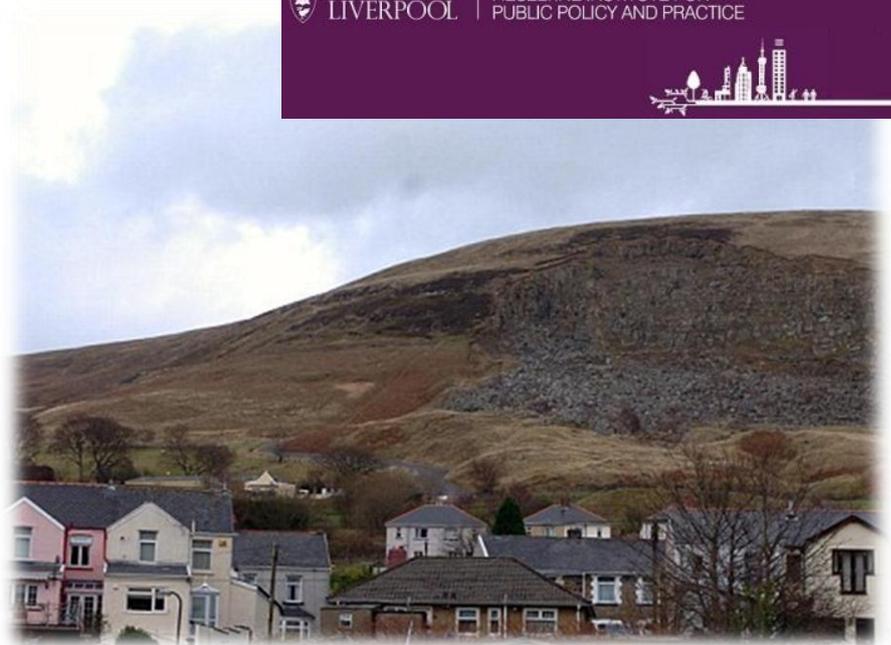
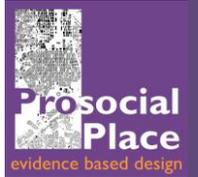


Graham Marshall | Rhiannon Corcoran



WALES
REGENERATION
SUMMIT 2014

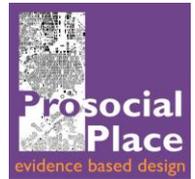
HEALTH AND THE DESIGN
OF TOWNS AND CITIES



Transcript of the Keynote Talk | prosocial@maxim-ud.co.uk

Health and the Design and Development of Towns & Cities

Transcript of the Keynote Talk



Graham Marshall

BA(Hons) | PGDipLA | MAUD | CMLI

In 1991, Graham was Design Team Leader at the **National Garden Festival Wales**. In 1999, he became a founding Director of **Liverpool Vision Urban Regeneration Company**, responsible for the creation and successful delivery of the city centre Strategic Regeneration Framework, winning many awards for this work.

Establishing **Maxim Urban Design** in 2004, Graham changed his focus from cities to towns and communities, acting primarily as a design advisor to public clients. At the same time, he was an Urban Design Advisor to the **London Development Agency**, and an active member of several regional Design Review Panels. He is a Built Environment Expert with **Design Council CABE**, acting in an enabling capacity and is a trained member of their current Active By Design Programme.

In 2013, Graham established the **Prosocial Place Programme**, partnering with academic colleagues in Liverpool and Middlesex Universities to address the issues of 'harsh environments' and their effects on communities through an evidence base approach to urban planning, design, development and management. He has transformed Maxim into a social enterprise, **Prosocial Place**, to implement this action research.

Prof. Rhiannon Corcoran

Rhiannon is a professor of psychology at the **University of Liverpool Institute of Psychology Health and Society** and has been researching the psychology of mental health and wellbeing for over 25 years. Rhiannon co-directs the Prosocial Place Research Programme with the aim of understanding the interactions between mental, social and physical capitals to address the toxicity of cities for mental health and wellbeing.

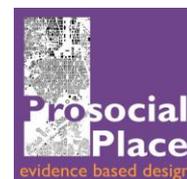
Rhiannon co-directs the University's **Heseltine Institute of Public Policy and Practice**. She leads the health and wellbeing theme addressing the research impact agenda by connecting the university's researchers to national and international practitioners and policy makers across 5 place-based themes: community, power and democracy; integrated care; mental health and wellbeing; intergenerational approaches; assessment and evaluation of community policies and programmes.

