Architecture & Design Scotland

Ailtearachd is Dealbhadh na h-Alba

Town Centre Living:
A Caring Place

Contents

Town Centre Living: A Caring Place has been developed by Architecture and Design Scotland in partnership with Scotland's Towns Partnership, Open Change and Smith Scott Mullan Associates.

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Town Centre Living: A Caring Place

The Context

Place
Diarmaid Lawlor, A&DS

Scotland is changing and with these changes come both opportunities and challenges. We are living longer and although this is undoubtedly positive, it also challenges us to think about how we ensure that we live not only longer, but that we live well.

Our demographic future is very much now as we need places where we can care and be cared for in supportive and adapted environments that have people and their well-being at their heart. With social isolation and loneliness being identified as major public health issues, especially for older people, we need to seriously reflect on how we can adapt and improve our town centres to help combat those challenges.

This report sets out the work that we have been co-ordinating, together with Scotland's Towns Partnership, Open Change and Smith Scott Mullan Associates, to respond and support the Scottish Government's work around Town Centre Living.

The project came about from a simple question which asked – how we could use our town centres more effectively? From this we began to explore what might be the essentials for creating caring places – especially with a focus on ageing and the provision of care. This exploration challenges us to re-imagine our town centres as places to live meaningfully and to feel connected. Through rethinking what it means to care for our people, we can also take the opportunity to care for our places.

This report also captures some of the output from workshops from an event we held in 2018. From this event we identified **10 Principles of a Caring Place** which place user needs at the heart of decision-making, service provision and investment in our places.

These principles include: friendly and accessible transport; accessible quality environments; digital and physical connectivity; housing choice; design for re-purposing and integrating technology; relationships, support and mentoring; accessible and diverse amenities and services; empowered carers and care models; preventative and holistic healthcare options; and options for meaningful work and activities.

Our ambition is to bridge the social, environmental and technological needs of our changing communities, and the untapped opportunities offered by the places we already live in.

Throughout this report we follow the lives of four personas – Richard, Elizabeth, Angie and Helen. Creating these personas has helped us focus our thinking on how the places meet the needs of a specific group of people at four different scales: Housing Infrastructure, Community Infrastructure, Green Infrastructure and Transport & Digital Infrastructure. We explore how town centres can be adapted to support us as we get older and what a caring place could look like.

Architecture and Design Scotland suggests opportunities to re-think streets, spaces and buildings to support new models of care which make best use of public and civic resources and connects people. The focus is on the quality of experience of the built environment to support the needs of different people and support a prevention and early intervention approach to wellbeing. This reflects the Scottish Government's Place Principle where we take a Place Based approach to spatial and community planning to create the conditions for joined-up and thriving communities.

We want this to be the start of a conversation, and we welcome your contributions and your examples of existing good practice. We hope you find this report helpful and that you join us in the continuing discussion about creating Caring Places.

A caring place is an environment that provides comfort and confidence – a sense of place; things to do – a sense of purpose; that addresses a person's needs on a number of levels – sense of support; and that provides opportunities to feel validated – a sense of worth.

This yields a number of different benefits: more choices for person centred care; best use of public and civic resources; places where people want to be; connecting generations; more and better jobs; and making it easier for sustainable community action on care.

At the heart of connecting people and care is social infrastructure. This can be established in a placemaking brief - connecting people, place and care to help us to redesign or think differently about services and spaces in a place.

There are three scales to consider in how we specialise and target our resources in terms of: Hyper local (the home environment); Local (hub – where we are increasingly looking at co-located services) and Regional (specialised support in hospitals). When we open the door in the morning, no matter where we are, we should be able to access the caring place benefits at each scale, enabled by a set of connections.

Building confidence to move from the home environment to an activity with a group requires a pathway of confidence. A&DS are interested in the quality of experience of those places and moments. This is not about quality materials – but the experience that gives a person the most confidence, and how to connect those experiences as densely as possible.

There are conditions for success to consider when investing in a place, ensuring it connects into a place and existing community; using more existing resources in existing community; how to connect into green spaces, and amenities; and, being adaptable and flexible.

Diarmaid is A&DS Director of Place. He trained as a landscape architect and has worked extensively in practice across the UK. His role at A&DS involves specific focus on learning spaces and spatial strategies.

"Community is what we make of it - it's a choice not an inevitability"

Georgia Artus, Vintage Vibes

People
Georgia Artus, Vintage Vibes

There are 11,000 people in Edinburgh that are always or often alone; 2 in 5 people over 60 in Edinburgh have their TV as main form of company; 200,000 people in Scotland have no social interaction with anyone for at least half the week. 39% of Scotland's current population are not engaging with their community.

The impacts of social isolation and loneliness are not the only challenging thing facing older populations in our towns and communities. But of all the difficulties people over 60 face social isolation always seems to be part of the equation; it's either the cause or result of the problem.

We could reduce social isolation and help create more caring town centres by:

1. **Create opportunities for long term/regular interactions through place.**
   One example is in Yangzhou City, China. When designing the city they wanted to focus on creating opportunities for people to live healthy lives by building a community and then building residential and business premises around that. Ensuring that within a maximum of 10 mins walk of every individual living in the city there would be an accessible free public space where community could come together and use the space.

