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Participation in the Community

Findings from the 3-Cities Project

Project Lifecourse Policy Brief

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What this Policy Brief is About

This is the first in a series of Project Lifecourse policy briefs based on findings from the first phase of the 3-Cities Project. Involving Dublin, Galway and Limerick, the 3-Cities Project aims to engage in a collaborative process to re-imagine services and communities to maximise participation for children and youth, older people, and people with disabilities in their localities and cities.

This policy brief examines one fundamental aspect of this work, namely community participation. There are important questions around what participating in the community actually involves, and should involve, for children and youth, older people, and people with disabilities. Such questions have been the subject of considerable debate both in Ireland and internationally. There are also valid questions around whether community participation for children and youth, older people, and people with disabilities is shaped by their membership of these particular sub-groups of the population — or, more broadly, by the diverse and individualised life-course events, transitions and pathways that we all experience as citizens. Participation may carry different meanings at different points in our life course. Or it may represent a broad continuity across our lives, in terms of how we want to interact with our localities, cities and wider society.

Policy makers, practitioners, representative organisations and researchers are faced with the constant challenge of identifying how best to enhance community participation for different social groups. Even more challenging is identifying when it is appropriate and more effective to reach beyond the bounds of children and youth, ageing and disability to consider common ways — relevant to all three groups — of enriching community participation.

This policy brief provides an initial step in responding to these major questions. It does so by addressing the significant challenges associated with community participation of children and youth, older people, and people with disabilities.

Context: Messages from Earlier Research

To frame our analysis, it is helpful first to look at how the relevant international literature refers to community participation. We are using the term ‘participation’ to conceptualise the relationship of people from across the three broad groups involved in this research with the city in which they live.

Participation is a holistic concept, meaningful to each group, but potentially taking a different form for each group. Participation has been broadly defined as ‘a multifaceted, transactive process involving interaction with and within physical, social, cultural and political environments and communities’; it involves both rights and responsibilities (Hammel et al., 2008). In the 3-Cities Project, we are endeavouring to look at these aspects of participation through the lens of city life for children and youth, older people, and people with disabilities. As a result, participation reaches beyond the use of or access to services. It extends to such spheres of life as social interaction, education, employment, sports and leisure, volunteering and opportunities to contribute meaningfully to society. Participation may also include a political dimension, shaping the services and facilities cities have to offer or the way in which the city is run. Participation is also dynamic. People’s interests and circumstances often change across the life course and different forms of participation may be relevant at different stages of life (Dalin and Rosenberg, 2010).

Participation also has a spatial dimension. Focussing specifically on cities, participation includes being able to engage in day-to-day life — having access to shops, parks, waterways, public areas and facilities (Buffel et al., 2012). People participate in cities at different levels; in local communities and neighbourhoods as well as in the broader city. Even when people seek to participate in city life, they may be confronted by barriers that restrict their participation. Lack of physical access, fear of crime, limited individual or community resources and the like have been shown to act as barriers (Coulton and Irwin, 2008; Ritsataki, 2013). By contrast, participation may be facilitated if people have a strong sense of attachment to their neighbourhood or where there is a vibrant community (Buffel et al., 2012). The way in which housing is organised in cities may or may not facilitate participation (Adams et al., 2004).

Participation embraces elements of several related notions that are also relevant to the 3-Cities Project and to children and youth, older people, and people with disabilities.

For instance, ‘independent living’ points to the importance of choice, control and autonomy in people’s lives, highlighting individuals’ capacity to shape their level of participation in wider society (Heathcote, 2000). Of course, independent living can have different meanings for different social groups. For older people, it is typically associated with the ability to live apart from

family and with provision of suitable housing, often with attached social activities (Adams et al., 2004). For younger people, it is linked to leaving the parental home or, in some circumstances, institutional care (Sulimani-Adam, 2014). For people with disabilities, again, it is typically connected to the right to live apart from family either in a small-group setting with others or alone with supports (De Heer-Wudernik et al., 2012). Even with these various subtleties, the degree to which independent living is supported in a given city can affect the level of participation that is possible.

