



NUI Galway
OÉ Gaillimh

PROJECT LIFECOURSE

Policy Brief Series, No. 3

The Role of the City: Impacts on Community Participation

Findings from the 3-Cities Project

Project Lifecourse Policy Brief

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What this Policy Brief is About

This is the third 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. The first policy brief examined what participation in community life means for children and youth, older people and people with disabilities. The second brief explored the service infrastructure for these participant groups across the three cities, examining challenges in service delivery and access, and opportunities to enhance participation through service design and delivery.

As documented in the first policy brief, it emerged that participation in the community for children and youth, older people and people with disabilities means having choice, control, independence and meaningful engagement in a broad spectrum of activities. Cities are unifying entities of the communities they comprise. This brief explores how participation in the community is shaped by the very nature of the community that people live in and the wider characteristics of the city, including those that are infrastructural, administrative, demographic and socio-cultural in nature. Building on the findings of the first policy brief, it documents the perspectives of the research participants on what aspects of the city, and its communities, influence choice, control, independence and meaningful engagement and contribute to its citizens' wellbeing. The brief also examines what encourages children and

youth, older people and people with disabilities to look beyond their communities and engage with the wider city environs as a civic space.

From the outset, it is important to recognise that children and youth, older people, and people with disabilities are not passive or latent residents in the place where they live. By their very participation in their localities and in the wider civic space, these participant groups in turn shape and influence the nature of their communities and cities in a continuously reciprocating and dynamic relationship between people and their environments. While giving the necessary consideration to this complex relationship is outside the scope of this short brief, it is necessary to be aware of these reciprocal elements when considering the analysis presented here.

Context: Messages from Earlier Research

There is a wide body of literature that testifies to the various ways in which urban places and wider city contexts are important in how we live our lives (Burdett and Sudjic 2010; McCann and Ward 2010). The multitude of connections that link urban residents with their surrounding environments are illustrated by the sheer range of disciplines that contribute to urban studies (Ramadier 2004; O'Campo et al. 2011). Community development, environmental planning, anthropology, occupational and public health, urban geography, sociology, community psychology, and architecture all consider the ways in which we relate to and connect with our surrounding urban settings. Despite a range of different perspectives, we can discern two important considerations from this multi-discipline focus. The first is that urban places are multifaceted, encompassing physical, territorial, social, relational, cultural, demographic, institutional and political components (McCann and Ward 2010; Knox and Pinch 2014). Just as participation in the community for children and youth, older people and people with disabilities involves different dimensions, so too do the urban contexts where that participation takes place. The second consideration is that in order to understand how contemporary life unfolds, urban places matter (Merrifield 2012). In a context where planetary urbanism – the on-going transformations that mean more and more places are urbanised (Ward 2013) – is quickly becoming a powerful force that impacts on all our lives; no matter where we live, urban places are likely to matter even more in the future.

Recognising the importance of urban contexts, there are an increasing number of initiatives and programmes that aim to enhance the relationship between people and their urban places in one way or another. These include liveable communities (AARP 2005), compact cities (OECD 2012), healthy cities (WHO 2008) and, increasingly prevalent in Ireland, age-friendly cities (WHO 2007).

Each of the three participant groups have featured in studies of urban environments. Despite long-standing and burgeoning literatures in some areas, however, it can still be argued that research that focuses specifically on participation of children and youth, older people and people with disabilities within city contexts is under-developed. There are also some distinctions in how the relationship between the participant groups and their communities has been looked at within the literature. For example, in the case of people with disabilities the emphasis has typically been on built environment accessibility (Clarke et al. 2008; Clarke et al. 2009), the role of neighbourhood characteristics in the disablement process (Lang et al. 2008; Latham and Clarke 2013), and the ways in which urban places can be constructed by society as isolating spaces for those with a disability (Kitchen 1998; Imrie 2001; Prince 2008). In the case of children and youth, research often focuses on community development perspectives for capacity building and local intervention (Chaskin 2010; Munford et al. 2010) and the social and health consequences of

neighbourhood deprivation (Odgers et al. 2009; Rossen et al. 2013; Vyncke et al. 2013). In the case of older people, the concentration has been on older residents as an at-risk group with respect to disadvantage (Scharf et al., 2005) and particular health outcomes (Latham and Clarke 2013), and on the study of ageing in place (Wiles et al. 2012) and more recently age-friendly communities (Beard and Petitot 2011; Buffel et al. 2012).