2. **Think about social isolation in the same way we think about the environment.**
   Changing mindsets to embed the impact of social isolation into our thinking, planning and policies and considering impact more widely on people and places. Compassionate Frome, Somerset is an example where preventative planning and thinking has helped reduce emergency hospital admissions by 17%.

3. **Prove it works for the people that matter.**
   We need more than just ideas, we need to work out how to assess these ideas and demonstrate whether or not they are working. We need to prove the short-term and long-term outcomes.

Georgia Artus is in charge of marketing and development for Vintage Vibes, a volunteer project based in Edinburgh tackling social isolation, working with over 60s to help build their confidence and get them engaged with their community.

Almost
One Third
of all Scots will be over 60 by 2040.

Within this 146,000 men and 247,000 women over the age of 70 will be living alone.

"What matters to me are the joint values of equity and personalisation of wellbeing"

Rod Mountain, NHS/Open Change

Care
Rod Mountain, NHS/Open Change

Towards the end of 2015 the Chief Medical Officer for Scotland, Catherine Calderwood, introduced her vision for Realistic Medicine, a bold challenge directed at the medical profession to completely rethink care. Her vision has now become a global talking point in healthcare circles.

The key components of Realistic Medicine are:

1 – Changing our style to shared decision-making.
Getting away from 'the doctor knows best' mindset. An Empathic style of communicating and empowering patients with understandable information and data. Listening deeply, sharing information, getting the early components of the healthcare journey right.

2 – Building a personalised approach to care.
Putting the person at the centre of care and providing a well-structured care journey. Some of the big break-throughs in healthcare are being driven by improvements in digital technology and communication.
Developments such as a wearable device designed by Dundee medical students that wirelessly and continuously monitors a patient's physiology both during their stay in the hospital and also when back home.

3 – Reducing harm and waste.
We need to think more carefully about the potential to over investigate and over treat people, particularly in the final few months of their life. Reducing waste is a live conversation in healthcare that hasn't been there previously in terms of sustainability, circular economies and the environment.

4 – Managing risk better.
When we get older our senses change and don't function as well as they used to. We might struggle to navigate our environment as well as we'd like. We need to design things around those common sensory and motor changes that affects all of us to a greater of lesser degree (hearing, vision, taste, touch, smell and physical disabilities).

5 - Become innovators and generate ideas.
Adopting a more bottom up approach to idea generation and innovation – all members of the health and social care team are encouraged to bring their ideas forward.

6 – Reducing unnecessary variations in practice.
We need to look at society and healthcare practice in its widest sense. What is good for the whole population – all of our communities – focusing on outcomes that matter to people. Asking the question, what matters to you?

In all of this the starting point is empathy and engagement with people – taking the time to understand their needs, concerns and pain-points. Then working together with them to design and develop solution that work for them. Peoples needs are often much more modest than we think they are.

In healthcare there is a complex mix of journeys people are on. They are physical, emotional, social and cultural and are always complex and unique. We need to think about these personal journeys and aim at achieving outcomes and improved experience for as many people as possible. We are all in this together!

Rod Mountain is an Ear Nose and Throat surgeon and cancer specialist who has worked for the NHS in Edinburgh and Dundee for the past 30 years. He is also a Senior Associate with Open Change in Dundee supporting and developing their service design work in health and social care.

10 Principles of A Caring Place

The 10 Principles have been distilled from the outputs of a stakeholder workshop in 2018 which explored issues around care and place. They are not intended to reflect a definitive list or set of solutions, but suggest important issues to consider when thinking about our towns and town centres. These principles are interconnected, no one principle alone can transform a place independently.

A Caring Place is enabled by placing user needs at the heart of decision-making, service provision and investment in our places.

1. Friendly and Accessible Transport

People have options that are efficient, cost effective and which encourage social interaction. There should be connections between other towns and centres, as not every town can offer everything people need, and inadequate transport between places can be an isolating factor.

Achieved by: Providing green travel options that are safe, reliable, convenient and comfortable. Improving frequency and choice of local transport options that help to connect people and places.

2. Accessible Quality External Environments

Inclusive networks and spaces that support multigenerational interaction. Diverse places to meet, connect and chat. Barrier free, open space for the whole community, within walking distance of homes and workplaces.

Achieved by: Building, enhancing and maintaining a network of accessible social spaces (internal and external) to support intergenerational relationships – supported by communication, events and programming around community need.

3. Digital and Physical Connectivity

Pleasant walkable places supported by technology, services and community.

Achieved by: Extending accessibility options and mobility services. Enabling walking choices through service design and spatial design, supported by innovation in community, partnership and innovative mobility technologies and systems.

4. Housing Choice

Provision of intergenerational housing that offers choice in terms of typology, location and resident connectivity – supported by policy and financing mechanisms (e.g. co-living mortgages).

Achieved by: Regulating and innovating for mixed-tenure neighbourhoods that support community building, changing needs, right-sizing, step down/step up care, social spaces and places for family or friends to stay whilst visiting.