Participation is also closely linked to the concept of ‘citizenship’. A traditional understanding of citizenship includes ideas such as ‘equality, productivity, dependency and the fulfilment of social responsibility’ (Rankin, 2009). However, such definitions, particularly where citizenship is closely linked to employment, can exclude some people, including those with particular disabilities or those who may be becoming frail in later life, for example (Craig, 2004). For certain groups, such as some people with disabilities, attaining effective citizenship may require advocacy by self, peer-groups or others (Flynn, 2013).

The concept of ‘social exclusion’ is also closely related to participation, and draws on a holistic picture of people’s lives (Levitas 1996; 2006). Social exclusion is commonly used to describe multiple disadvantages faced by individuals, groups and societies (Morgan et al.,

2007; Abrams et al., 2007). Importantly, much of the work on social exclusion recognises that it is not a simple binary position, where a person is either excluded or included (Labonté et al., 2011). Often, individuals can be excluded in one area of life while feeling included in others. People can also experience multiple forms of exclusion, such as those arising from limited financial resources, poor social relationships, or a lack of ties with the community where they live (Levitas, 2007; Madanipour, 2011; Vrooman and Hoff, 2013). Crucially, people can drift in and out of exclusion over the course of their lives or experience different kinds of exclusion

at different points in their lives. Social exclusion is, therefore, also dynamic and draws attention, for example, to the influence of demographic change or broader economic forces on participation (Scharf and Keating, 2012).

In summary, concepts such as independent living, citizenship, and social exclusion help us to conceive of participation in the life of a city and society as a whole as multi-dimensional, holistic, and taking place at multiple levels.

The Research: What We Did

The 3-Cities Project involves two main phases of work. The first phase focuses on the collection of data at the city-wide level in Dublin, Galway and Limerick. The second phase will entail more in-depth work in neighbourhoods of each city. This policy brief presents selected findings arising from the first phase, which took place between January and October 2014.

Broadly, our approach to this research is exploratory and adopts a qualitative approach. This involves using qualitative data-collection techniques, such as interviews and focus group discussions. Each stage of our work is designed to inform the next stage, helping us to refine our research questions as we progress. Preliminary conversations with key stakeholders at regional and national levels helped to inform this research approach, including the focus on community participation, and the need to include multiple perspectives from different levels of service provision and use.

Our approach has also focused on developing a collaborative process with all participants, with a view to equalising power differentials between different groups. Twenty public service managers at the city-level were interviewed across the cities, covering the broad areas of health and social care, and local-authority-administered services for children and youth, older people, and people with disabilities. In each city, a separate focus group was conducted with service providers specific to each of the target groups. In all, nine focus groups were organised, with a total of 78 service-provider participants from the areas of health and social care; social inclusion; housing; transport and

mobility; and education, training and employment. Service managers assisted the research team in identifying key service providers for each of the groups in each city. Only service providers who were statutory funded or statutory contracted were recruited. Focus groups with children and youth (12-18 years), older people (65 years and over), people with intellectual disabilities, and people with physical and sensory disabilities were organised separately in each city. In all, 12 focus groups were organised, involving 68 participants. Several service providers assisted in recruiting potential children and youth, older people, and people with disability participants. Careful consideration was given to representing the diversity of each of these groups during participant recruitment. As a result, participants varied according to such factors as gender, socio-economic status, and neighbourhood residential location.

Data collected in the different interviews and focus groups were subsequently transcribed in full and subject to a form of thematic analysis. In the case of this policy briefing, our interest is on how different research participants viewed the community participation of children and youth, older people, and people with disabilities in each of the three cities.

What We Found

Understanding Participation

Discussions with service managers, providers, and younger participants, older participants and participants with a disability revealed the complex nature and variety of meanings attached to participation. Understandings of participation were typically shaped by the particular perspectives and roles of our informants. It is not surprising that such understandings varied according to whether informants were service coordinators, service providers or members of participant groups; whether they worked within the statutory, voluntary or private sectors; or whether they were an older person, a person with a disability, or a child or young person. Everyone struggled to provide a definition of participation. However, interviews highlighted a number of recurring themes relating to how informants viewed the nature of participation, both in the three cities and in Irish society more generally. As well as capturing research informants' shared understandings, it is possible to identify distinctive features of the ways in which the different participant groups referred to participation and what citizens thought about life in their cities.

