Concept Summary

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Introduction

What is the Prosocial Place Programme?

The primacy of mental health within the health and wellbeing agenda is emphasised in the Department of Health (2011) strategy paper: ‘No Health Without Mental Health’. The Prosocial Place Programme (PPP) is a practical response to research that identifies toxic effects of urban living that has an unacceptable and costly impact on the mental health and wellbeing of all citizens. The aim is to identify and understand those aspects of the built environment that cause this toxic effect, and promote practical mechanisms to reverse their impact.

Prosocial Place is about building resilient communities and places. To deliver this requires an understanding and management of the interactions between mental, social and physical capitals and their relationship to economic capital. If the first three do not join forces to create a psychologically benign context, the place and its economy will fail.

Whilst the programme has national significance, Liverpool communities are amongst the most in need. The continuing recession is affecting vulnerable communities in Liverpool disproportionately due to the legacy of poorly performing environments that have eroded community resilience. This situation is set to escalate – people may be only a heating breakdown away from a personal breakdown – and will need an emergency response. However, addressing environmental failures requires an informed response – it is not a ‘quick win’.

For Liverpool, the status quo is resource hungry, focussed on treating individuals and communities through the health and welfare services, whilst not addressing the causes of distress and dysfunction in the environment. Although negative impacts primarily affect individuals, in turn they influence the performance of the city. For Liverpool, these poorly performing places are toxic assets that generate their own negative costs and building new infrastructure to old patterns is not an answer. Creating and supporting resilient communities is therefore in the interests of everyone concerned with the future of Liverpool.

PPP brings together health and welfare service providers and researchers with built environment experts to address these high profile issues. It will develop an appropriate evidence base to inform policy and best practice that will direct an essentially incremental process. Outputs will focus on both the built environment and the development of individuals and groups with outcomes measured by increases in individual, community, physical and economic resilience.

Prosocial Place puts people first, not technocratic convenience, architectural aesthetic or short-term gain. It will deliver long-term resilience within communities thus avoiding the creation of future toxic assets. A prosocial approach to growth in Liverpool will deliver a sustainable city that is self generating and capable of punching its own considerable weight. It will be an exemplar for the modern world.
Context

Mental Wellbeing, Placemaking & Design.

Mental Wellbeing

The coincidence of the decade of health and wellbeing with the global economic downturn presents Liverpool, and the Merseyside region, with a tough challenge. How can we prepare our communities for the widely anticipated epidemic of common mental health difficulties emerging in response to the inevitable reduction in life satisfaction, rising unemployment and increasing poverty? This question looms large following little, if any, influence on the quality of life of residents despite unprecedented levels of regeneration investment in Merseyside over recent decades.

The 2009 North West Mental Health and Wellbeing survey commissioned by the PCTs and published by the North West Public Health Observatory consistently demonstrates the ‘toxicity’ of urban areas for mental wellbeing. Compared to the other North West regions surveyed, Liverpool had the lowest average mental health and wellbeing (MH&W) score with the largest and the smallest proportion of survey respondents reporting below and above average MH&W respectively. It is illustrative that lower MH&W scores are reflected across the lifespan, and are associated with:

- Significantly lower life satisfaction scores in Liverpool compared to other NW regions.
- Higher levels of anxiety and depression in Liverpool compared to other NW regions.
- Relative isolation from non-family members or neighbours in the past week.
- Feeling unable to ask others for help in times of need.
- An increased tendency to worry about money.
- A decreased sense of belonging to their community.
- Less participation in organizations.
- Feeling unsafe outside their home.

The findings of the Survey sit uncomfortably with the Government’s Sustainable Development Strategy, which stresses that communities should be:

- **Active, inclusive and safe** – fair, tolerant and cohesive with a strong local culture and shared community activities.
- **Well run** – with effective and inclusive participation, representation and leadership.
- **Environmentally sensitive** – providing places for people to live that are considerate of the environment.
- **Well designed and built** – featuring a quality built and natural environment.
- **Well connected** – with good transport services and communication linking people to jobs, schools, health and other services.
- **Thriving** – with a flourishing and diverse local economy.
- **Well served** – with public, private, community and voluntary services that are appropriate to people’s needs and accessible to all.
- **Fair for everyone** – including those in other communities, now and in the future.
It is telling that, despite these principled government guidelines and irrespective of levels of MH&W, Liverpool residents felt:

- Much less able to influence decisions made about their neighbourhoods than did residents of other North West regions.
- Less safe in their neighbourhoods.
- Less involved in local organizations.