5. Design for Re-purposing and Integrating Technology

Transform failing spaces and buildings by considering opportunities for re-use and repurposing, and developing intelligent systems that optimise the use of latent space and services.

Achieved by: Adaptive and innovative repair and retrofitting of vacant properties. Design support for technology-based wellbeing and care services supported by integrated systems, accessible and easy to use home-based solutions, adaptable infrastructure and local skills.

6. Relationships, Support and Mentoring

For patients, families and care professionals. Encouraging compassion and care for one another and providing community support for technology use to increase confidence and connectivity.

Achieved by: Taking a whole family approach to planning services which supports single households with capability or mixed dependency households. Supported by places to socialise and opportunities to participate with excellent, well connected communication using the different channels users engage with, building better awareness of local opportunities.

7. Accessible and Diverse Amenities and Services

Ensuring that a sufficient number of core services (e.g. banks, libraries, shops, healthcare and publicly accessible toilets) are available and accessible.

Achieved by: Reshaping services, life planning and healthcare around local needs supported by sustainable, distributed wellbeing and community hubs. Connected by technology, partnerships and quality public realm.

8. Empowered Carers and Care Models

Empowering carers with more integrated place-focused services, workforce development and work assignment systems – supported by partnership working with clients, neighbourhoods and communities using smart technologies.

Achieved by: Adopting innovative care models. Using technological systems, solutions and area-specific carer allocation to provide staff with more time for clients and better care.

9. Preventive and Holistic Healthcare Options

Integrated, multidisciplinary and empathetic health and social care. Ensuring patients are listened to and empowered in their care journey.

Achieved by: Curating conversations around the shared identity of the community and the values and expectations to enable people to make informed choices about participation, supported by place-based approaches to decision making.

10. Opportunities for Meaningful Work and Activities

Provide a breadth of opportunities for volunteering, hobbies and skills development to provide fulfilment and a feeling of usefulness – reducing isolation and loneliness for individuals.

Achieved by: Recognising the potential of any individual to be a resource or source of benefit to their wider community. Building programmes of opportunity for work and purposeful activity linked to service provision, volunteering and repurposing spaces on the high street supporting enterprise.

10 Principles of A Caring Place

Examples of the Principles in Action

(c) Cycling Without Age

1 **Cycling Without Age**

- Started in Copenhagen and being rolled out across Scotland.
- Volunteers use specially designed cycles (a 'Trishaw') to take elderly people on rides, helping tackle social isolation and along the way create new friendships.

2 **Colquhoun Square Helensburgh**

- Accessible civic square creating an active local centre for use by all demographics.
- Accessible seating, widened pavements and new surfaces have been installed to help promote outdoor activity.

(c) Austin-Smith:Lord /Keith Hunter

3 **Neatebox**

- Their 'Welcome' app makes staff aware of visitors with specific needs in advance of their arrival.
- 'Button' allows pedestrians with a mobility or visual impairment to automatically push a pedestrian crossing button if out of reach using a smart phone or smart watch.

(c) Neatebox

4 **Older Women's Co-housing London**

- First co-living development for older women (50+) in the UK.
- Shared common room, guest suite, garden, craft shed and laundry.
- Small service teams have been set up to take care of the building, garden, communal life and outward-facing activities like membership and communication.

5 **Blackwood Housing Association**

- Specialist provider of housing for disabled people of all ages.
- Tech enabled independence: uses a digital system to manage tenant care provision.
- Enables residents to contact family, access internet and receive reminders of appointments, care visits or medication.

(c) New Ground Cohousing by Pollard Thomas Edwards Tim Crocker

6 **Compassionate Frome Somerset**

- Connects patients with community support.
- Aims to break the cycle of illness which reduces people's ability to socialise, leading in turn to isolation and loneliness which can exacerbate illness.
- Scheme has reduced emergency admissions in Frome by 30%.

7 **Alexandra Park in Manchester**

- A Victorian era park which was recently refurbished to become Manchester's first 'age-friendly' park
- Local older residents were consulted as part of the design process.
- Works included: park landscape, benches, buildings, sporting facilities, refurbishment of the pavilion to provide public toilets, a larger flexible community space and a community café.

8 **Buurtzorg Model**

- Innovative district nursing and home care social enterprise with a successful model of person-centred clinical and personal care through neighbourhood teams of up to 12 nurses and assistants, supporting 40 – 60 clients.
- The teams self-manage within an agreed simple framework to ensure quality care, happy staff and financial sustainability.
- Costlier per hour but lower overall costs because fewer hours needed. Emphasis on preventative care.

9 **Realistic Medicine**

- Promoted by Chief Medical officer
- Puts the person receiving health and social care support at the centre of decisions.

10

Mehrgenerationenhaus

- German housing model. Provides kindergarten, elderly social centre and drop in centre for young families for coffee and advice.
- Pensioners volunteer, reading books to children and run a 'rent-a-granny' service, while teens show elderly people how to use computers.

A Caring Place

Housing Infrastructure

Intergenerational housing that offers choice in terms of typology, location and resident connectivity adapting existing space and buildings in the town centre.