In general though, it is clear that the places where we live become more important when constraints are in operation (whether these are physical, financial or relational) that can impact on our capacity to go outside our communities for social contact, services or other resources (Walsh and Gannon 2011). Of course, constraints can also function to reduce choice and control with respect to where we might want to live. For example: older people may be less likely to move because of a lack of financial resources or because of generational social norms; people with disabilities may have less choice over where they live due to particular sets of needs and housing concerns; and children and youth may not only be susceptible to the sort of constraints that impact on families, but may also be perceived not to have the capacity to decide themselves where they would like to reside.

Drawing on the general literature we know that urban settings can shape the ways in which different groups of people (including children and youth, older people and people with disabilities) participate in society. We also

know that they can influence the degree to which they experience exclusion and inclusion, pointing to the roles that urban communities and wider city contexts can have in exacerbating or protecting against issues of disadvantage (Madanipour et al. 1998; Buck 2001; Cassiers and Kesteloot 2012; Galster et al. 2015). Again, it often comes down to the ability to exercise choice and control. Some urban places can be less resourced than others, having fewer local amenities (e.g. sports facilities), poor physical infrastructure (e.g. footpaths, lighting, accessibility aids) and little in the way of community-based service provision (e.g. health and social care; transport). As a consequence the built and infrastructural environment can create or reinforce inequalities in access, mobility and even health (Kawakami et al. 2011; Buffel et al. 2012; Latham and Clarke 2013). Some urban places may also experience more or different kinds of social deprivation, including high rates of poverty and unemployment, drug-related issues, and instances of crime. Such factors can conspire to construct a stigmatised community, characterised by a collective sense of deprivation, disempowerment and insecurity amongst local residents (Egan et al. 2012; Slater and Anderson 2012). Some urban areas can be more cohesive or resilient than others, with a strong local capacity for working together, high levels of interpersonal trust and a rich culture of neighbourliness, reciprocity and social vibrancy. Being embedded in such a context can provide opportunities for social contact, informal support, volunteering, and enhanced local integration (Cattell 2001, Chaskin 2007; Poortinga 2012).

While many of these attributes of urban communities can be interconnected and mutually reinforcing, previous studies have shown that seemingly contradictory characteristics can co-exist (Pearson et al. 2013). For instance, research has highlighted the capacity of deprived communities, to mobilise social capital and informal support networks to the benefit of their residents (Cattell 2001; Poortinga 2012). In a similar way an affluent urban community may not always be well served by public infrastructure or enjoy a strong sense of togetherness (Kawakami et al. 2011). Consequently, we can say places are complex entities in their own right that possess different positive and

negative characteristics that can combine in different ways to create experiences of exclusion or inclusion (Pearson et al. 2013). Further, urban settings can end up reducing the capacity for participation in some areas of life (e.g. inequality of service access) while simultaneously enhancing the capacity for participation in others (e.g. social advocacy). Place, whether urban or not, can also shape our ideas of personal (community-based) identity. Together with the length of time someone has been living in an area and other life-course experiences, local communities can form a part of who we are (e.g. a member of the local football team; a community leader) and instil feelings of belonging or indeed feelings of disconnection.