The fundamental principle of the Liverpool CCG MH&W strategy is to focus on building ‘resilient communities’. Their aim is to provide preventative as opposed to palliative or reactive responses to Liverpool residents when the inevitable pressures resulting from the strained economy hit. In developing this strategy, the CCG will be mindful of the evidence around general personal health instantiated in the "five ways to wellbeing":

The guidance embodied in this personal health advice and the need to focus on mental wellbeing aligns with the maxims of neighbourhood planning that underpin PPP. This Programme asserts that the key to building resilient communities lies in understanding the interactions between mental, social and physical capital and in effectively managing those interactions to enable a flourishing economy. This ‘understanding’ can be found at the intersection of distinct knowledge bases, currently governed by different agencies and with distinct policies: health and wellbeing; public mental health; built environment and economic development.

**Placemaking**

The National Programme for Improving Mental Health commissioned by the Scottish Executive and compiled by the Scottish Development Centre for Mental Health (Myers et al., 2005) is in broad agreement with the philosophy of PPP. It emphasises that community regeneration and social inclusion programmes need to work together to tackle mental health inequalities in Scotland. This thorough report notes that current regeneration initiatives tend to focus on physical and not on psychosocial aspects. It recommends:
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- Individually tailored approaches that aim to address the needs of specific communities.
- Effective multi-agency working to provide joined up responses to address the needs of local communities.
- Efforts to make services more accessible through ‘one stop shops’ and outreach using trusted service providers, voluntary and community groups.
- Providing alternative environments to deliver services where excluded people feel comfortable.
- Flexible timescales and stable provision to allow long-term planning and to ensure continuity in sustained relationships.

The following studies demonstrate the integral connection between the urban context and mental wellbeing:

- **Huxley and Rogers** (2001) showed that communities characterised by high quality of life have greater sense of belonging, access to leisure opportunities, neighbourliness, sense of security and less isolation. Conversely, communities whose residents report lower quality of life perceive that their neighbourhoods are failing to thrive, less neighbourly and facilitate fewer leisure opportunities.

- **Ellaway** (2003) reported that people living in under-resourced communities have lower levels of self-esteem, tend to feel lonelier and have less sense of control over their lives compared to those living in better-resourced neighbourhoods.

- **Palmer et al.** (2003) demonstrate the reciprocal connection between mental capital, social capital and place by showing that socially connected individuals suffer less mental health problems and have higher levels of general health.

These findings resonate with those from the North West Mental Health and Wellbeing Survey (2009). The widely accepted resilience factors against mental ill health (i.e. self-determination, hope, supportive relationships, access to social networks, meaningful activity and roles, financial security and feeling safe) further reinforce the findings emphasising the role of ‘place’. In so doing, they put ‘place-making’ at the top of the mental health and wellbeing agenda.

The current emphasis on aesthetics in placemaking, however, is subjective and open to the preferences of individual built environment practitioners and disciplines, a process that impedes the development of ‘prosocial community design’. PPP defines ‘good-design’ in terms that take account of the key capital resource of cities, the mental wellbeing of their people and communities. The Government’s overhaul of the planning system provides an opportunity to deliver this focus through the National Planning Policy Framework (March 2012). Key objectives include:
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- Ensuring the local plan - produced by communities - is the keystone of the planning system.
- Establishing a presumption in favour of sustainable development unless approval is against the collective interest.
- Guaranteeing strong protection for the natural and historic environment.
- Requiring improvements to put right the neglect that has taken place.
- Raising design standards so that requirements are the most exacting yet.

Evidence emerging from PPP will deliver objectivity to these aspirations.

Current Design Best Practice
Good design is ‘fit for purpose, sustainable, efficient, coherent, flexible, responsive to context, good looking…’ (CABE 2000). Poor design fails on one, some or all of these measures. Designers define successful places as adaptable, complex and vital, with orderly structures that maximise their capacity. They have a positive image, attract investment, promote civic pride, increase competitiveness and perpetuate a positive regeneration cycle:

- There is evidence that economic, social and environmental returns increase with better design.
- Quality design generally reduces the whole life costs of buildings and infrastructure.
- Good urban design stimulates wider regeneration of an area and improves its image.
- Substantial costs are often associated with poor urban design.

From the guidance available, the principles outlined in By Design, Urban Design in the Planning System: Towards Better Practice (CABE) have provided the most enduring approach to creating strategically robust foundations. The principles are:

- Character & Context: Creating a unique place with its own identity.
- Continuity & Enclosure: Creating a place where public and private spaces are clearly distinguished.
- Public Realm: Creating a place with attractive and successful outdoor spaces.
- Ease of Movement: Creating a place that is easy to get to and move through.
- Legibility: Creating a place that has a clear image and is easy to understand.
- Diversity: Creating a place that has variety and choice.
- Adaptability: Creating a place that can change easily.

