



Neighbourhood amenities and health: Examining the significance of a local park



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ABSTRACT

This paper reports the results of a qualitative study that examines the links between neighbourhood spaces and quality of life for nine formerly homeless women who live in a supportive housing development in Ottawa, Ontario. It explores a local park that participants subjectively identified as the most meaningful place influencing their health and quality of life. Looking at the neighbourhood from the participants' perspectives, this paper discusses the links between access to nearby urban green space, feelings of well-being, and having a sense of belonging to the broader community. The primary methods used in our study were photovoice, whereby participants were asked to take pictures of both healthy and unhealthy aspects of their neighbourhood, and participant observation of the women's interactions with their immediate and neighbourhood living environments. The participants used photographs as a tool to help describe their experiences of the park as not only a therapeutic or *health-promoting* place, but also an un-therapeutic or *health-denying* place. Participant observation helped fill the gaps that women were unable to articulate in the interviews. The results reveal that participants placed more emphasis on inclusive (free of charge) social events and the ability to interact with others at the park than on its aesthetics. This finding supports the notion that while beautification certainly has value, resources to support free community events in public spaces are at least equally important for establishing feelings of inclusion in the community among marginalized populations.

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Introduction

Despite claims that the 'local' is no longer a significant level of study and recognizing the growing presence of virtual, widely dispersed networks in many peoples' lives (McDowell, 1999), there is increasing evidence of the remaining salience of the 'local'. Researchers have identified that one's surroundings can strongly influence health (Abraham, Sommerhalder, & Abel, 2010; Caughy, O'Campo, & Muntaner, 2003; Sooman & Macintyre, 1995). Neighbourhood factors have been found to influence physical and mental health in both positive and negative ways. Farrell, Aubry and Colombe (2004) argue that shared emotional connection and feelings of membership at the neighbourhood level contribute to personal coping and positive perceived well-being. They and others highlight the potential for contact among neighbours to be a way of increasing a sense of community and personal well-being (Chisholm, 2002; Collins, Hayes, & Oliver, 2009; Farrell et al., 2004; Freiler, 2004). Haque, Rosas, and Anderson (2008)

examined the influence of neighbourhoods on health for newcomers in a Toronto neighbourhood, and found that perceived mental and emotional health were significantly more influenced by neighbourhood characteristics and change than was physical health.

The impact of one's neighbourhood living environment on health may be especially significant for individuals for whom life is lived mostly at the local level. Evidence suggests that neighbourhood-based social engagements may have an especially significant impact on health and quality of life for people with lower incomes, as their networks tend to be more geographically limited than those of middle and higher income households (Ellen, Mijanovich, & Dillman, 2001). Looking particularly at women who had experienced homelessness in Ottawa, Neimiroff, Aubry and Klodawsky (2010) suggested that assisting such women to become integrated into their communities could help them achieve housing stability. Currently though, little is known about neighbourhood-level influences on perceived well-being for women who have experienced homelessness.

Although there have been many studies on the relationship between nature, health and well-being, little research has examined the relationship between physical and social neighbourhood

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characteristics and perceived quality of life for marginalized women. A majority of the research on the links between neighbourhood and marginalized individuals focuses on 'NIMBY'ism (Not In My Backyard), highlighting the experiences and perceptions of neighbours who resist living near supportive housing or emergency housing residents (De Wolff, 2008; Hill, 1994; Takahashi, 1998). There is a gap in research about the neighbourhood-level experiences of residents of such facilities, particularly women, (Klodawsky, 2009), as well as the impact of urban green spaces in particular on such populations. More generally, researchers have found links between access to natural urban environments and coping mechanisms (Sullivan, Kuo, & DePooter, 2004), overall health and well-being (De Vries, Verheij, Groenewegen, & Spreeuwenberg, 2003; Irvine, Warber, Devine-Wright, & Gaston, 2013; Maas, Verheij, Groenewegen, de Vries, & Spreeuwenberg, 2006) as well as increased social interactions (Coley, Kuo, & Sullivan, 1997; Fuller, Irvine, Devine-Wright, Warren, & Gaston, 2007; Sullivan et al., 2004). Young, Russell, and Powers (2004) examined sense of belonging to a neighbourhood among elderly women in Australia, finding that a greater sense of neighbourhood was associated with better physical and mental health, social support and lower stress.