At a very fundamental level, urban places are continuously changing. Thus, how we relate to and connect with these places is also likely to change. Demographic, social, economic and cultural transformations are evident throughout urban Ireland. These can be manifest in terms of change processes, such as economic restructuring, new community developments, different migration patterns, community regeneration, and the gentrification of working-class areas (Butler and Lees 2006; Phillipson 2007; Andreotti et al. 2015). In effect different forms of urban neighbourhoods (commuting, transient, and ethnic communities), or new population layers (long-term and new residents; young and old age groups; Irish and foreign national) within existing settings, are constantly being created. This also creates a requirement to consider the needs and preferences of different groups to secure and negotiate 'the right to the city' for all inhabitants (Mitchell 2003). Change in many cases presents new opportunities (e.g. community and economic development), including those for children and youth, older people and people with disabilities. However, change can also function as a means of increasing the potential for marginalisation, weakening existing links between individuals and communities (Burns et al. 2012). At the very least, the dynamic flux that many urban communities find themselves in poses questions with respect to how best to foster local integration amongst different groups, and how we should think about the diversity of urban community settings.

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. While the second phase of work will, upon completion, allow us to explore the relationship between city communities, and children and youth, older people and people with disabilities in greater depth, the first phase offers an initial sets of insights from a city-wide perspective.

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 groups discussions. Each stage of our work is designed to shape the next stage of work, helping us to refine our research questions as we progress. Preliminary conversations with key stakeholders at regional and national level helped to inform this research approach, including the need to incorporate 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 in receipt of statutory funding or under statutory contract 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 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 thematic analysis. In this policy brief, our interest is on how different research participants viewed the role of the city, and its communities, in shaping the participation of children and youth, older people, and people with disabilities in each of the three cities.

What We Found

Different perspectives on what the city was understood to be emerged from discussions with the various informants. Broadly speaking, it was apparent that for some across the participant groups the focus was on the idea of the city being a service hub. In the interviews and focus groups with the service managers and service providers respectively, there were references to the city being a structure for public policy-making and implementation. That said, it was evident that some of the service managers, particularly in the child and youth sector, were in a position to impart a more holistic perspective. They were aware of the wider context that they were operating within and how environmental factors at the community (or meso) level impacted on the participation and well-being of the city's residents and the delivery of services. Of course, the contrasting scales of the three cities, and the sheer number of communities each city encompasses, also impacted on some understandings of a city context. In Dublin, for example, service manager perspectives were rooted in the idea of not only a city being a high-density urban setting, but of the distinctness of the urban characteristics of their particular service regions – whether this was related to income and socio-economic status, residential composition, infrastructure, or cultural diversity. In Limerick, and especially in Galway, the distinction between the city and the county, and its rural hinterland, sometimes appeared to be less clear. This is in part likely to be due to service administration boundaries that could stretch beyond the city, and in part because of the particular social and cultural positioning of the broader regions.

Similar patterns of understandings were also evident amongst other research participants. But for the most part, service providers and children and youth, older people, and people with disabilities were typically more aware of and often more comfortable when speaking to the characteristics of neighbourhoods that had an impact on participation and well-being. This is unsurprising given that they were often embedded in these local contexts. A service provider working with people with disabilities in Dublin illustrated the acute awareness of the importance of the local context that some providers possessed:

Every city is a combination of villages...there might be a policy to cover the city but there's many different sets of other things that happen beneath all of that so it's incredibly localised and it's as localised as the life of the disability...any amount of policies at a macro level will make practically no difference to the local experience.

Overall, discussions with the various research participants revealed that a city, well-maintained, with good and accessible infrastructure, which promotes integration and cohesion across communities and that can provide its residents with a sense of security, was viewed as enhancing the participation and well-being of children and youth, older people and people with disabilities. These aspects of the city were seen as intrinsic to participating in the community and often even more crucial to people participating beyond their communities in the wider city space. Nonetheless, there were questions amongst the various participants in each city context as to what extent this was actually the case.