Rhiannon co-directs the Improving Mental Health theme of the **National Institute of Health Research North West Coast CLAHRC Programme**. In this she works closely with Liverpool's Clinical Commissioning Group, Public Health department and Mersey Care Mental Health Care Trust. Rhiannon is a trustee and director of the service-user led charity the **Liverpool Mental Health Consortium**.



Health and the Design and Development of Towns & Cities

Transcript of the Keynote Talk



Graham introduced the talk and set the scene...

Slide 1 - Cover Slide

We have been asked to talk about Health & the Design of Place today and I will start by framing the question and setting the context.

Today we are facing a new public health crisis as great as the Victorians...but to address it we need to start with some new thinking...particularly about design.

Slide 2 – The Vision for Wales

This Vision for Wales is as complete as it is universal...interestingly, it could say Vision for New South Wales or Swansea just as well.

The *important thing* is that it illustrates the common needs of people wherever they live...it speaks of a human ecology.

Slide 3 – The Baseline

This is a terrible headline from the Daily Mail – not my usual source of information – but the statistics are consistent with CREW's Deep Space Study undertaken in Tredegar.

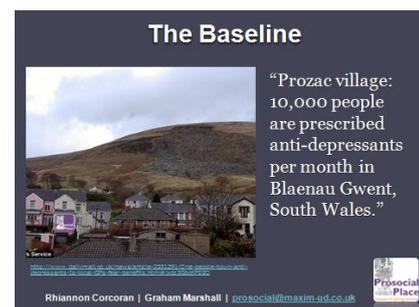
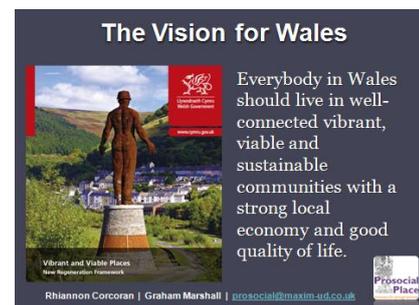
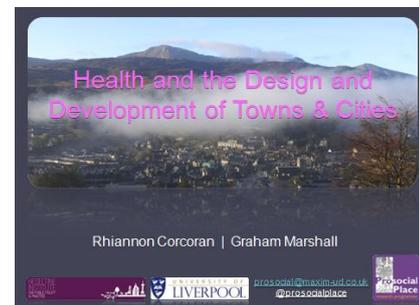
However, what does this reflect:

- Is it a misdiagnosis?
- Are people instead languishing?
- Is it the place; does design have something to do with it?
- Or is it as the Daily Mail claims; people are saying that they are depressed to gain more benefits?

If this latter is the case, that's alright; people are just foraging effectively in a harsh environment! **The important thing is that we ask the right questions.**

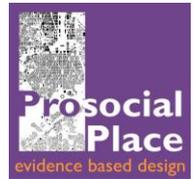
Rhiannon will explain the psychological issues at play here later, but for now it is enough to know that some places are more likely to cause distress than others.

The house under the logo was my home in 1992 whilst working on the Garden Festival. Although I was happy then, I was aware of the hopelessness of the place engrained in its structure and its prospects.



Health and the Design and Development of Towns & Cities

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Slide 4 – Delivering the Vision

Today we are going to share our thoughts on delivering the Vision by:

- Understanding the urban context
- Defining the health and wellbeing agenda, and
- Setting out an OUTCOMES basis for policy development.

Slide 5 – Urban Design Assumptions

If we start with placemaking, there are some key issues to contemplate.

The first is the manner in which we design places. All new development proposals pass through the planning system with the purpose of fixing some form of quality standard.

Over recent decades we have developed design guidance to set agreed quality outcomes...but still there are problems.

Government, built environment professionals and developers agree on the need for 'good design' but disagree on what that is. Some even regard 'design' as a luxury.

The current guidance, developed in 2012, is still largely based on the architectural tenets of good design laid down by the Roman architect Vitruvius in the 1st century BC.

This is reflected in the diagram championed by CABE over the past decade – it is aesthetically based and we argue, an inappropriate approach given the current crisis in our towns and cities.

Slide 6 - Urban Design Assumptions

But when we ask for things to be 'well designed', what do we mean?