Determining which aspects of neighbourhoods are therapeutic or health-promoting, and un-therapeutic or health denying for marginalized women can aid in decision-making about where to place social and emergency housing, as well as the design of public spaces to benefit health and well-being. This paper reports the results of a project examining the links between neighbourhood spaces and quality of life for women who live in a supportive housing development in Ottawa, Ontario. The project began as the MA thesis of Plane and it was supported by an Interdisciplinary Capacity Enhancement Grant on Homelessness, Housing and Health (HOA-80066) from the Canadian Institutes of Health Research. It explores a local park that participants subjectively identified as the most meaningful place influencing their health and quality of life. Looking at the neighbourhood from the participants' perspectives, this paper discusses the links between access to nearby urban green space, health, and having a sense of belonging to the broader community. The primary methods used in our study are photovoice and participant observation.

In the following sections, we begin by reviewing the therapeutic landscapes literature as it relates to this case study. We then provide some background information about the participants, followed by a discussion of how photovoice and participant observation were utilized in this research. The results of this case study are explored by drawing connections between the participants' self-reported reactions to various aspects of their neighbourhood environments, in connection with their perceived health and well-being, and other literature that probes these interactions from the perspective of marginalized constituencies. We conclude with a discussion of how these results can be utilized to promote more inclusive and healthful neighbourhoods for marginalized populations.

Therapeutic landscapes

The study of therapeutic landscapes emphasizes a holistic understanding of health as emerging out of complex interactions among physical, spiritual, mental, emotional and social elements. Gesler's (1996) classic definition describes therapeutic landscapes as places where the "physical and built environments, social conditions, and human perceptions combine to produce an atmosphere which is conducive to healing" (Masuda & Crabtree, 2010, p. 657). While literature on therapeutic landscapes begins with the study of specific "extraordinary" places such as natural settings (Brawley,

2001; Gesler, 1992; Palka, 1999) and religious sites that have a reputation for healing (Gesler, 1996; Williams, 2010), more recent considerations of this concept have begun to include everyday landscapes that contribute to health and quality of life (Andrews, 2004; Smyth, 2005; Williams, 1999). Of particular interest in this paper is research about the everyday landscapes that might be assumed to be therapeutic, and how these landscapes in fact offer an often ambivalent mix of healing and negative properties.

When looking at perceptions of neighbourhood, both Masuda and Crabtree (2010) and Laws (2009) have observed how aesthetic considerations paled in comparison to place characteristics that were perceived to provide opportunities for participants' engagement with their social and physical surroundings. Simultaneously though, they emphasized that places with therapeutic attributes were rarely understood as solely healing. Rather, positive and negative attributes were intertwined in complex ways that depended on both historical/structural contexts and individual biographies. For example, Masuda and Crabtree (2010) observed that residents of Vancouver's Downtown Lower East Side (DTES) (a neighbourhood with a national reputation for being "a blighted territory" (p. 657)), emphasized the importance of DTES as a "public social space". They also noted however that this social space did not eliminate experiences of abuse or negativity.

More generally, Williams (1999) has observed that while exploring the positive, therapeutic aspects of place is important, it is also vital to examine the negative health effects associated with the same locale. Wakefield and McMullan (2005) have highlighted that it is possible for places to simultaneously hurt and heal, depending on how one's experiences of place are understood. Milligan and Bingley (2007) examined the impact of woodland on mental well-being of young adults in the UK, arguing that natural environments cannot be considered solely therapeutic in nature. Participants' experiences of nature in this study were shaped by many factors such as the time of day, when the environment was accessed, as well as their childhood experiences.

Overall though, there has been limited exploration of "everyday geographies" in the therapeutic landscapes literature (Wakefield & McMullan, 2005). Given this gap, and based on the research discussed below, we suggest that a useful adjunct to discussions about therapeutic landscapes is the concept of therapeutic networks. These networks are defined as "less formalized arrangements of support and care that often exist outside (or in parallel to) the traditions of biomedicine" (Smyth, 2005, p. 492). They imply that places are both multi-faceted and interconnected. Networks of healing and health can range from households to places within the broader community whereby people establish social supports that are beneficial to their health and well-being.

Furthermore, we suggest that a relational approach is most effective in understanding how the respondents in our study perceived and experienced places within their neighbourhood. A relational approach refers to an understanding of places as interconnected nodes in networks rather than as bounded and static spatial units (Datta, 2012). The notion that places are bounded, fixed and separate neglects to recognize the dynamic and changing characteristics of places, and their interconnectedness to one another. This understanding of place as dynamic implies that individuals are not only affected by the neighbourhood in which they live, but by multiple places and the power relationships at play across these interconnected places, as well as the institutions (both governmental and non-governmental) that have the power and responsibility to distribute economic and social resources (Cummins, Curtis, Diez-Roux, & Macintyre, 2007). Such an approach implies that it is useful to focus "on the processes and interactions occurring between people and places and over time" which serve to complement and move beyond our understandings

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