The findings are also illustrative of what encourages and supports children and youth, older people and people with disabilities to engage with the city as a civic space. While this was not considered to be a new phenomenon for Dublin or Galway, some research participants in Limerick reflected on how the city was emerging from a culture of disengagement. Limerick was said to be experiencing a transition towards becoming a city valued for its civic, cultural and social offerings. Despite this contextual difference, by and large the same issues arose, albeit to different extents, across the three cities when examining the characteristics that support engagement. We will now focus on a number of common aspects of city contexts that were described in each city as impacting on the participation of children and youth, older people and people with disabilities.

Built Environment

All research informants emphasised the importance of the built environment, namely housing, amenities and physical infrastructure, to enable participation. This echoed findings presented in the first Project Lifecourse policy brief. Older people and people with disabilities spoke of the need for adequate housing to facilitate independent living and a sense of choice and control. As also outlined in the first brief, appropriate housing was said to act as a gateway to building social capital. Good amenities were commonly mentioned as necessary to support engagement. A service manager working with older people in Galway reported that, from his experience, simple but effective measures need to be taken to support older people's engagement, including more public seating areas and accessible toilets:

Seats at bus stops so that the older person can sit down...and parks that there is seats in a few places like that or toilets.

Children and youth and older people placed a high value on the city providing recreational space or a space to gather socially with peers. Similarly, managers of services for children and youth, as well as service providers, identified the importance of the city providing infrastructure that encourages positive, visible engagement. One service manager referred to the importance of amenities that enable visibility so that children and youth are not only visible when engaged in negative behaviours, such as drinking on street corners. Teenagers who were not involved in sport were perceived as lacking amenities for social connection. A service provider working with the local authority in Dublin identified the challenges in advocating for recreational hubs for teenagers:

...in Europe...teenagers are accepted. Spaces for them are slotted in everywhere and because it would be very easy for me to advocate for a playground for teenagers, then local authorities listen because it is very tangible and they understand it but when you are saying no, just somewhere for them to sit and hang out, it doesn't look much different to a bus shelter. You know, they kind of don't get it.

Public parks and skateboarding parks were presented as good examples by younger research participants of spaces where they can gather. Older people, children and youth and service providers all emphasised the importance of recreational hubs being centrally located. This gave them a sense of belonging; being part of the city while having a space of their own. Clearly, the built environment cannot be considered in isolation from services. In the context of enhancing participation, the two are interdependent. For example, the physical infrastructure may only be accessible for the participant groups by a well-serviced public transport system and recreational hubs are often sustained by services, such as youth cafés and drop-in centres.

The dominant theme underpinning the discussions on the built environment, however, was accessibility. People with physical and sensory disabilities, older people and service providers, working with these population groups, spoke of the need for accessible housing, public buildings and streets to provide

meaningful community participation. Numerous experiences were recalled, by people with disabilities in particular, regarding inaccessible buildings and walkways. It was observed that walkways can be difficult to use due to poor upkeep and cars parked on footpaths, preventing the use of mobility aids, such as wheelchairs and support frames. A service provider working with older people with sensory impairments highlighted the need for lowered footpaths and the use of ramps. This was also identified as an issue for people with physical disabilities. A participant from Limerick spoke about how such inaccessibility can have an impact beyond simple mobility, in this case having direct negative consequences for their social life:

They have a ramp leading up to the first floor of the nightclub...but the third floor of the nightclub [has] steps to it...I was actually refused entry twice.. When I met the security staff [they said] "top floor only tonight"...it was basically just because I was in a wheelchair.

Frustration was expressed by people with disabilities at their lack of involvement in the planning and design of this built-environment infrastructure. Suggestions were also made by people with disabilities and service managers working in the area in Galway to map the cities to readily identify areas that are accessible and 'black spot' areas from an accessibility perspective. Knowing and planning your route was considered a necessity by people with disabilities prior to making a journey within the city, and such a map would make this task easier.