In 2012, Dr Steven Marshall published a paper interrogating urban design theory and found it wanting.

The key issue is that it is based on assumption and consensus, and open to wide and personal interpretation by all players in the built environment. Because there is no scientific evidence base there are no clear definitions.

As Groucho Marx might have noted...there are plenty of principles to choose from to help justify bad design.

But the **really big issue** is the lack of a mechanism to direct the principled management and evolution of existing places.

Delivering the Vision

- **Understanding the Issues**
 - Urban Design Assumptions
 - Provision Based Interventions
 - Our Relationship with Place
- **Developing Integrated Policy**
 - "No Health Without Mental Health"
 - Underpinning Policy with Health & Wellbeing
 - A Health & Wellbeing Value System
- **Delivering Collective Outcomes**
 - Co-producing "Well-design"
 - Consolidating Evidence
 - Health & Wellbeing Outcome Evaluations

Rhiannon Corcoran | Graham Marshall | prosocial@maxim-ud.co.uk

Understanding the Issues

Urban Design Assumptions

"Well designed places are successful and valued. They exhibit qualities that benefit users and the wider area. Well designed new or changing places should:

- be functional
- support mixed uses and tenures
- include successful public spaces
- be adaptable and resilient
- have a distinctive character
- be attractive
- encourage ease of movement."

(UDPP Planning Practice Guidance: Paragraph 015)

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Understanding the Issues

Urban Design Assumptions

"Well Designed" is a meaningless phrase that assumes we all understand the same thing - there is little or no evidence to support these urban design assumptions.

"Science, pseudo-science & urban design:

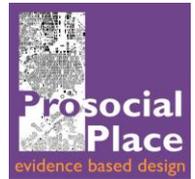
- *Abstract: Urban design theory has been criticised for being incoherent and insubstantial.*
- *Generally uncritical affirmation as if factually established.* (discussing Lynch - The Image of the City)
- *...urban design rests on...a foundation of untested hypotheses...*"

Dr Stephen Marshall, Bathurst School of Planning URBAN DESIGN International (2012)

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Slide 7 – Provision Based Interventions

When we do address urban issues, it tends to be a reactive process working to a narrow agenda. Highway planning is a great case in point where the need is entirely focussed on the management of traffic. The slide shows Here a new traffic scheme implemented in Bristol in 2006 at a cost of millions.

Although the traffic flowed, it created a harsh environment for pedestrians and had a negative effect on the local economy. This imposed provision for traffic forced a set of detrimental behaviour changes in the people who passed through and used this area:

- Aggressive driving styles
- Pedestrian discomfort, and
- Low investment.

8 years later and the city council are redesigning this area to redress the balance.

Importantly, it reminds us that although there is never enough time or money to do things well, there is always enough time and money to go back and do them again!

Slide 8 - Provision Based Interventions

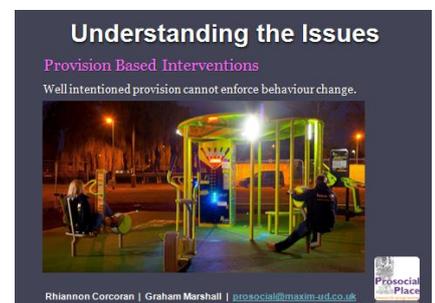
However, not all provision results in a behaviour change. We have become focussed on health as an issue without really understanding the urban context that contributes to poor health. Single issue approaches demonstrate a lack of deep understanding.

For example, building green gyms is more likely to serve the already active rather than those that need to change their behaviours most. Similarly, promoting green spaces, trees, 'green anything' is a wrong approach – the people of Blaina all have views of spectacular scenery, and trees, and can access environments of the most fabulous quality.

The worrying thing is that designers – operating on their own shaky foundations – are stepping forward with 'new ideas' for health and wellbeing! It is *essential* that we work smarter than this.

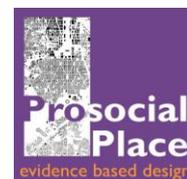
Slide 9 – Our Relationship with Place

As the slide indicates, if 85% of people intuitively feel that the environment is important, that is a good starting point. I think that it affects 100% of the people and that is a basis for taking a human ecological approach to thinking about place.



Health and the Design and Development of Towns & Cities

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Slide 10 - Our Relationship with Place

So what do we mean by Place? Place is the environment in which we forage for survival.