Service managers typically viewed participation in terms of enhancing service users' involvement in service design and delivery. They highlighted service provision concerns within a broader, strategic context, expressing an appreciation for choice, voice and meaningfulness as elements of participation. Although service managers largely saw consultative forums as exemplary settings for citizen voices to be heard, they were also aware of the many roles that members of the participant groups play across the life course. For example, one service manager, referring here to children and younger people, captured a common thread across interviews with managers of different services:

I think at a very basic level it is just ensuring that children and young people and young adults have a voice in society and that they have an opportunity to have an active life in respect of work and in respect of having their voices heard and having all the things that you'd want in your life...

Rights-based understandings of participation that promoted equality and inclusion were clearly articulated by managers. Policy documents, such as Children First (Department of Children and Youth Affairs, 2011) for young people, and New Directions (Health Service Executive, 2012) for people with disabilities, were cited

as clarifying what greater participation for the respective participant groups might look like from health and social care service perspectives. For example, managers of children's services spoke of enhancing participation, emphasising a rights-based attitude to participation. Managers of services for people with disabilities indicated the importance of policies to enable greater participation:

...it's just about what it is the person wants to do and how they can be supported to do it or how they can be supported to explore what the options might be..What is it that's going to make someone's life meaningful or worthwhile or whatever else.

In a similar way, social inclusion approaches — referred to by informants located in local authorities — emphasised broader, holistic notions of participation. Managers of services for older people were keen to discuss the potential benefits of cross-sector initiatives that could either enhance the voice of older people or assist in helping people to remain in their own homes for longer and 'age in place'. The benefits of expanding participation, to encompass social engagement and contact across the generations, were identified not only for older people but also for other community groups, as one service manager explained:

I think the GAA is a perfect example of that inter-generational [element], you know, creating a whole atmosphere around it... it's that sense that people of very different ages will communicate about a particular topic and it's not specifically for older people. I think that's where we need to be thinking...rather than specific services for older people.

Service providers tended to approach participation as part of a broader spectrum of engagement than service delivery. Equality in relation to participation was a significant factor. All providers recognised the right, ability and capacity of the various participant groups to choose meaningful pathways for themselves insofar as possible. This was summed up by a provider from the ageing sector:

Whether you choose to engage or not should be a personal choice as opposed to one that is actually imposed on you due to whatever lack of opportunity.

Broadly, each group of service providers understood the right to have such choices, and the independence to exercise them, to be valuable in supporting participation for everyone. A service provider in the children and youth sector acknowledged that choice and preference are sometimes rooted in both a continuity of interest over the life course, and a particular life-course stage:

Think of our own lives. We participate in things we have an interest in or have some value to ourselves or our families or some of us might be very contained. Some of us might think more broadly in terms of a more global perspective or it might depend on what phase of our lives we are in. I think in that sense that everybody should be participating.

Service providers emphasised their awareness of diversity issues and of the range of needs that the different participant groups might possess, reflecting on how those needs could shape participation in the broader sense. Having the money to pay for activities or transport, having enough confidence, having a voice in services, biographical differences, age-appropriate engagement, suitable spaces and involving families were identified as factors that could enhance citizen participation, equality and inclusion. However, subtle differences in provider perspectives also emerged. While older people's service providers stressed the value of independent living, social connections, and maintaining a healthy standard of living, those providing services to young people tended to emphasise more a holistic approach to social inclusion. Service providers for people with disabilities particularly underlined the need for equal access to services as a means to increase a sense of empowerment for people with disabilities:

...if I think of citizenship I think of equal. And so I don't think of disability, I don't think of homeless, I don't think of whatever. I think of people having equal access and choice and people will exercise that choice in all sorts of ways because that's what it is. It's a choice.

Children and youth, older people, and people with a disability emphasised the multidimensionality of participation. Participants expressed the desire to engage on their own terms in different spheres of life. A common thread in discussions with participant groups were the varying needs for and access to social supports that could increase a sense of belonging and identity,

particularly in respect to spending time in groups of people at a similar life stage.