Richard: "I live much closer to everything and I feel more independent."

Helen "There are more places to go and things to do and better routes to get there."
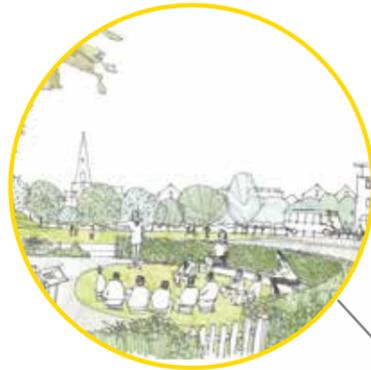
Green Infrastructure

Barrier free public spaces, with programmes of activities to connect communities, linked by quality walking/cycling routes and public transport.

Community Infrastructure

Services that connect and support communities, and spaces that invite greater participation across generations for the local area.

Angie: "I get to spend more quality time with the people I provide care for."

Elizabeth: "I feel less isolated and better connected."

Transport and Digital Infrastructure

Providing better physical and digital connectivity to enable people to get to where they need and/or want to be, to know what's happening where and when, and to communicate with service providers more easily.

NOTE: The following illustrations simply summarise ideas generated by participants at the Caring Place workshop 2018. It is not a site solution, nor does it constitute the official view of A&DS or its partners.

Spatial Illustrations by Richard Carman | Persona Illustrations by Open Change

1. Housing Infrastructure

Richard's story:

I recently moved here with my wife Ann. We used to live in a semi-detached house on the edge of town but now we've found the perfect home! It's one we'd hoped we'd have at this age – warm, full of light, beautifully decorated! We love having our own balcony because it overlooks a shared garden, where there's space to grow our own veg. What's really lovely though, is being right on the edge of the park, because being able to use that easily and effortlessly, gives us so many more opportunities to socialise and meet with our neighbours as well as being a really nice space to sit outside and get some fresh air.

We have a daughter and three grandchildren, who we love to see as often as we can. Because we're closer to town, it's much easier for us to take them out to the shops, to a café or the park when they come to visit. We don't have enough room for all of them to stay with us anymore, but there are plenty of places for them to stay nearby along the high street. We used to struggle with our old computer to stay in touch, it was so slow! But our new home is fully equipped with all the mod cons. I can access the internet, keep in touch with my family and even set the lighting and heating using my phone and the Alexa!
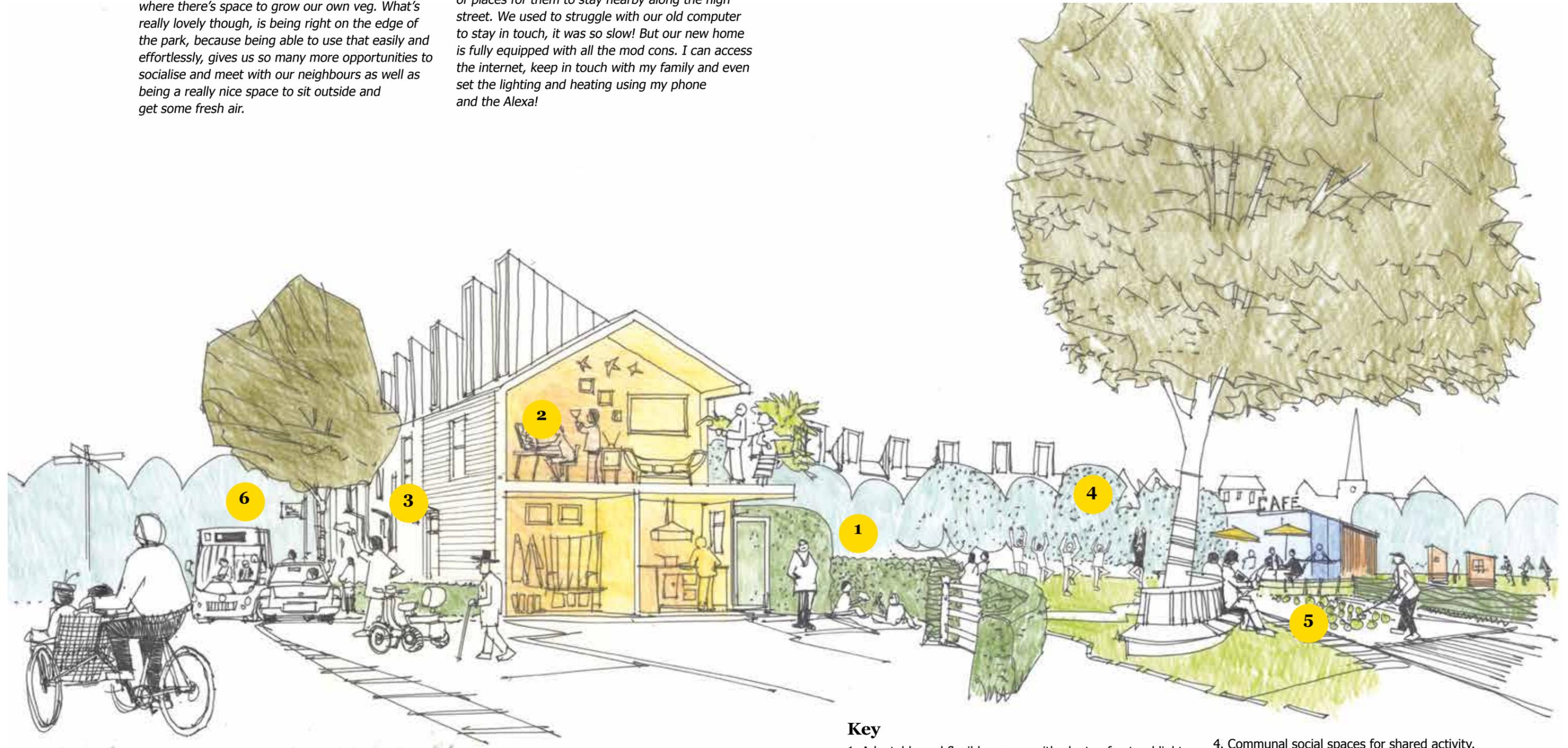
Key

