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DESIGN4HEALTH Melbourne 2017

Proceedings of the
4th International Conference on Design4Health
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Editors: Deirdre Barron and Kurt Seemann

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Preamble

Welcome to the first Design4Health Conference in Australia, convened by the Centre for Design Innovation, Swinburne University of Technology, on behalf of, and jointly chaired with, the conference founders, Lab4Living, Sheffield-Hallam University, UK.

The Centre for Design Innovation investigates and validates the key factors that underpin the design of products, services, systems, spaces, and symbols to improve the chance of user uptake and impact.

Lab4Living, who established the conference, is an interdisciplinary research initiative that develops products and environments, and proposes creative strategies for dignified, independent and fulfilled living for all.

This international event invited the world of health and design practitioners and researchers to come together between the 4th and 7th of December, 2017 in Melbourne, Victoria, Australia.

About the conference

Design4Health is an international conference that brings together designers, health professionals and creative practitioners with researchers, clinicians, policy makers and users from across the world to discuss, disseminate and test their approaches and methods in the ever-changing nexus between design and health.

The conference hosted a series of different events that provided an active forum to explore how the disciplines of design and health might intersect to bring forth new ways of thinking and working in what is a dynamic, innovative and increasingly important area of research and practice. The central question has been:

How can we work together to achieve positive and sustainable impact on the social, economic and cultural factors within our communities and beyond?

The range and insights presented at the D4H Melbourne event has revealed both the enormous value of this movement in research, and the benefits from undertaking serious, applied, and critical efforts that design and health expertise generate when they come together.

We invite you to browse the innovative ideas and critiques scoped in these proceedings

Sincerely



Associate Professor, Kurt Seemann, PhD. | Convenor | Design4Health 2017

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Melbourne Cricket Ground, Melbourne.
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Peter Stacey, Human Scale

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Foyle Reeds: How can design reduce suicide attempts at a specific place whilst at the same time improving the experience for all?

Raby, E., Alwani, R., West, J., Bichard, J. and Spencer, J.

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Introduction

Suicidal behaviour is a worldwide public health issue; internationally a person dies by suicide every 40 seconds (WHO 2014). The impact of a suicide in a public environment has a profound negative effect on those living nearby. This paper outlines a project aiming to tackle this by bringing together researchers, designers and the local community to reduce suicidal behaviour and improve well-being across a section of the Foyle riverfront in Derry Londonderry through suicide prevention interventions. Each year, an average of four people suicide in the river, though hundreds are removed or counted as a 'cause for concern'. This paper discusses 'Foyle Reeds', one element of the project, an art installation and suicide prevention barrier for one of the bridges, designed to protect and engage with the community whilst avoiding any sense of imprisonment. This project has received high levels of interest from statutory stakeholders and local government due to an increase of incidents on the bridge.

Process and Engagement

The research question is: how can design reduce suicide attempts at a specific place whilst at the same time improving the experience for all?

Methods

Using co-design methods (within the Double Diamond model (Design Council, 2005))

the project sought input from across the community, aiming to understand their experience of the bridges and environment, as well as their hopes and aspirations for the area. In an area known for the Troubles (a conflict between Irish Republican and Loyalist parties in the late 20th Century, creating a division in the community), it is important to create a neutral space for participants and to provide opportunities for both sides of the divide to have their say. The team created a research space at a number of large city-wide events connecting with over 5,000 people through research activities such as voting on key themes and outcomes, comment cards about activities people would like to see around the river and vox-pop interviews about focused topics. The team have conducted in-depth workshops with over 100 individuals, held site visits and observations with key stakeholders from the local statutory and community groups and engaged with people over social media through surveys, reaching over 10,000 people. The river search and rescue team regularly see zero incidences of suicidal behaviour during city-wide events, therefore the drive is to create a more sustainable approach to increasing footfall. This led to community consultation which focused on natural

surveillance by increasing visitor numbers whilst reducing the area's stigma. A large proportion of the study has therefore been carried out with the 'general population'; in depth interviews with suicideologists and people who have attempted suicide have been carried out in parallel.