The size of the city was also identified as a factor that could support or impede accessibility. The three participant groups in Galway felt that the city was small enough to facilitate ease of access to all parts of the city by walking, cycling or bus. Being a larger city, some of the older research participants and providers of older adult services from Dublin discussed how older people relied on their locality to provide opportunities for engagement, rather than travelling to the city centre. According to a service provider working with older people in Dublin, ease of access and a fear of crime in the city centre can result in some older people only being confident to access services locally. Issues around fear of crime are discussed in further detail below. Other research participants noted how a city's historical context could influence accessibility. Protecting Galway's medieval heritage was said to impede the development of an accessible infrastructure.

Community Deprivation and Maintenance

Community deprivation was consistently discussed as an issue that had a significant impact on participation. While social deprivation was raised by all research informants as an issue, there were clear differences in perspectives depending on whether the participant was a service manager or a provider operating in deprived areas, or a resident with lived experience of deprivation. It was evident that community deprivation can be multifaceted. It manifested itself in high unemployment, local poverty and areas characterised by dereliction and, at times, by drug problems and crime. While certain communities in Galway were considered to be socially deprived, concerns about high levels of deprivation featured more strongly in interviews and focus groups in Dublin and Limerick. It was felt that people living in these areas simply do not have the same opportunities for participation. According to a service manager working in the children and youth sector and located in what was considered to be a deprived area in Dublin:

Well where we are right now there are a lot of people who I would say do not feel they are actively participating or encouraged to participate in their city life, you know. A lot are marginalised through a level of quite high poverty.

It was said that proactive steps need to be taken to empower people on the margins to participate and engage with their community and city in a positive way. There is the risk that young people living in these areas will be socialised to engage in negative behaviours, such as addiction and crime. This service manager noted the need for opportunities to gain entry to the workforce, for education and for learning life skills to enable young people to be positively engaged. An older person in Limerick highlighted that the issue goes beyond creating opportunities. There is also a need to tackle the stigma attached to areas perceived to be deprived and troubled:

Say someone is coming out with their degree...it [the job] should be given on their merits not on where they live. As soon as they say their address they didn't get the jobs, but they gave their Nan's address who lived in another area and they got it...the minute they see Moyross, Ballynanty, Southhill, St. Mary's Park... Ballinacurra Weston, sure that only goes in the bin. Like my own son seen it done!

The importance of addressing dereliction within communities was also discussed. However, this was a problem reaching beyond deprived communities. Good maintenance and the up-keep of existing facilities and services were raised by research informants across the three cities. It was felt that public areas and facilities, such as parks and sports grounds designed to encourage participation, do not serve their purpose if they fall into disrepair.

It's like making sure that the streets are clean and the glass is picked up. That aspect I think is really important.

A service provider working with people with disabilities also emphasised the importance of street cleaning for people in wheelchairs when navigating public areas. The maintenance of a city was identified as contributing to the overall well-being of its citizens. Frustration was expressed at the presence of derelict houses and vacant spaces. A young person in Limerick commented:

I think some places should be cleaned up and look nicer so that you can walk through and have a nice day.

Community Change

The ever-changing make-up of communities and its impact on localities was prevalent in discussions with children and youth, older people, and people with disabilities and the service managers and providers that work with these population groups. Local changes can influence levels of social capital, community cohesiveness, and notions of personal belonging and identity. While aspects of community change can have both positive and negative outcomes, older communities that are bedded down were viewed as having a 'real sense of ownership', as articulated by a service manager in Dublin working with Tusla. This point is elaborated on by a provider of disability services who talks about how older communities, by their more established nature, can function to support the participation of their residents:

...the newer communities won't have the shared experiences, in the case of the same school, of drinking in the same pubs and in the old days of working in the same factories, the likes of Ringsend and the, and the Docks an' all the rest. The, the, the newer areas are disparate.

