Place-making with older persons: Establishing sense-of-place through participatory community mapping workshops

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ABSTRACT

Principles of aging-in-place emphasize the importance of creating sustainable environments that enable older people to maintain a sense of belonging, autonomy, independence, safety and security. Simply altering the built environment is insufficient for creating more inclusive environments for older persons, as creating 'meaningful' places for aging involves consideration of psychosocial and cultural issues that go beyond issues of physical space. This paper illustrates how applications of community-based participatory research methods, in particular, participatory community mapping workshops (PCMWs), can be used to access experiences of place, identify facilitators and barriers to accessing the built environment and co-create place-based solutions among older people and service providers in a new affordable housing development in Western Canada. Founded on tenets of empowerment and relationship building, four PCMWs were undertaken with 54 participants (N = 38 older people; N = 16 local service providers). PCMWs comprised (i) experiential group walks around the community to access understandings of place and community and (ii) mapping exercises, whereby participants articulated their place-based needs within the context of the new affordable housing development and surrounding neighbourhood. Dialogues were digitally recorded, transcribed and thematically analysed. Visual data, including photographs taken during experiential group walks were categorized and integrated into the narrative to illustrate place meanings. PCMWs enabled senior housing and social care professionals and decision-makers to co-construct knowledge with older tenants that facilitated place action and change. Key themes identified by participants included: identifying services and needs for health and wellbeing, having opportunities for social participation and overcoming cross-cultural challenges. PCMWs were found to be a nuanced method of identifying needs and resources and generating knowledge.

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1. Background, rationale and theory

Aging is a process associated with various individual, social and structural vulnerabilities, such as difficulties navigating health and social care systems, frailty, chronic health conditions, mental health and mobility challenges, ageism, and social exclusion (Bergman et al., 2007; United Way Lower Mainland, 2011); whilst the concept of 'age' in itself is also a key social determinant of health (Raphael, 2004). In Canada, the aging population is rapidly increasing with adults over age 65 years currently comprising 13.2% of the total population and projected to rise to 24.5% by 2036 (Statistics Canada, 2010; Turcotte and Schellenberg, 2007). One important determinant of health in later life garnering increased attention in public health and policy is where one lives. The concept of aging-in-place is the "ability to live in one's own home and community safely, independently, and comfortably regardless of age, income, or ability level" (Centers for Disease Control and Prevention, 2013).

Concepts of home and community have consistently been linked with the notion of 'sense-of-place,' an umbrella term used to describe aspects of place identity, sense of purpose, belonging and

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living a meaningful life (Kyle and Chick, 2007; Scannell and Gifford, 2010). Defined *symbolically* as "the subjective meaning and importance that individuals give to where they reside" (Eyles and Wiliams, 2008, 1), *emotionally* to describe humans "affective ties with the material environment" (Tuan, 1977, 93) and *reflexively* as "a confluence of cognitions, emotions and actions organized around human agency" (Canter, 1991, 214); sense-of-place is often constructed and negotiated within the context of everyday settings such as one's home and community.

According to Sixsmith (1986), one's home is a place of physical, personal, and social experience that sustains a sense of security, safety, privacy, independence and choice. Peoples' attachment to home and place is reliant on prospects for enhancing relationality (Kyle and Chick, 2007). Hence, it has been argued that for individuals to transform spaces into meaningful places, supportive social and structural environments are required to enable individuals (particularly marginalized older people) to gain localized, insider status (Hay, 1998). Relph (1976) refers to the concept of *insideness* as the extent to which people feel as if they belong *in place*. If a person feels 'inside a place', then they feel a sense of inclusion, security and safety, which results in stronger feelings of identity (Relph, 1976). Opportunities for building social relationships within interpersonal, community, cultural and societal spheres (Low and Altman, 1992) cultivate a "rooted sense-of-place (Hay, 1998, 5)" in different geographical contexts. Even when living conditions might be considered suboptimal, older people may want to maintain 'rootedness' and 'insider status' to counter individual, social and structural vulnerabilities (Hay, 1998; Klein, 1994; Mutschler, 1992). Conversely, a person can feel separated or alienated from place (what Relph (1976) terms *outsideness*), which can undermine well-being as it leads to exclusion, loneliness and isolation from social and community life.

