagement.

Over the past decade, in England and elsewhere, planning systems have been loaded in favour of developers and their advisors and against local communities. Backing up this state of affairs has been growing recourse to poorly specified technical processes which serve to bamboozle and outmanoeuvre the public.

The planning system needs to be reset, so that the

language and techniques of planners, developers, and consultants are intelligible, transparent and favour honest communication between politicians, stakeholders and the public. The fear is that in the rush to rebuild, the bigger projects that are being politically favoured, tend to be complex and technical, and if they are rushed through, there will be even less space for better processes.

### Conclusion

Rather than build in haste and repent at leisure, we need to think deeply about how the planning system can be repurposed to suit the emerging challenges for cities, not least in relation to the once-in-a-generation investment and the revised expectations from the public around transparency and fairness. Planning, like policing, is at its best when it works on the basis of consent–attempts to reduce opportunities for scrutiny, challenge and dissent threaten the legitimacy not just of planning, but the whole development process.

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