We are very adept at responding to change and capitalising on opportunities. Research indicates that we originally settled in disturbed landscapes with diverse ecologies – volcanic areas, coasts, river valleys forest edges. They provided shelter, places to ambush prey and places to hide from predators. These were the optimal environments we chose to be in.

We then cultivated the land to our benefit and eventually urbanised to create the most optimal foraging environments – in a sense we created new geologies with our architecture and new environments in which to forage. *Importantly*, we should be pro city and seek the best from them for everyone.

Slide 11 - Our Relationship with Place

Our urban environments should therefore be the most optimal yet and we should all be thriving. Unfortunately the reality is different. Many are trapped in harsh environments where wellbeing and life expectancy is reduced.

When the key capitals of individuals, communities and built infrastructure are separated, environmental capital becomes toxic and has a negative impact on economic capital.

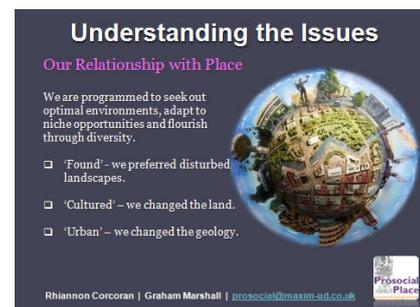
The cost of managing this scenario becomes unsustainable with the knock-on effect of being unattractive to investment. A vicious downward spiral is established. *Importantly*, health seems to be the biggest casualty in this world.

Slide 12 - Our Relationship with Place

When we bring the capitals together we have an opportunity to create a benign environment in which we can begin to connect and cooperate and thus thrive.

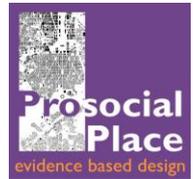
Places become low cost and attractive to investment, setting in train a virtuous process. Our challenge is therefore to create places that have a positive impact on our behaviours – to enable cooperation and thus prosocial behaviour.

This is an evolutionary approach to placemaking, with an evidence base grounded in evolutionary psychology. *Importantly*, it is about human ecology and links positively back to the Vision for Wales.



Health and the Design and Development of Towns & Cities

Transcript of the Keynote Talk



Rhiannon provides a scientific view....

Slide13 - No Health Without Mental Health

I'll start with a few extracts from "Learning Lessons from the Past: Shaping a Different Future" the report from one of the Marmot Review Working Committees on health inequalities (Hunter, Popay, Tannahill, Whitehead & Elson)

"We believe that a fundamental shift is required away from centrally driven, target-focused approaches and towards new systems-based approaches, locally-owned, which recognise the inter- relationships between the determinants of health inequalities and focus on fundamental causes."

Hunter et al. went on:

"The key message is that there is no single or simple solution: the problem is complex and multi-faceted and requires an ecological approach to change. "

And finishes:

....."If the response is once again narrow and focused on lifestyle, the outcome will once again be a failure to impact significantly on inequality"

As this quote emphasizes, the public health evidence on behaviour change approaches aimed at promoting healthy active life styles has tended to be disappointing. Provisions such as green gyms and, indeed green spaces, tend to be used by those whose behaviour doesn't need to change -those who are already engaged in physical activity and are therefore 'healthy' anyway. The benefits of such provision seldom, if ever, reach those who cannot find the will or who are too self-conscious or anxious to use these public facilities.

So, where is the correct place to start when thinking about the role of place-making in the promotion of health and wellbeing?

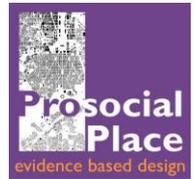
Probably the most fundamental principle is embodied in the Govt's "No Health Without Mental Health" policy that places mental health and wellbeing at the top of the health agenda. Mental health conditions, which are reaching epidemic levels in the UK, compromise the psychological features that help us to turn good intentions into actions – motivation, self-efficacy and agency. A relative loss of these same features characterise the state of low wellbeing known as "languishing" – also extremely common in the UK but often mistaken for depression and so medicated.

Typically our inner cities are associated with higher prevalence of MH conditions and languishing. Since the 30's it has been argued that this



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Transcript of the Keynote Talk



is likely to be due to poor social integration, social isolation, discrimination and deprivation in cities. These statistics do not seem to be explainable using arguments such as ‘social drift’.