These principles and their objectives promote a positive way of thinking about the physical development of places. They challenge stakeholders to ask questions about the existing form and performance of their neighbourhoods and to consider how future interventions can improve the situation. It demands a consistent view of the physical place as a single entity, and a need to reflect all individual initiatives back to this.
**Manual for Streets** (DfT 2007) provides more recent guidance, and is the only design document that the Lord Taylor Review (2012) recommends retaining as guidance (with revision). It is a comprehensive design manual for all aspects of residential street design dealing with functional aspects as well as treatment of the public realm.

**Building for Life** (CABE / Home Builders Federation 2012), is an assessment tool for new residential development proposals. Initially comprising 20 design development questions, CABE argued that 14/20 was a minimum score to meet Statutory Planning requirements. CABE re-launched the tool as BfL12 in 2012, with support from Government. The questions focus on:

- Connections.
- Facilities and services.
- Public transport.
- Meeting local housing requirements.
- Character.
- Working with the site and its context.
- Creating well-defined streets and spaces.
- Easy to find your way around.
- Streets for all.
- Car parking.
- Public and private spaces.
- External storage and amenity space.

Principles from these three key documents are likely to form the basis of future national design guidance, and whilst they capture a century of wisdom and peer review, they maintain an aesthetic and technocratic base. There is very little research evidence on their impacts and when used in practice they primarily inform new development projects. Typically, the managers of existing places do so without recourse to best practice design principles.

Urban theorists in the UK over the past 150 years have adequately appraised existing urban centres, but the difficulty in tackling their problems has ultimately led to proposals of utopia on green field sites, including Garden City, New Town, Urban Village, Millennium Village and Eco Village movements. The government’s recent announcement of support for the Garden City model supports the maintenance of this approach, which will not benefit existing communities in Liverpool.

An over-riding theme to the historic guidance outlined above is the concept of fit-for-purpose. In the 21st Century, a place that does not promote resilient communities, or protect the mental health and wellbeing of its citizen is not fit-for-purpose.
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Approach
Building Resilient Communities in a Strapped Economy

PPP develops the philosophy of David Sloan Wilson in the University of Binghamton, New York (e.g. Wilson and O’Brien, 2009, Wilson et al, 2009). This provides the understanding of the interaction between mental and social capital required to enable resilient communities. The MH&W focus of PPP extends the impact of Wilson’s philosophy and builds on the findings and recommendations coming out of the Liverpool Primary Care Trust's AMP programme (Improving Access to Mental Health in Primary Care). The mental and social capital aspects of the programme draw on the expertise in psychopathology represented by Corcoran and Bentall (University of Liverpool), the public mental health expertise of Dowrick (UoL) and the urban ecology expertise of Dickins (University of Middlesex) and Lyons (Liverpool Hope). The physical capital arm of the programme is facilitaded by Marshall (Maxim-UD, Liverpool) and Kurland (Urban Design London) in the form of urban design and built environment expertise.

PPP currently focuses on Liverpool and aims to:

- Provide baseline information on the relationships between neighbourhood prosocial tendencies and MH&W within those neighbourhoods.
- Work with communities to establish and promote cooperative ventures to enhance collective efficacy.
- Use diverse scientific methods to explore and illustrate the importance of the physical and social environment to mental health and wellbeing.
- Explore interactions between individual differences in MH &W and responses to diverse urban environments.
- Identify and understand the aspects of the physical environment that promote prosocial behaviour.
- Identify and understand the aspects of the physical environment that bar prosocial behaviours.
- Through community involvement in sustainable design, help to build resilient communities by implementing physical environments that promote prosocial activity.
- Through sustainable community design, help to build resilient communities by rectifying physical environments that prevent prosocial activity.
- Systematically deliver real, measurable change in MH&W to Liverpool residents.
- Influence best practice urban design and local/national planning policy through the delivery of a scientific evidence base on the effects of urban environment on MH&W.

This is not an exhaustive set of tasks. The programme will evolve to meet the requirements of the partnership, and the changing economic, social and political landscapes. More importantly, it will respond to the findings of the research and feedback from project implementation.
Outcomes
The following diagrams illustrate the assumed relationships that exist between the key urban capitals. Figure 1 represents the current status quo with weak relationships existing between mental, social and physical capitals, which together make heavy demands on revenue and the ephemeral and footloose economic capital. The impoverished relationship that exists between the three relatively fixed capitals is costly with 'silo' thinking engaged within sectors generating toxic effects for each of the three capitals in turn. Toxic environments are not attractive to high levels of investment and without investing in all three capitals, the status quo will not alter.