1. Adaptable and flexible spaces with plenty of natural light and direct links to outdoors.

2. Home digital 'hub' to help manage care provision for tenants, contact family and control their environment.

3. Sheltered deck or main door access, with adjacent storage space for mobility scooter/bike/buggy.

4. Communal social spaces for shared activity.

5. Community garden/growing space and attractive sheltered spaces to sit.

6. Quality walking routes and links to public transport.

Key principles illustrated: 4, 5, 6, 8, 10

Spatial Illustrations by Richard Carman | Persona Illustrations by Open Change

2. Green Infrastructure

Helen's story:

I love the outdoors and I'm definitely a people person. I really enjoy being outside and it's important to me that I can easily get to a place where I can disconnect from the hustle and bustle, breathe, walk without worrying about the traffic, and spend a bit of time with friends. The park is really easy to get to as it's just a short walk away from the town centre where I live with my husband Bill. It's also got a great bus service and other lovely walking routes, so it's really handy and my friends have no trouble meeting me here. My family stay close by when they come to visit me, so it's a good spot for us to meet up with them too.

*The park has just been redeveloped so that it's a good place to come if you're living with dementia and if you need support from a carer. It has accessible loos, benches, a new café, more accessible walking routes and dementia friendly signage. There's plenty of space for people of all ages, with nice spaces to sit and meet friends. There's even a senior outdoor gym!
I'm a retired teacher and sometimes I see groups of schoolchildren being taught outside here, which is lovely to see.*

Key

1. Community allotments/raised beds.

2. Café with outdoor seating and accessible public toilets.

3. Activity space and senior outdoor gym.

4. Space for outdoor learning.

5. Information/technology touch point.

6. Quality accessible walking routes connecting to the town centre.

Key principles illustrated: 2, 3, 6, 7, 9, 10

Spatial Illustrations by Richard Carman | Persona Illustrations by Open Change

3. Community Infrastructure

Angie's story:

As a professional carer, I want to be able to spend as much quality time with my patients as possible. This means I need to be really organised with my time, be better informed and travel less.
I recently joined the local branch of a charity that provides care in communities. It's set up differently than other care organisations and is based on a Dutch model called 'Buurtzorg' – providing neighbourhood care and support via a network of self-organising teams. We use technology to organise our days, communicate with one another and update family members with what's happening. It's much more rewarding to work this way, I feel trusted and valued for the work I do.