The value of having a place or space of one's own was a recurring theme for each participant group. Older people and people with disabilities indicated the importance of housing in establishing a sense of individual belonging and of personal efficacy. Housing acted as a gateway to building social capital for these groups. In contrast, young people in each city highlighted the importance of distinctive collective spaces in helping to build social capital among peers. Service-led spaces, such as shopping centres, and public green areas allowed young people to spend time together and to have space to develop new friendships – although, in many cases, access to these areas had to be negotiated. For example, young people in Galway valued a centrally-located square, but often felt unwelcome as the space was used for many other purposes, including tourism and local business. Young participants in Limerick favoured a public park, feeling comfortable about inhabiting their own space:

The People's Park has its own little community in itself. Everyone goes there and meets up. All your friends would go to People's Park... That's how you make your friends. Then you'd meet in People's Park.

Public transport was also a concern for older people and for people with disabilities, with participants from both groups valuing the ability to move safely around their city. At a practical level, this was about mobility and security. More fundamentally, this was about the capacity to interact with the city and to engage meaningfully with key features of city life. Accordingly, many elements of participation referred to by participant groups were interconnected. For example, in assessing how they might participate more socially, people with physical disabilities talked about finding accessible housing that would allow them to connect with their locality in an independent way. All participants commented that having access to adequate financial resources was core to facilitating different kinds of engagement.

Each participant group suggested that they had enjoyed or would enjoy having the option to be productive, for instance to learn a new skill. But, at times, they also valued being facilitated to socialise without any particular goal-oriented activity being involved. While

young people in each city referred to being involved with organising events or belonging to clubs, older people emphasised the value of being able to access courses. Participation in general was understood by each group as alternating between involving some broader engagement with society, and a wish to spend time together as members of their distinct groups. Across the focus groups, and as exemplified by one older person, relationships and social contact were recurring themes in the context of participation:

If I don't want to read, but I just want to meet people, I just want to know what happens in my city? ...and in fact just I think, just by being together, by welcoming people you discover you want to do something that you didn't think about or you meet also other people you didn't know.

Great meaning was attached to participation. Young people talked about their wish to control how, where and with whom they participated. People with disabilities emphasised broad elements of social inclusion; for people with a physical or sensory disability, this included being consulted when disability friendliness was being enhanced in city services; for those with an intellectual disability, it meant greater control over how they participate. While all participant groups valued independence, older people were especially keen to emphasise the need for information and training, especially in relation to the use of (new) technologies.

Participant groups were quick to identify the personal benefits that can arise when becoming meaningfully involved at different stages of the life course. This involvement is often led by people themselves, and as this young participant describes, leads to a sense of achievement by participating on their own terms in distinct places of inclusion:

I kind of stutter as I talk, but as you broaden your group of friends, just the possibility of what you are going to do the next day, you just grow more into your skin and welcome with the people you are with. It's not a matter of who you are or what you are, but who you are going to be with. Like we'll say, you become more confident and you are capable of being who you are with the people around you.

In summarising participants' understandings, the evidence points to the often ambiguous nature of participation. Each group and cohort revealed their own nuanced perspective of what participation in society could and ought to be. For managers, the lens of service provision offered a consistent frame of reference through which notions of participation were often viewed. For service providers, understandings often encompassed a broad spectrum of activities reflecting direct interactions with participant groups. For younger participants, older participants, and participants with a disability, participation was multidimensional and interconnected across different areas of life. There also appeared to be some differences in the language used to refer to participation across groups and cohorts. In terms of children and youth, ideas of nurturing, development and rights tended to dominate. Notions of enablement, equality and empowerment were evident in relation to people with disabilities. Concerning older people, the focus was typically on ideas of maintenance and the wish to support people to remain independent in their communities. However, regardless of such distinctions, participation for all informants captured elements of choice, control, independence and meaningful engagement.