Our own research and practice is predicated on the notion that prosociality, a fundamental feature of successful social species, provides a more coherent and integrated explanation of this toxic impact of cities. Prosociality includes empathy, altruism and cooperation and is the bedrock of community. We know that prevalence of MH difficulties differs from city to city and within cities as does the range of neighbourhood prosociality. There are some direct consequences of current urban management practice that make prosocial outcomes less likely.

Slide 14 - Underpinning Policy with Health and Wellbeing – Scottish Policy

We may be able to learn something about how place-making can promote health and wellbeing from current UK mental health and wellbeing policies. Equal Minds the policy document from Scotland on improving mental health provides an excellent place to start because it makes strong recommendations about the role of place-making for wellbeing. It specifically recommends multi-agency working across regeneration and social inclusion agendas and stresses the need for regeneration to have a clear psychosocial focus.

Slide 15 - Underpinning Policy with Health and Wellbeing – Welsh Policy.

The Mental Health and Wellbeing Strategy for Wales – “Together for Mental Health” - places some emphasis on communities in tackling MH together. However, it is not so confident in its specific recommendations around multi-agency working— although there is mention of the need for sensitive planning and positive activities. Liverpool CCG’s new mental health and wellbeing strategy centres on establishing ‘resilient communities’.

Slide 16 - A Health and Wellbeing Value System

I am going to turn now to the question of what is actually meant by ‘wellbeing’ to see if any clues lie there. The word has lost some of its nuanced meaning in translation from the academic world of positive psychology into the everyday. Most importantly, research into psychological wellbeing clearly demonstrates that sustained wellbeing definitely does not depend on economic growth, consuming or spending more. Instead it is based on the drive for a meaningful life. In measures of psychological wellbeing you find factors such as ‘personal growth’ ‘environmental mastery’ ‘autonomy’ and ‘purpose in life’. In other words, sustained wellbeing comes from the satisfaction of human needs not human wants or desires.

Developing Integrated Policy
Underpinning Policy with Health & Wellbeing

“Scottish National Programme for Improving Mental Health”

- Regeneration and social inclusion programmes need to work together – effective multi-agency working.
- Regeneration initiatives need a psycho-social focus.
- Individually tailored approaches that aim to address the needs of specific communities.
- Flexible timescales and stable provision to allow long-term planning and to ensure continuity in sustained relationships.

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Developing Integrated Policy
Underpinning Policy with Health & Wellbeing

“Together for Mental Health - A Mental Health and Wellbeing Strategy for Wales”

“Within communities - This section further restates the link between deprivation and poor mental health, and the need for preventative action in areas of deprivation. It seeks to promote mental wellbeing through:

- Targeted community programmes.
- Sensitive planning and environment policies.
- Positive activities such as sport, arts and culture.
- Good practice in schools and in the workplace.”

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Developing Integrated Policy
A Health & Wellbeing Value System

Sustained wellbeing definitely does not depend on economic growth, consuming more or spending money.

Wellbeing must be the lead outcome in all place-making policy areas including planning, development and management:

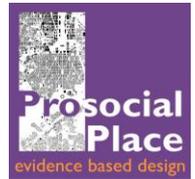
- Town & city centres – Town Teams?
- Neighbourhoods.
- Infrastructure.
- Movement and public realm – Place Directorates

Should all new developments incorporate health and wellbeing impact assessments?

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Health and the Design and Development of Towns & Cities

Transcript of the Keynote Talk



Once we have insured our survival, and unemployment is a key concern in this regard of course, most human needs relate to our social world. This is why all place-making policy must endorse psychological wellbeing as a primary outcome. The development of Town Teams and Place Directorates seem a good starting place to work collectively, in a joined-up way organically from the bottom up and strategically from the top down.

Slide 17 - Co-producing “Well-Design”

Now I want to illustrate how shared cross-agency collective outcomes around wellbeing might work to make well places. In doing this I’ll make use of the Five Ways to Wellbeing, which was produced by the NEF as part of the Govt Office for Science / Foresight Report (2008) on Mental Capital and Wellbeing (“Mental Capital and Wellbeing Making the Most of Ourselves in the 21st century”) and are widely adopted by public health departments in the UK.

The specific question I want to ask is: can the ‘Five Ways to Wellbeing’ deliver objective, evidence-based place-making principles? Can we make well places through a process that I’m going to call ‘well-design’?