It emerged that community change manifested itself in many ways in Dublin, Limerick and Galway. At a fundamental level, it can be about population change and turnover. While, broadly speaking, only fleeting references were made to the influx of new migrant populations and ethnic groups, several service managers described this as an issue that cities and service structures were grappling with. One service provider reported feeling that older people are becoming more isolated as, with the influx of migrants, they are no longer aware of who their neighbours are. However, the issue of migration did not feature strongly in discussions with children and youth, older people and people with disabilities themselves; perhaps indicating that it was not perceived to have an impact on their communities. Community change through population shifts can also be associated with transient populations. A health and social care service manager in Galway spoke of the impact of the cyclical student population on local notions of neighbourliness:

I could be a person with a disability living in some of those very central locations where students live and my neighbours may change two or three times a year.

In Limerick and Dublin, community change was a fundamental component of regeneration processes. While regeneration aims to achieve change for the better, service managers and service providers, particularly in Limerick, referred to some unwelcome bi-products of regeneration. These informants were critical of regeneration as a strategy to tackle deprivation at the community level on the basis that it had a dramatic and detrimental impact on the local sense of community and existing social support networks. It was felt the temporary or permanent relocation of residents dispersed communities that traditionally supported and relied on each other. This resulted in some of those dispersed residents, in particular older people, being socially isolated:

I do find that a lot of people that have moved out of regeneration areas are finding it difficult in their new communities because their friends and family aren't there. And they are starting off new and they are 50/60 years of age, so it is difficult for them.

A service provider in Limerick also spoke of how people who were re-housed were stigmatised on account of the communities they had come from and consequently became isolated. An older person in Dublin recalled the demolition of flats in Ballymun and the impact this had on the local community spirit:

They didn't know what to do when they moved into houses and you would say to them ah look, if you're stuck just go next door... "Oh you couldn't do that. You couldn't do that." They seemed to have a pride and everything... They had the best of everything. Beautiful carpets and that, but if they ran out of tea or basics they didn't go. There was no community spirit at all.

Addressing the fragmentation caused by regeneration was perceived as being difficult. As one service manager in Limerick emphasised, there is a need not just for physical regeneration:

There has to be a social regeneration, cultural regeneration and economic regeneration, where possible.

Community change can also happen as a consequence of gentrification and/or the merging boundaries between affluent and deprived areas. According to one service provider working with children and youth in Dublin, deprivation and affluence increasingly occur in close proximity, producing stark community contrasts:

The Docklands is an example... If you're going North you turn right on [street name]. You'll have everybody living in really, really good accommodation. You go left... you're looking at disadvantage... The houses, the apartments up there; I wouldn't put my dog in. That's how bad they are.

Regardless of the mechanisms of change, these different processes can conspire to construct exclusion for individual residents (i.e. children and youth, older people, people with disabilities), making it more difficult for them to connect and interact with their neighbours, to feel a part of a community, and to maintain their participation locally. In some instances, and as demonstrated in some accounts, these processes can also conspire to construct disjointed communities.

Social Cohesion and Safety

Given the diversity within cities and communities, and the importance of integration among individuals and populations sharing the city environs, community cohesiveness was emphasised by service managers, service providers, and the three participant groups. At the community level, service providers working with the participant groups identified a strong sense of community and the presence of active community groups as encouraging engagement. A sense of community can provide individuals with feelings of belonging and the capacity to mobilise to protect a community's interests. One service provider working with Dublin local authority reflected on differences between communities in this respect:

I mean, for me I kind of see two kinds of contrast. I spent nine years in [street name] and I can walk down [street name] today and there would be a hundred people I know. I've been in the [neighbourhood name] area for, since 2002, and I don't think I could recognise the residents' groups that are there...because... there's no sense of community... At best... you'll have a community association in a block of apartments, you might get them coming together.

A service manager in Limerick spoke of the impact community cohesiveness and activism can have at the local level. In this case challenging social stigma was the issue:

I think one of the things I have noticed recently is the social stigma of certain communities is thankfully [starting] to lift... In many ways that's because of the good work those communities have done themselves and [they] challenged the perceptions and the narratives that are out there about their communities.