'Having choices' in where and how one lives is particularly important for older adults to achieve not only aging-in-place, but positive aging in the 'right' place (Golant, 2015), which requires consideration of psychosocial and cultural issues as well as physical space (Bjornsdottir et al., 2015; Wiles et al., 2012). Bringing together gerontological and geographical perspectives, it has been highlighted that developments of communities that are supportive of aging and mindful of cultural diversity requires careful consideration of how individuals connect within physical and social spaces (Greenfield et al., 2015; Andrews et al., 2009). This can be achieved through post-modern perspectives, qualitative approaches and visual methods (Skinner et al., 2015) that capture "hidden cultural practices and social processes" when describing the "social and spatial relations, between older people, health and place (Andrews et al., 2007, 151)."

It is also important to note that aging-in-place can sometimes be a negative experience when an older person's housing is substandard or services in the community are unable to meet their needs (A. Sixsmith and Sixsmith, 2008). To build age-friendly communities conducive of positive aging in the 'right place' (Golant, 2015), housing authorities, planners and developers need to incorporate the psychosocial realities of everyday life, and disrupt existing planning processes and practices grounded on positivist epistemology by using collaborative and partnership models of design (Rowles and Bernard, 2013; Harper and Laws, 1995). This is important for ensuring that models of urban planning and aging move beyond universal accessibility (i.e. adapting environments based on progressive disability) to one which focuses on environments that enable older adults to fulfil a positive role in old age.

Such goals can be difficult to achieve amidst hierarchical barriers that give certain stakeholders authority and decision-making powers while leaving others out of planning and development

processes (Woolrych and Sixsmith, 2013). For instance, marginalized voices are often 'negotiated out' of the planning process, the result of a utilitarian perspective to planning where what is in the 'public interest' gets approved, and where minority perspectives (be it by age, gender, race or class) are ignored (Sandercock, 1998). This has resulted in the criticism that marginalized voices are 'tokenistically' sought in an insincere attempt to claim local involvement has taken place. Subsequently, the implication when designing homes for older adults is that a 'one-size fits all' approach likely ignores the heterogeneity of older adults and limits the use of design elements that support diverse socio-cultural backgrounds. Thus, our guiding research question was: *how can the concept of 'place' be effectively articulated and translated into solutions for older people when designing and developing their 'home'?*

Since a strong sense-of-place is produced via synergies of access to culturally appropriate supports for active participation and opportunities to build social networks and assume meaningful roles in the community, we applied this principle in our participatory community mapping workshops (PCMWs) methods. In this short communication of an innovative approach in health geography, we problematize conventions of collecting and generating information from older people; with the aim of articulating the use of PCMWs as a valuable, innovative method that enables deeper understandings of the challenges of aging-in-place for older people through co-creation of knowledge with multiple stakeholders. This paper demonstrates the application of PCMWs when examining transitions into affordable housing by a culturally diverse group of seniors over the age of sixty in Western Canada. Participants also included stakeholders with decision-making powers such as local service providers from government agencies, housing associations, community centres, charitable organizations, and health authorities; all of whom have vested interest in regeneration projects and planning for older adults.

2. Community-based participatory research: participatory mapping methods

Participatory mapping is a research process that provides the opportunity to create a tangible display of people, places and experiences that make up a community (Corbett, 2009). Over the last decades, participatory mapping has been used by various disciplines for an array of different research and development purposes such as land use, crime prevention, education, and health (Chambers, 2006).

Through its application in multiple disciplines, participatory mapping has become a valuable, interactive technique for local knowledge production, moving from data description to map based representation, through discussion and visual output (Corbett, 2009). Participatory mapping is used in public health and policy realms to raise awareness of community issues, facilitate local decision-making and empower communities to be active placemakers (Corbett, 2009). Shaped by principles of equity, participatory mapping has become an integral part of community-based participatory research enabling scholars to satisfy their research aims and objectives whilst empowering participants to build on community strengths to generate a shared awareness and understanding of community assets (Corbett, 2009).

PCMWs were adapted for the current project to further understand sense-of-place among older adults. PCMWs enabled researchers to access layers of information through the application of multiple methods, enhancing holistic understandings of aging-in-place. A key methodological distinction between the PCMWs conducted for this research and existing methods is the extension of visual methods to include other senses such as hearing, smell and touch through experiential group walks. Visual mapping exercises