Results

Individuals highlighted several key concerns about the bridge, stating the suicide stigma, the wind and the height as reasons to not use the space. Many thought it was underused by pedestrians and cyclists, saying they would like to use the space due to good parking and connections to the city.

The bridge is nine storeys high, spanning 866 meters, with a high flow of traffic, carrying around 30,000 people each day (Northern Ireland Roads Site, 2007). It is located on the outskirts but is still largely visible from the city.

A multidisciplinary team of students used these insights to create a range of designs. Key challenges included use of the space at night (when the majority of instances occur (Connolly, 2007) and connecting the bridge to the community. Underpinning these challenges was the explanation for the reduction in incidents during busy events: suicideologists suggested that this is due to the individual feeling part of a community and connected to those around them.

The visual concepts were tested using stakeholder workshops and led to the creation of the 'Foyle Reed' bridge concept. A community buy-in scheme for the bridge was suggested which would allow the community to take ownership of the bridge and to connect and interact with it; lighting would increase the visibility of the area and increase footfall, and in turn this is hoped to reduce suicide in the area. A prototype will be trialled in December 2017.

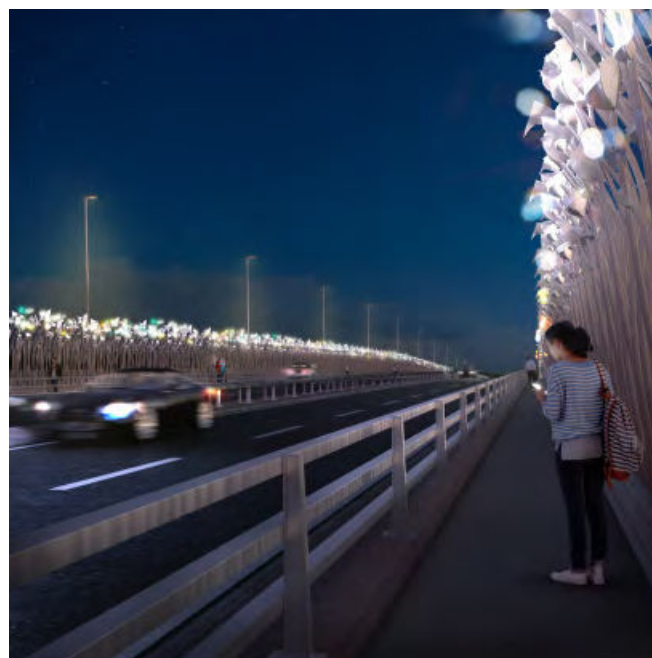


Figure 1. Foyle Reed Bridge Concept

Discussion

Public opinion of barriers is often negative as they imprison the location and general population whilst maintaining the negative associations of suicide. Foyle Reeds is inspired by the 'common reeds' which surround the riverfront, providing shelter for wildlife whilst retaining the spectacular views. The barrier will be built using a modular design, complying with suicide prevention guidelines (Public Health England, 2015, 26). By day, the bridge becomes part of a sculptural trail and provides an element of shelter and safety for pedestrians. At dusk the bridge will come alive, lighting up and interacting on three levels. Firstly, people will be highlighted as they traverse the bridge by lighting which increases in brightness, allowing CCTV staff to track people more easily. The second level of interaction is the community buy-in scheme: members of the community 'buy' a reed and can digitally control the colour of the light. The third level allows for the bridge to be more integrated into the city during wider public engagement e.g. for breast cancer awareness the bridge would light up pink.

Limitations

This project is context specific as it has been co-designed with local people, tourists and organisations.

Implications

The project, though driven by the context, has implications for other environments and locations associated with suicide. These methodologies are applicable in tackling suicide prevention in a less stigmatising way and improving the environment for all.

Conclusion

Foyle Reeds has stakeholder and community buy-in, with funding through the private sector via a non-suicide focused positive marketing campaign being sourced. As the project moves towards the procurement phase, the measurement of impact on the community, the environment and the space is under way. Quantitative and qualitative data has been collected, and local statistics gathered, to be cross referenced with data after the installation of the barrier, planned for mid 2018.

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