Participation means:

- having a place to meet friends
- engaging in different kinds of activities
- feeling respected and valued as a person
- having somewhere to sit in public, as a young person with friends, and not being asked to move
- having somewhere to sit in public, as an older person, without feeling intimidated by other groups
- having somewhere to rest in public, as someone with a disability
- having access to public transport
- accessing paid employment, as a young person, to fund other activities
- securing meaningful employment that fosters feelings of self-worth, as a person with a disability
- having the opportunity for on-going development and learning as an older person

Barriers to Participation

With reference to Figure 1, all informants could readily identify a range of barriers to participation, and its various dimensions. Once again, service managers, providers and participant groups had distinct perspectives on barriers to fuller participation. Service managers focussed on the service elements and the broader societal barriers that created challenges for the participant groups. Service providers generally spoke more of community barriers while acknowledging a service element to obstacles for the different groups to participate. Understandably, the participant groups had the most to say about barriers that challenged greater inclusion as they elaborated on their experiences of living and working in each city, and socialising and interacting within civic spaces. It is these participant voices that we concentrate on here.

Negative Perceptions

Negative public perceptions of older people, people with disabilities, and children and youth were reported as creating a barrier to participation. At a basic level, these negative perceptions derived from a lack of awareness and an invisibility of the different groups within society. As a result, the groups' potential for participation was often ignored or neglected. As one service manager noted in relation to employment opportunities for people with disabilities, this could lead to social exclusion and a policy and practice 'blind-spot':

I suppose the big problem for people with disabilities is they're not working and I suppose there needs to be more opportunities for them to work because there's very good grants for people to work with disabilities... so that is a big issue I think still.

Lack of awareness permeates different areas of life and can work in tandem with other barriers to restrict participation. Service providers noted that older people sometimes struggled to access city spaces, whereas young people were not always facilitated in public places. Limited technological literacy and a trend towards automation generated new contexts of disengagement for older people and people with disabilities. Consequently, service managers, service providers and participants themselves noted the danger that these groups might become 'invisible'. This concern was expressed most acutely by older people and people with disabilities.

Older people were dealing with public perceptions, influenced by stereotypical views of ageing. Providers of services for people with disabilities noted that in their experience people with disabilities were required to adopt the language of 'normality'. People with disabilities (both physical and sensory, and intellectual), however, felt aware of a philosophy of 'difference' amongst some service providers and people with disabilities. When they moved around the city in large groups, people with disabilities sensed that they were not so much visible as set apart, unable to include themselves in everyday life:

I don't think the disability organisations understand what their clients are actually going through on the ground because they aren't...they don't have a disability themselves. There should be people in these organisations that have the understanding...



Figure 1: Barriers to multi-dimensional participation in the community.

Stigma

All participant groups raised the issue of 'stigma,' arguing that stigmatised perceptions neglected the diversity of lived experiences and needs and ignored the contributions that people belonging to the different groups were capable of making. For example, children and young people felt that being young was seen as a 'black mark' against them. They described participating in the city in the face of unfriendliness in shops, a lack of consultation by services, and a feeling of being an undesired minority. 'There's stigma attached to youth' is how one younger participant concisely articulated this pervasive feeling.

Services themselves were perceived as a potential source of stigma. This was especially the case when participants were accessing particular specialist services (such as services for people with intellectual disability), or when accessing services that were perceived as charity (such as older people receiving meals from a day-care centre). Providers of children and youth services suggested that young people experienced similar issues, and that these could be further compounded by stigmatisation of place:

I think services for young people are stigmatised in Ireland and then when you add the term Limerick on top of that there's a further stigma... so in a broader participation in community, sometimes those labels come with young people, especially in a disadvantaged community, so the services are seen around problematic cultures.

Apathy

Apathy emerged as a recurring theme that was mentioned as a barrier to participation. From the perspective of service managers, structural factors such as poverty, drug culture and too few opportunities for representation gave rise to forms of disengagement amongst some groups of the population. This was perceived by managers and providers as a significant challenge to the participation of children and youth, older people, and people with disabilities in services, but also in wider society. In all cities, members of participant groups valued being involved in aspects of community life. For example, young people recognised their own capacity for agency if given the opportunity:

Yeah, I love like being involved in anything to improve things. I'd love to be like involved in it because I'm heavily involved in my area.