Figure 2 represents the less entropic relationships between the fixed capitals that come about when the agencies cooperate to produce a holistic method of working. The toxicity and cost associated with the disconnections reduces, enabling a stronger two-way flow between the key fixed capitals and economic capital. Prosociality emerges in the interaction between the 3 fixed capitals and it is here that appropriately focused management will insure the future integrity and success of the city.
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Actions to Date
The current partners have already secured Knowledge Exchange funding from the University of Liverpool and are marshalling resources by widening disciplinary involvement with the programme in the universities (Geographers, Planners, Architects, and Information Technologists) and recruiting postgraduate and undergraduate researchers to enable the baseline studies.

Neighbourhood prosociality is a key element of the North West Coast National Institute of Health CLAHRC bid involving colleagues at UCLAN and Lancaster Universities (circa £9m). Funding bids submitted this May will enable pilot studies to begin in communities. These include experimental, observational, mapping and creative workshop initiatives (e.g. neighbourhood walking studies embedding MH&W data collection; explorations of the interaction between cultural history and prosociality; and community place-making workshops). Our partners at the University of Middlesex are developing a GPS smartphone application that allows the mapping of emotional reactions to environments in order to identify ‘threatening’ and ‘benign’ urban ecologies across a large and diverse population.

Following discussions with different agencies, including Liverpool City Council, Liverpool Vision and Liverpool LEP, there is genuine enthusiasm to make this programme work for the benefit of the city. It involves opening up the opportunity for these agencies to work together towards common goals based on the Vision of a resilient Liverpool. Prosocial Place provides a philosophy and mechanism through which this Vision can be achieved.

For the programme to be effective, it needs to deliver tangible change whilst remaining focused. To interrogate the issues appropriately the scope must remain open. However, the geographic scope can be drawn tightly around themes, areas of positive action and extensive data sets to develop the evidence base. It will be expedient to review and work with existing initiatives (and their communities), and to implement physical changes in places where their impact will be greatest. North Liverpool presents an ideal location to initiate and roll out the programme, although the lessons learned will be immediately transferable to other areas by partners.

Liverpool City Council, Liverpool Vision, the LEP and other authority partners can help with the development of Prosocial Liverpool through the pooling of resources, knowledge exchange and collaboration on funding bids. The benefits to the city include an improved evidence base to guide the formulation of policy, best practice processes in delivering the built environment and the development of more resilient communities. These things together will help build a resilient economy.

An informal partnership is proposed that connects relevant stakeholders under the umbrella of Prosocial Liverpool. The purpose of the partnership is to provide a knowledge and resource exchange, and to promote joined up thinking and working. The partnership will be based on an agreed Memorandum of Understanding, Vision and Development Programme – the Prosocial Liverpool Business Plan. Operating as a ‘master mind’ group, relevant organisations will together create an evidence base and deliver change on the ground in
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Liverpool - a ‘Town Team’ for Mental Health and Wellbeing. Where appropriate, formal partnerships will be established between individual stakeholders for specific projects, and membership of the wider group may change over time to reflect needs and opportunities.

The Vision and objectives of Prosocial Liverpool need to be drafted and agreed by the partnership. These will inform the basis of the Memorandum of Understanding. It is proposed the MoU itself be structured around the rules established by the Nobel Prize winning political economist Elinor Ostrom (1990, 2005), as these are the rules that PPP will develop with communities:

- **Strong group identity.**
- **Partners’ benefits must be proportional to their costs.**
- **Consensus decision-making.**
- **Sufficient autonomy to make decisions without interference from other groups.**
- **Relations with other groups guided by the principles at work within the group.**
- **Low-cost monitoring to detect lapses of cooperation.**
- **Graduated sanctions to correct uncooperative behaviour.**
- **A system of conflict resolution that is rapid and perceived as fair.**

Regular contact (nominated leads / contact point), meeting place (perhaps the Foresight Centre) and access to information (web base) will all be essential to the successful running and profile building of the programme.