Slide 18 - Co-producing “Well-Design” - Get Connected.

The first of the 5 ways to wellbeing is to ‘connect to the people around you’. Connectivity is an established principle of urban design.

Hence:

“Well-Design should facilitate movement between gathering places and interaction between people.”

In principle this is easy and common-sensical. In practice connectivity at the human level is more difficult to achieve in our towns and cities - with traffic highways typically riding rough shod over human level connectivity and inhibiting social interaction at the street level.

Slide 19 - Co-producing “Well-Design” – Be Active

The second of the 5 ways to wellbeing is ‘be active’. Again, the translation of ‘be active’ into place-making is already endorsed. While this is only part of a suite of measures that, by itself, will not work, Design Council CABE’s programme “Healthy by Design” is an example of well supported current practice.

Hence:

“Well-design should prioritise active movement in the public realm and generally facilitate the pursuit of physical activity.”

Delivering Collective Outcomes
Co-producing “Well-design”
Can the ‘Five Ways to Wellbeing’ deliver place-making principles?
The NEF report (2008) identified that people reporting higher levels of wellbeing tend to be:

- more involved in social and civic life.
- more likely to behave in environmentally responsible ways.
- have better family and social relationships at home.
- more productive at work.

CONNECT Give TAKE NOTICE KEEP LEARNING BE ACTIVE
Rhiannon Corcoran | Graham Marshall | prosocial@maxim-urd.co.uk

Delivering Collective Outcomes
Co-producing “Well-design” – Get Connected
People are the cornerstones of well life providing support, enrichment and opportunity.
Well-Design should facilitate movement between gathering places and interaction between people.

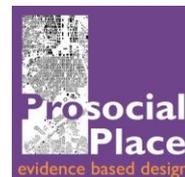
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Delivering Collective Outcomes
Co-producing “Well-design” – Be Active
Well-design should prioritise active movement in the public realm and generally facilitate the pursuit of physical activity.

You're almost there! Keep going! Only a few more steps to go!
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Health and the Design and Development of Towns & Cities

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Slide 20 - Co-producing “Well-Design” – Take Notice.

The 3rd of the 5 ways to wellbeing is to take ‘notice of the world around you’ –be involved with your world, not disconnected from it and notice the changes in it. Partly as a result of the car dominated world, adults have become rather detached from the changing world. The little man in the image reminds us that our connection to the world, and our fascination with it, is innate and so needs to be enabled. Therefore:

“Well-design should prioritise people’s conscious awareness of and engagement with place.”

Specifically:

“Well-design should support flexible dynamic design to surprise or re-orient people’s attention.”

One observational measure of this could be how often people look up from their gadgets or remove their earphones as they pass through places.

Slide 21 - Co-producing “Well-Design” – Keep Learning.

The 4th of the 5 ways to wellbeing is to ‘keep learning’ – be mentally active. You might now be thinking, how can we, as place-makers, be responsible for keeping people mentally active? But surely this is central to what you do. When we consider the evidence, 2 guiding principles of well design emerge in relation to ‘keep learning’.

First:

“Well-design should endorse engaged design to enable individuals to learn about and consider their place.”

Second, our brains develop in response to our environments. It is an organ devoted to responding to the uncertainties that characterise our world. It is in the challenges presented by uncertainty where place-making can exercise the mental musculature.

Hence:

“Well design should encourage conscious ‘foraging’ not habitual or dictated movement patterns so that dealing with uncertainty engages the brain.”

And, linked to this:

“Well-design should avoid paternalistic, risk-averse approaches to place design and management that strip individuals of their choice and their sense of agency.”

Delivering Collective Outcomes

Co-producing “Well-design” – Take Notice

Well-design prioritises people’s conscious awareness of place.

Flexible dynamic design to surprise or re-orient people’s attention.

Good urban design should make people look up from their gadgets and remove their earphones



Rhiannon Corcoran | Graham Marshall | prosocial@maxim-ud.co.uk



Delivering Collective Outcomes

Co-producing “Well-design” – Keep Learning

Well-design should endorse engaged design to enable individuals to learn about their place.

Encourage conscious foraging where dealing with uncertainty engages the brain.

Avoid paternalistic risk-averse approaches which strip individuals of their choice and their sense of agency.