I need a touch down space to meet with my colleagues, exchange feedback, knowledge and ideas. I use the new community hub building on the High Street, based in an old converted church. The council did a great job converting the building into an intergenerational space. I'll often bring one of my clients, Elizabeth, here to meet up with her community connector, or just for a cup of tea and a natter. There's an early-years learning centre, a public café with outdoor seating, a community library and a local business hub - so there are plenty of opportunities to meet socially and even opportunities for volunteering.
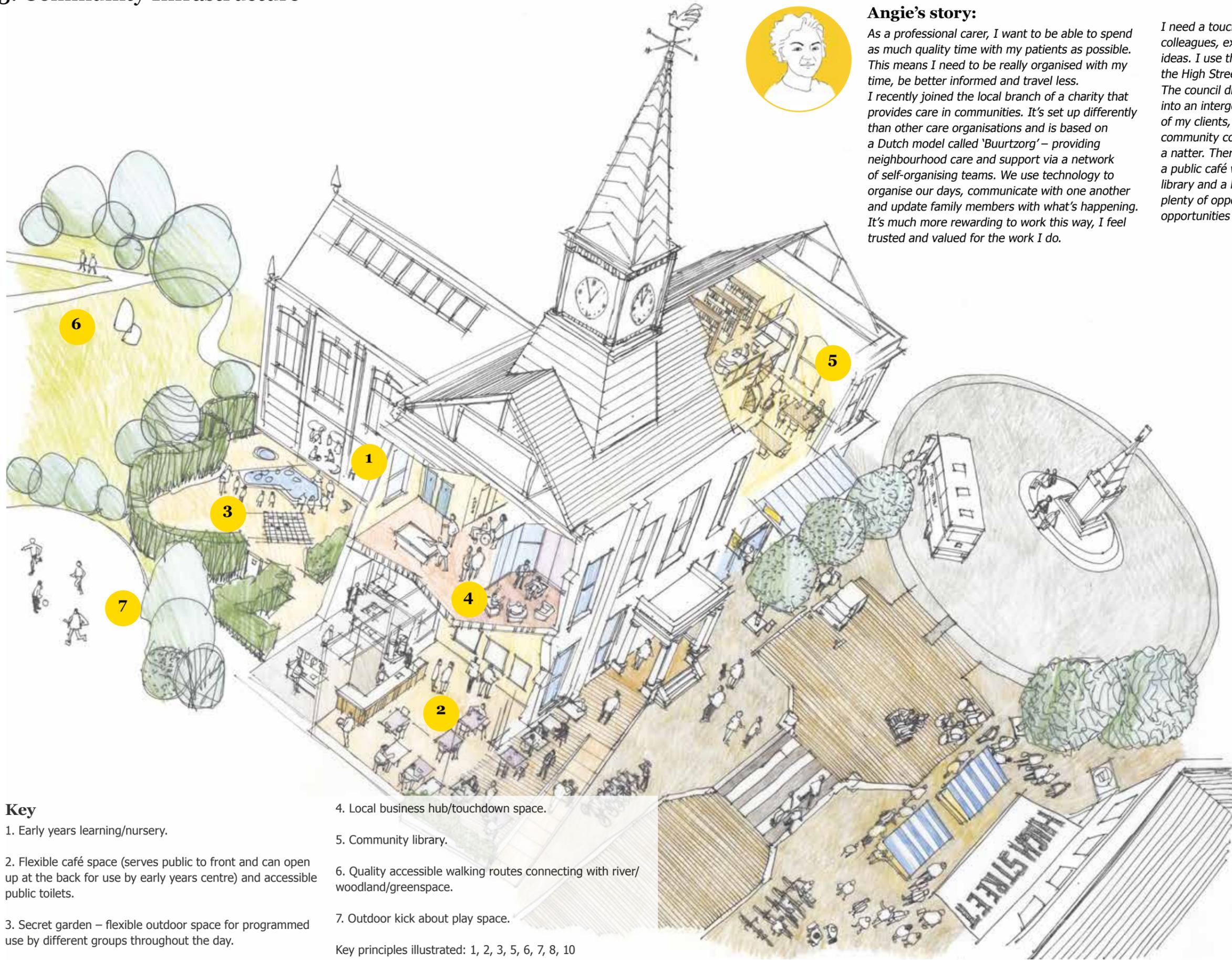
Key

1. Early years learning/nursery.

2. Flexible café space (serves public to front and can open up at the back for use by early years centre) and accessible public toilets.

3. Secret garden – flexible outdoor space for programmed use by different groups throughout the day.

4. Local business hub/touchdown space.

5. Community library.

6. Quality accessible walking routes connecting with river/woodland/greenspace.

7. Outdoor kick about play space.

Key principles illustrated: 1, 2, 3, 5, 6, 7, 8, 10

4. Transport and Digital Infrastructure

Elizabeth's story:

My independence is really important to me, but I find it difficult to get around town and to get to church, so I really appreciate it when I can get out and about easily and when there's a friendly face at the wheel! Once a week, I get taken out for a ride in a trishaw by Hamish, a volunteer cyclist 'pilot' with Cycling Without Age. It has warm blankets and two seats in the front, so my carer Angie comes along for the ride too! I get to go wherever I choose. It's lots of fun, we have great conversations along the way and lots of people wave or stop and say hello.

I can see that the Council has spent a lot of money improving the streets too. There's more seating, the signs and the lighting are better, there are more trees and plants and accessible loos. I feel so much more confident about walking from my house to the High Street – albeit with a bit of support. I sometimes meet my community connector at the local hub. They're such a great help in linking me with other people, who I can spend time with or who can help me, asking me what I would find most helpful and what kinds of activities I'd like to do.

Key

1. Active travel hub – bringing together rail, bus, cycle, pedestrian – with green space at the entrance.

2. Tech enabled signage as part of a connected network.

3. Cycling Without Age 'trishaw'.

4. Community car club parking and EV charging.

5. Accessible at-grade roads/pavements.

Key principles illustrated: 1, 2, 3, 4, 5, 6, 7

Spatial Illustrations by Richard Carman | Persona Illustrations by Open Change

I. Scenario Workshops
A Caring Place Event, 19 September 2018

"We need to change how places work - for everyone but especially older people, so its good to explore these issues"

Living Streets Scotland

As part of our regular Public Sector Client Forum, the event in September 2018 took a specific look at the issue of creating a Caring Place. The second half of the event was jointly facilitated by Smith Scott Mullan Associates and Open Change who gave delegates the opportunity to explore some of the potential issues around town centres as supportive and caring environments for the elderly, through scenario workshop sessions.