However, sometimes such opportunities were lacking. Participants on occasion perceived a lack of consideration for their needs on the part of public services, regarding the apparent apathy of the city and its various structures, as a barrier to participation. For example, many young people noted the lack of attention towards developing, repairing and maintaining civic spaces and facilities for them. In some instances, this lack of consideration from the public sphere led to significant frustration amongst participants and functioned as a mediating factor in generating in turn a sense of apathy in participants themselves.

....with the greatest respect to my people we are a minority so it's just kind of at the end of the day you are just going to be pulling your hair out if you don't kind of face up to that but I do expect better things from public services.

Young people in Galway also noted the influence of drugs and alcohol in the construction of apathy on the part of their age-peers. In Limerick, younger participants suggested that others of their age lacked a sense of community ownership.

Infrastructure — Access to information and physical spaces

Across the three cities, lack of access to information and limited physical access were core barriers to participation for all participant groups. As with other barriers, they could exist in combination to significantly reduce participation.

Managers of services for people with disabilities were especially aware of physical-access barriers to participation. Service providers for this group highlighted the lack of accessible housing as an obvious barrier, but added that changing housing regulations were often problematic too; individual needs were difficult to meet when rental accommodation was not already adapted for use. In Limerick, providers focussed on poor housing, waiting lists for health services and assessment, and services with awkward or reduced opening hours. Service providers in Galway noted that older people lacked access to social events, while

increasing recourse to automated phone answering and internet-based searches meant that information relevant to older people was often inaccessible. In Dublin, young people's service providers noted a lack of neighbourhood green areas, unfinished projects and poor consultation as barriers for young people:

...we were asked to participate and what the work was going to be on one side was a brand new football pitch, a brand new basketball court and to take some trees to give room for that and it never got done. Just the basketball thing got put up. That was it. Like they never resurfaced for the new football... it never happened.

Participants with physical/sensory disabilities all referred to restricted physical access to the city, to housing, education and social venues. Participants detailed countless experiences of issues with footpaths, badly-timed pedestrian crossings, parking, entry to social spaces and poor toilet facilities when attempting to participate in city life. Participants also cited a range of transport issues, ranging from poor public-service provision and lack of accessibility to the often poor attitudes of other road-users. Bureaucratic factors impinged on many participants as they negotiated their way through changing life circumstances and disability needs. Participants in Galway and Limerick felt that many disability supports were located in Dublin, creating a sense of being doubly marginalised — by society and by the services meant to include them. Bureaucracy featured as a barrier for older people too, drawing on both their time and money and creating complicated procedures to access services and clear information:

Things are not advertised enough to tell us our rights and what we're entitled to. They've put it up in writing and everything that we don't understand... You don't get to talk to anybody any more even on the phone. Like some old people say did you ring up about it? But sure you didn't get to talk to anyone. You get an answering machine and this puts them off.

All participants perceived there to be a dearth of places to rest, sit and congregate, with this negatively impacting on their experience of their cities.

Community and neighbourhood factors

Many children and youth, older people, and people with disabilities drew attention to community and neighbourhood factors when identifying barriers to participation. These entailed elements of stigmatisation, in terms of the reputations of certain communities, and physical infrastructure available within communities. Such barriers also encompassed aspects of cohesion, community socio-economic status and spatial negotiation. Some issues were common to each city site. For example, service managers across the three cities were conscious of the impact of long-standing issues of poverty in particular neighbourhoods, often spanning family generations. Managers were also quick to point out that some people and communities had experienced poverty for the first time during this recent period of economic recession, with their changing circumstances acting as a barrier to participation. Other issues emerged as being rather more significant and specific to each city.

The apparent lack of community feeling in some areas was notable for service providers working in Dublin, who picked up on difficulties in maintaining community spirit. Dublin service providers working in the ageing and disability sectors in particular highlighted how a waning sense of community feeling could hinder broader participation:

[T]here will be a core group of people who maybe because of their health, or maybe because of social isolation don't have those connections at all, so like we would come across some people who, who are very disconnected within their communities; they're in a community, they have neighbours, but nobody knows what's behind the door, so you would often, sort of, come across people who have quite a high level of need.