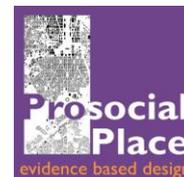


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The church images here highlight this final point well showing the dominant impact of the over-the-top crossing that, even in these static images show how the sense of tranquillity is lost along with the loss of self-efficacy of anyone trying to cross the road. The other image is of Poynton, south of Manchester, where a new high street development working on shared space principles has re-invigorated the community on all levels and enables active decision-making and human level connections between people using all forms of movement through and within the space (Poynton Regenerated:

<http://www.youtube.com/watch?v=-vzDDMzq7do>

Slide 22 - Co-producing “Well-Design” – Give

The final of the 5 ways to wellbeing is ‘to give’ – volunteer, share and get involved for the public good.

Place-making professionals can seem aloof or remote to people who live in the places they deal with; perhaps they should consider a different model of working along the lines of providing their ‘expertise on tap and not on top’.

Hence:

“Well-design should give ‘place’ back to people’ by prioritising co-production in place-making.”

In enduring circumstances where control and agency has been lost, people will need to be permitted to re-claim their own places. So,

“Well-design should enable and loudly permit, volunteering in the pursuit of good places to live.”

The canvasses shown on the slide are of research we have undertaken using our ‘design your own’ workshop methodology with volunteers from The Reader Organisation. In this research we were able to show how our volunteer’s relationship with place developed with increasing involvement in place-making, progressing beyond an egocentric response to an allocentric response to place.

Finally, to encourage ‘giving’ – the prosocial motive:

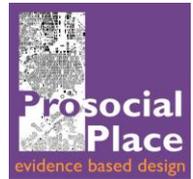
“Well-design must encourage flexible spaces to accommodate prosocial community activity.”

Poynton again provides an excellent delivered example of regeneration that has enabled exactly this in the form of increased empathic and thoughtful interactions.



Health and the Design and Development of Towns & Cities

Transcript of the Keynote Talk



Slide 23 - Delivering Collective Outcomes - Health and Wellbeing Outcome Evaluation.

Clearly it is important that we demonstrate the relative successes in delivering collective objectives such as these. How can we do this?

First, the measurement of success in terms of sustained wellbeing will necessitate longitudinal monitoring and evaluation of the impact of our made places. However, it's very important to stress that well-design principles will fail to produce sustained wellbeing outcomes if place management fails to maintain. In this the work of third sector organizations like "Living Streets" can help to maintain the correct human-level focus.

The monitoring and evaluation of public involvement in place-making is important too. The mantra – "no decision about me without me" works equally well for place-making as it does for the NHS.

Slide 24 - Delivering Collective Outcomes – Consolidating Evidence

To finish, let's think about how we can insure sustained good practice into the future.

Obviously we need to collect and share data; evidence and best practice and resource should be set aside to support community-led evaluation and to disseminate good practice.

Very important too is the building of capacity in our professionals. Let's advocate cross-discipline training and working in place-making and public health. Joint summits could be part of the way forward.

I would emphasise too the usefulness of co-producing accessible 'lay' statements demonstrating the 'joined-up approach and the shared health and wellbeing objectives. These documents will help to dispel the many myths that surround place-making that can lead people to believe that the exclusive expertise of place-making must lie with professionals. Such statements can begin the process of re-introducing mastery and agency in communities.

Finally, I'd emphasise the importance of working with research active policy - interested social science academics. These folk are good at developing standardised tools, models and approaches to insure that we continue to use evidence-based best practice in the design of well-places.

Delivering Collective Outcomes

Health & Wellbeing Outcome Evaluations

Major developments and regeneration initiatives - consider incorporating longitudinal evaluations on health and wellbeing.

Monitoring public engagement – "No decision about me without me."

Place Management - must be able to demonstrate positive wellbeing outcomes.



Rhiannon Corcoran | Graham Marshall | prosocial@maxim-urd.co.uk



Delivering Collective Outcomes

Consolidating Evidence

Establish a shared repository for data, research, evidence and 'best practice' about the effect of place on health and wellbeing.

Promote cross-discipline training and working in place-making and public health - joint summits?

Co-produce accessible 'lay' statements demonstrating the 'joined-up approach and shared objectives - dispel myths.

Use standardised tools and approaches from psychology and public health to evaluate the effect of place on health and wellbeing.

Unlike 'well designed', 'well-design' is measurable and can be evidence-based.

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