Approach

Participants were divided into small groups over eight tables. Each group was provided with a map (either a small or big town), a set of case study cards and one persona, either of an elderly resident in the town looking to relocate into the town centre – Helen, Richard and Elizabeth, or a carer working in the town – Angie. The needs of each persona served as a focus for their discussion. Each persona was considered in the context of both the big town and the small town.

Session 1 Outputs

In the first session, groups were asked to consider and record the challenges and opportunities for the person in their town, and to discuss how their town might adapt to meet the needs of their persona. Case study cards helped to prompt ideas and identify essential physical and services aspects which would enable this to be a more caring place for that person.

Session 2 Outputs

In the second session, a new scenario was introduced - the big town was given a significant investment for building and service improvements (of £100 million over the next 10-20 years). Groups were asked to consider how they would best leverage that investment to support their town (big town) or how the investment could best support the specific interests of a satellite town (small town).

The key challenges and opportunities for each persona are summarised on the next page.
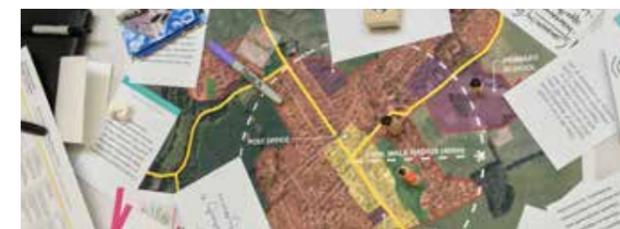
II. Personas

Angie, 49,
Carer

Angie is a professional carer and needs quality time with her patients.

Angie wants:
- Support for the elderly she cares for to be more independent.
- A better connected care system.
- More efficient use of her time, to be better informed and to travel less.
- To bring joy to everyday necessary activities.
- To have the ability to influence and innovate.
- A space to exchange feedback, knowledge and ideas with colleagues.

This could be enabled by:
- A database of community groups by region, e.g. clubs, groups etc.
- Technological systems and solutions to allow Angie more time with clients.
- Utilising latent products and services - sharing economy, e.g. school buses for elderly social outings and extra transport needs, collecting elderly residents around town and taking them to activities.
- Area specific carer allocation, hyper-local client base rather than across the whole town. (Allowing Angie to walk between clients and to get to know the area, clients' neighbours and opportunities).
- Community benefit through grouped services.
- 'Buurtzorg' type model of care delivery.
- Greater housing choice – increased accommodation types and tenure.
- Space to download and share Angie's knowledge.

Helen, 70,
Retired Teacher

Helen is sociable and needs contact with community, friends and family. She is an integral part of the community, a 'doer', and should be valued as a resource.

Helen wants:
- Stuff to do, providing self-fulfilment and happiness. A reason to get out and about for physical activity and social connections.
- Choices of spaces to meet others for conversation – intergenerational public space(s).
- To have a voice in the community in shaping decisions. Providing a shared identity and ownership of her place.
- Access to healthcare (e.g. GP, Dentist, step-down care, hospital.

This could be enabled by:
- 'Friendly' transport and quality walking routes that link her to services and local amenities and connecting to other towns.
- Volunteering opportunities – things to do, get involved in, contribute to and to meet folk.
- Somewhere for family to stay when they visit so she can see more of them.
- Support for technology use to increase her confidence around online finance.
- A better quality outdoor environment, a nice place to sit that is connected to the town.
- Flexible intergenerational spaces, e.g. pub, café, community garden or park. Space for meeting, socialising, music, storytelling.
- Intergenerational community housing that offers choice, ie. a range of sizes and with communal space.

Richard, 66,
Local Business Owner

Richard's independence is important to him, but he is nervous – about his business, moving, technology and his health. He needs a confidence boost.

Richard wants:
- To mentor young local business start-ups.
- More opportunities for walking, easy access (to things) and more activity.
- Golf days for elderly.
- Business advice; (intergenerational) computer classes.
- Better transport.
- Regular conversations.

This could be enabled by:
- Community purchase/ownership of Richard's shop – with his help and advice.
- Designing a 'Senior Park' and social space.
- Linked leisure offer – linking old and young together
- A multi-agency pop up in the town centre.
- Repurposing empty shops and homes.
- Grouping town centre shops to compete against out of town offer.
- Creating a simple walking trail linking together core public assets, greenspace, allotments, men's sheds, etc., with the town centre.
- Opportunities for new downsize housing precinct in the town centre including intergenerational / co-living.
- Community transport (e.g. car pools, motorised scooters, community taxi, Uber, paths and parks).
- Tapping into a business network for advice and to support SMEs.

Elizabeth, 78,
Widow/ Retired Librarian

Elizabeth likes feeling connected but currently feels isolated. She needs friends around her in the short and long term. Human beings, not services, will help her.

Elizabeth wants:
- Social contact and to have fun!
- She values her independence but has difficulties getting around. She needs accessible transport to get about town and get to church.
- Quality choices and connection to activities.
- A computer so she can email and connect with distant family and friends, and someone to assist with Skype.