Programme
A ten-year programme is envisaged to take the concept from inception, through development and implementation to a state of cultural change where Prosociality is embedded in the city. In bite-sizes, this would be:

**NOW: Within the first year.**
Establish the partnership; develop the baseline; seek appropriate funding.

**SOONER: Within the first five years**
Undertake the research; work with communities to create prosocial conditions; develop and implement policy and guidance for the built environment; lead by example through projects. It is important to emphasise that ‘sooner’ implementation projects will be informed by the baseline work and agreed by the partnership. However, concrete examples of the kind of implementation initiatives that we envisage emerging at this stage would include:

- Positive influence over development and infrastructure projects derived from the research results.
- The rolling out of the programme of primary care into the community following the AMP research programme
- Goal-directed and evidenced-based ‘meantime uses’ for vacant plots and buildings to facilitate community engagement and programmes (e.g. community-based and
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resourced cross-generational skills training; ‘Men in Sheds’ and community greenhouse initiatives; creative public-space workshops).

- The development of ward-based IT strategies to tackle ‘online bullying’ and to support the use of benign internet-based technologies and healthcare initiatives.
- Promoting prosocial working amongst existing and new community groups.
- Development of an objective measurement of success.
- Measurable prosocial and economic success.

LATER: Within ten years.
Monitor outputs; feedback and adjust policy and guidance; disseminate best practice; maintain momentum.

Conclusion
PPP is applicable across all sectors, influencing all constituencies. Residential communities are obvious groups, but there are also more vulnerable sub-communities such as those with chronic mental health difficulties and neurodegenerative conditions, the old, the young, who are victims of toxic environments in different ways, as are visitors and investors. It is therefore about the whole place, not just neighbourhoods. Quality of place is just as essential to the business sector especially SME’s who tend to be less footloose, preferring to put down long-term roots. Quality of place and employees quality of life reflects the quality of their business.

PPP is the concept of a resilient Liverpool delivered by partners working collectively and iteratively towards an achievable goal. It is about appropriate culture change within and between the partners to achieve these ends and is firmly people focussed. The programme begins with those partners that have the responsibility and resources to deliver this positive change, and will grow to allow all constituencies to participate at the prosocial tipping point.

The concept has naturally grown out of the current actions of partners concerned with mental and social capital in the region who have identified the potential toxic impact of environmental design and management. To tackle this issue requires both the managing authorities and the built environment professions to join forces with them to find a resolution. This will require resources, but not necessarily new ones. It will be more important to make informed use of existing resources, reduce the cost that current problems generate and help people to help themselves. Put together, this increase in resilience will create a Liverpool that attracts and retains a wide range of healthy resource – people, business and investment.

This project exemplifies the decade of Health and Wellbeing and will set an example to the world.
Appendix: Collaborators

**Graham Marshall** is a practicing urban designer with 30 years experience. His planning, design and community participation work in Merseyside and further afield has won several prestigious international awards. A founding director of Liverpool Vision, Graham maintains a passion for the social and built environment that exemplifies Liverpool. His philosophy of urbanism as a dynamic, changeable process instantiated over time and across politics is consistent with the approach and methods that form the backbone of this programme. Graham contributed to the three leading built-environment policy guidance documents in use today: By Design; the Urban Design Compendium; and, Building for Life.

**Rhiannon Corcoran** is a Professor of Psychology at the University of Liverpool. She has been researching the psychology of mental health problems for 20 years and has published over 50 papers in high impact, peer reviewed scientific journals. She has a particular interest in understanding the biopsychosocial antecedents of paranoia, anxiety and depression and believes that an individual’s social and physical environments are amongst the most important factors associated with the tendency to succumb to these feelings. Rhiannon is also co-director of the Heseltine Institute for Public Policy & Practice.

**Tom Dickens** is a professor at the University of East London. Tom is an evolutionary psychologist who has been exploring different types of cooperative groups for several years. Although Tom was born in Liverpool, he will be working largely in London to develop ideas about developing prosociality in schools.

**Dr Mina Lyons** is a senior lecturer at Hope University.

**Dr David Fearnley** is Medical Director at Mersey Care NHS Trust.

**Andy Hull** is director of Stakeholder Engagement at Mersey Care.

**Christopher Dowrick** is Professor of Primary Medical Care at the University of Liverpool.

**Esther Kurland** is Director of Urban Design London.

**Gina Perigo** is the Lead for Public Mental Health at Liverpool City Council.

**Prof. David Sloane Wilson** Binghamton University, New York, is collaborating with us on this programme. He will advise us on how to put ideas into action to make a difference in communities.
Appendix: key definitions

Mental health is:
“…a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” (WHO, 2001)

Mental wellbeing is:
“…more than the absence of mental illness or pathology. It implies ‘completeness’ and ‘full functioning’. It includes such concepts as emotional wellbeing, satisfaction with life, optimism and hope, self esteem, resilience and coping, spirituality, social function and emotional intelligence.” (NHS Health Scotland, 2008)

Resilience:
- Individual
- Community
- Place