Managers in Limerick referred more often to divides between communities than did managers in Dublin or Galway. Limerick service providers also noted the impact of regeneration, the limited number of community-based services or lack of communal focal points, as well as a more diffuse sense of socio-economic difference among neighbourhoods, as being detrimental to the creation of a shared sense of neighbourhood. Among participant groups it was noticeable that Limerick participants focussed on the

'undeserved' negative reputation of particular city neighbourhoods and the effect this had on civic morale. This was exemplified in the comment of one younger participant:

Like I think it's easy to point out all the bad things about the city because everywhere you go you'll find something bad happening whereas that is literally just human nature, that hasn't got anything to do with the city itself... I think every city has its own beauty.

In Galway, providers of children and youth services recognised the challenge of enhancing participation for youth belonging to new and migrant communities. Disability service providers in the same city worried about the real extent of community cohesion for people with disabilities:

Some people are in the community. Nobody knows they're ever there. Other people are very visible and contributing... Just because you're out every day having coffee in the local coffee shop doesn't mean that anybody is actually talking to you, so what's the point?

Financial Resources

Among participant groups, young people across each of the cities felt the financial cost of travel and occupying commercial spaces was a factor impeding fuller participation. Lack of employment opportunities meant that younger teenagers often lacked the resources that would facilitate participation. Older people were more concerned about losing existing entitlements to state supports, such as the medical card, and about increased secondary taxation, arising for example from the introduction of the household charge and the imposition of water charges. People with physical disabilities noted the effect of budget reductions on service entitlements and highlighted the high cost of private transport when public transport was not suitable. People with intellectual disabilities also commented on cutbacks, not only in relation to their own needs but in terms of society as a whole.

Safety and Security

Safety and security emerged as important issues for all participant groups in each city. Feeling unsafe and insecure could decrease participation at the community and broader city levels. Lack of opportunities for intergenerational contact and a general fear of venturing out after dark were noted by managers of older people's services. In each city, older people themselves expressed concern about antisocial behaviour in their communities, and were on occasion mistrustful of congregating teenagers. This indicates how stigma could link with negative public image to shape the perceptions of the various participant groups around safety and security. However, young people too felt subject to antisocial behaviour and unsafe neighbourhoods, citing a lack of safe local communal spaces for them to frequent. Young people sometimes sought safety and community in numbers, yet often felt unfairly judged when congregating in groups. Such complex issues were reflected in Limerick, for instance, when young participants discussed the need to balance out concerns about public safety in relation to meeting in parks and other civic spaces:

...some group[s] of teenagers, and I can't say I'm any better because I'm like them, but like I'm not like...some of them are just a bit rougher than the average. But just like you get to know them, but they'd be like, 'Get off my bench!'

People with intellectual disabilities sometimes felt city spaces were loud, crowded and unsafe. Older people suggested that at times others used such spaces with little regard to existing rules, for instance, by cycling or skateboarding in pedestrian areas or walking dogs without leads. On occasion, each group of participants could feel harassed by others, and this acted to reduce opportunities for city participation.

Emerging Connections

Our analysis revealed a number of factors that directly connected the experiences of children and youth, older people and people with disabilities. For the most part, these factors relate to different elements of the life course. We outline these elements in brief here, but intend to explore them in more detail in a later Project Lifecourse policy brief.

Reflecting on the theme of participation, participants highlighted the fundamental importance of opportunities for learning and personal growth. Picking up on distinct themes of human development, younger participants, older participants, and participants with a disability highlighted the different ways in which they engaged and how this enabled a sense of purpose and personal development. While the venues and mechanisms for developing as people would change over time, and through the individual life course, opportunities for human development, as this older person describes, were seen to remain important at all stages:

...there should be a centre where I can go and... just discover ..I don't know what I want to do, because not everybody wants to do computers! But maybe just talking with someone..

Some participants were aware of how participation in society enabled them to flourish, as emphasised by one person with an intellectual disability:

I have to get on with it, and my social skills are improving all the time and that's the way I look at it. I look at it from a positive point of view. That's why I go into town all the time because I'd rather my social skills to improve, than be isolated.