This could be enabled by:
- A community connector to link her in with the community and ask what she wants.
- Connectivity – accessible transport options that are safe and fun (e.g. Cycling Without Age).
- Free supported access to Skype.
- Existing networks, eg. befriending services from church, choir etc.
- Quality co-housing in the town centre with shared social spaces that offer opportunities for friendships.
- Access to quality outdoor green space, e.g. collective garden.
- A traditional 'High Street' that has vitality and is safe, legible and accessible.
- Free community hub (cultural venue, flexible café space)
- Assisted living support models (e.g. Homeshare).
- Accessible libraries and public spaces, mobile units, libraries etc.

III. A Caring Place Resources

**A&DS collated a number of case studies relating to Caring Places.
We also invited a range of organisations and individuals to share their
thoughts on Caring Places and Town Centres.**

A Caring Place: Case Studies
This set of case studies brings together national and
international examples, looking at the physical and thematic
components of a caring place.
https://www.ads.org.uk/caring_places_casestudies/

Town Centre Living: A Caring Place
Steve Malone, Prinicpal Architect with A&DS, writes about
the thinking behind the Town Centre Living: A Caring Place
programme.
https://www.ads.org.uk/town_centre_living_home/

Who cares who cares?
An invitation to shape Caring Places
Diarmaid Lawlor, A&DS

Diarmaid Lawlor, Director of Place at A&DS, invites a
discussion about caring places.
https://www.ads.org.uk/caring_place_blogintro/

Re-imagining age and home
Donald Macaskill, Scottish Care

Dr Donald Macaskill, Chief Executive, Scottish Care, writes
about age and home.
https://www.ads.org.uk/age_home_towncentre/

DIY Smart Living
Creating a Caring Place
Keith Quinn, Scottish Social Services Council

Keith Quinn from the Scottish Social Services Council reflects
on how technology can support independent living for an
aging population.
https://www.ads.org.uk/town_centre_smart_living/

Why can't we live in town
centres again?
Phil Prentice, STP

Phil Prentice, Chief Officer of Scotland's Towns Partnership,
outlines his thoughts about town centre living and how we
can create a caring place.
https://www.ads.org.uk/town_centre_living_stpblog/

How can we use design to help create
a caring place?
Karen Anderson

Karen Anderson, architect and former Chair of Architecture
& Design Scotland, outlines some of the ways that architects
and designers can help make caring places and spaces.
https://www.ads.org.uk/caring_town_centre_living_karen_
anderson/

Walkable and Caring Town Centres
Penny Morriss, Living Streets Scotland

Penny Morriss of Living Streets Scotland writes about
walkable and caring town centres.
https://www.ads.org.uk/town_centre_living_pmblog/

Could a "Caring Town" housing
concept transform our age?
Phil Prentice, STP

Phil Prentice, Chief Officer of Scotland's Towns Partnership,
writes about opportunities of creating flexible and caring
housing reflecting our demographic changes.
https://www.ads.org.uk/housing_caring_place_blogstp/

A Caring Place – Presentation at Cross
Party Group
Steve Malone, A&DS

Steve Malone, Principal Architect with A&DS, shares some
thoughts on 'A Caring Place' as presented at the Scottish
Parliament Cross Party Group on Towns and Town Centres
in 2018.
https://www.ads.org.uk/caring_place_crosspartygroupblog/

Good accessible design is good
for everyone
Kayleigh Lytham, Paths for All

Kayleigh Lytham from Paths for All, a national walking
charity, writes about accessible outdoors environments and
dementia friendly design.
https://www.ads.org.uk/dementia_friendly_outdoors_blog/

Can Urban Living be suitable
for Older People?
Steven Tolson and Dr Margaret Brown

Steven Tolson and Dr Margaret Brown, University of the West
of Scotland, reflect on place making and urban living for
older people.
https://www.ads.org.uk/urban_living_caring_place_blog/

Regeneration with care in mind
Ian Brooke, EVOC

Ian Brooke, Deputy Director at Edinburgh's Voluntary
Organisation Council (EVOC), shares his thoughts on care in
the community.
https://www.ads.org.uk/regeneration_care_ian_brooke/

Town Centre Living:
The Joy of Having a Project
Marie Mullan

Marie Mullan on her work with U3A (University of the Third
Age), a learning cooperative of semi-retired and retired
people which enables members to share many educational,
creative and leisure activities.
https://www.ads.org.uk/living_towncentre_projects/

Making Kind Places
Anne-Marie O'Hara, Norton Park

This blog comes from Anne-Marie O'Hara, CEO at Norton
Park in Edinburgh, Anne-Marie discusses her involvement
with the Carnegie Trust work on kindness, and on a group
looking at kindness in procurement.
https://www.ads.org.uk/kind_places_anne-marie_ohara/

We need to talk about toilets!
Sue Evans, A&DS Board Member

This blog by Sue Evans, Board Member of A&DS, looks at
access to a crucial facility: toilets!
https://www.ads.org.uk/accessible_toilets_sueevansblog/

A Caring Place – Designing in Kindness
Zoe Ferguson, Carnegie Fellow

A blog by Carnegie Associate Zoë Ferguson, author of
The Place of Kindness: Combating loneliness and building
stronger communities.
https://www.ads.org.uk/kindness_acaringplace_zoeferguson

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