Most informants in this research recognised how people's different life experiences, social backgrounds and conditions could impact on levels of community and city participation. The impact of these factors could assume either positive or negative forms. In many cases, these were factors that reached beyond the bounds of each participant group — such as being old, being young or having a disability — pointing to the diversity of all individuals and the far-reaching consequences of such factors as income, education and neighbourhood. For service managers and services providers, these factors also presented challenges with respect to targeting the needs and preferences of each of the groups.

Participants in the focus groups conducted with children and youth, older people, and people with disability spoke about how exposure to different life trajectories could illuminate broader experiences that flowed into the moulding of our common existence and participation in society. This could include intergenerational projects, voluntary and caring activities, or collective forms of civic participation. Such opportunities also appeared to underline the reality that there is no single 'normal' or normative life experience for participants. One participant with a physical disability referred to his own experience of engaging with young people:

I did a project recently with five schools: Transition Years. And I went in and I delivered workshops and I brought in guest speakers that would have a different impairment to myself and like, the questions that we were asked, it was just unbelievable, and they were just absolutely brilliant and they were so interested.

Conclusion

Despite differences among the perspectives of all those who participated in this first phase of research, a wide range of commonalities in understanding, experiences and barriers emerged from our findings on community participation. Broadly speaking, informants spoke about participation existing beyond the realm of service delivery, incorporating multiple, different areas of life, and comprising a range of valued elements, notably choice, control, independence and meaningful engagement. It is clear that for every participant group there is a growing awareness amongst service managers and providers of this multi-dimensional and multi-level understanding of participation — albeit that this awareness is emerging at different rates in each sector. Our findings point to the need to consider community participation for children and youth, older people, and people with a disability, in a more layered and holistic way.

The importance of community and neighbourhoods was a recurring theme in the research as respondents spoke about their understanding of participation and their perceptions of barriers to greater engagement. Although community and neighbourhood factors emerged as barriers, these factors intersected with many of the others, such as stigma, infrastructure, and safety and

security. Community and neighbourhood spaces are expansive, complex and differentiated, and people had very different ideas about how they wanted to use these settings to feel a sense of belonging and ownership of their localities and of larger civic spaces. Our findings suggest that when focusing on participation in the city for these participant groups, even greater consideration must be given to the diversity of communities and neighbourhoods within these city contexts.

The different sets of barriers to community participation that people faced were intricate, nuanced and multi-faceted. As younger participants, older participants, and participants with a disability discussed barriers, it was clear that the ability of the three participant groups to meaningfully engage on their terms was diminished by structural factors and public awareness of the diversity of the Irish population. These barriers also reflected how distinct the opportunities and experiences of participants were, especially in how these opportunities and experiences differed across the life course and within each group. Our findings suggest that framing many current issues for children and youth, older people and people with a disability in terms of the life course has the potential to offer a more integrative understanding of participation.

Key Learning Points

1. Participation in the community for children and youth, older people, and people with a disability involves multiple areas of life, including housing, civic space, mobility, social contact and personal development, and includes aspects of control, choice, meaningful engagement and independence.
2. Barriers to participation for children and youth, older people, and people with a disability include negative perceptions, stigma, apathy, infrastructure, community and neighbourhood factors, financial resources, and safety and security.
3. Policy and practice should consider adopting a more holistic understanding of community participation in the city. This would reflect a multi-faceted awareness of contemporary Irish life, and can be delivered by meaningful and regular consultation with children and youth, older people and people with a disability.
4. Adapting policies and services that currently promote engagement to be more in line with an assets-based approach should be more efficient in supporting augmented community participation for children and youth, older people, and people with a disability.
5. Space and place are highly valued by people in Irish cities; active consultation processes at city and community levels can enhance residents' experience of belonging and ownership of local and civic spaces.
6. There is a need to acknowledge the diversity of the individual life course in planning and service delivery; people retain a continuity of perspective and experience in their lives, but through the life course, experiences, understandings, needs and barriers are dynamic and mediated by a range of different factors.

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