It was observed by a service provider working with people with disabilities in Limerick that there is sometimes less of a presence of active community groups in more affluent areas. This can make it more difficult for people living in these localities to be engaged and to even get their needs addressed:

Other parts of the city that might appear more prosperous don't seem to have the same need for community groups and it is more difficult for people living in those areas to get involved.

Where there is an influx of new residents as a result of migration, several service managers and service providers across each of the cities, whose work brought them into contact with these populations, noted the importance of inter-cultural strategies to specifically support their integration in communities.

While research participants shared many examples of community cohesiveness at the local level, opportunities for integration at the city-wide level were not as evident. A service provider in Limerick noted that, outside of the People's Park, at the city level there were not many focal points to promote integration and a sharing of space across communities. Sport was identified by service providers as encouraging integration and cohesion, not only for new migrant populations but also to bridge the divide between lower socio-economic areas and more affluent areas and different age-groups and population sub-groupings. While service managers in Limerick referred to the striking divisions in the city based on social class, sports grounds, local clubs and support for regional teams were identified as promoting integration:

I suppose you can live in Southhill and ten minutes [away] you can live in one of the nicest areas of the city depending on your definition and never the two shall meet. And never the two do meet unless they happen to play on a rugby team that they'll all go out and support. But that is the only thing that I feel from living in Limerick that actually promotes sameness. People come together to support that team that would never ever drink next to each other [ordinarily].

Cultural events in each city were also said to promote cohesion and participation. However, this was contingent on cultural events being visible to encourage participation and accessible to all from a financial perspective. The particular challenges in Limerick, where a legacy of disengagement with the city as a civic space was reported, were observed by one service provider working with children and youth:

The type of arts that go on in the city aren't necessarily pitched at young people or at certain communities...[it is] a shift in culture to even get the people of Limerick who are more advantaged to engage in the city so it is a further journey again to be more inclusive.

As discussed in the first Project Lifecourse policy brief, feeling safe and secure was important for all participant groups and had an impact on the participation of children and youth, older people and people with disabilities in their community and the wider city. It is worth noting here in the context of needing to feel safe and secure in one's own community and city. Safety was discussed in terms of feeling safe from crime, as well as in terms of feeling secure to move freely without interference with one's personal space. While both of these issues were spoken about by members of each of the three participant groups, these issues were particularly pertinent for older people. Service providers spoke about the potential for older residents to be intimidated by anti-social behaviour and the presence of a drug culture, causing a contraction of their interactional space:

The drug situation has contributed terribly to the negative side [of the city]... there is certain places they [older people] can't go...that has lessened the freedom of elderly's people's access and what they want to do.

Large groups of youth congregating also instilled fear. A lack of confidence to negotiate space with other population groups impacted on older people's enjoyment and use of amenities, such as the beach, walkways and central shopping areas. While this was consistent with the views of some older participants, one older person living in Dublin did speak of the value they placed on their regular visits to the city centre. For this participant it appeared the city centre offered a vibrancy unparalleled in their neighbourhood.

Throughout, a greater Garda presence and the enforcement of existing laws was emphasised by each participant group as being vital to one's sense of security and opportunities for engagement.

Conclusions

Cities, and their various communities, encompass a range of different characteristics, encompassing infrastructural, administrative, demographic and socio-cultural dimensions. Although we were limited to an overview perspective, it is clear that this multifaceted view of a city context is supported by the analysis presented in this policy brief. The scope of this brief was never going to be able to do sufficient justice to the distinctiveness of Dublin, Galway and Limerick cities, that arises from their different scales, demographic composition and geographic and cultural positioning – not to mention the dynamic and ever-changing characteristics of the varied sets of communities that they encompass. Nevertheless, in broad terms the analysis points to the ways in which cities and communities shape how children and youth, older people and people with disabilities participate in the community itself. In turn, these contexts are also likely to shape the delivery of services and how children and youth, older people and people with disabilities experience these services.

The built environment, community deprivation and maintenance, community change, and social cohesion and safety were the common factors that were described in each city as impacting on the participation of children and youth, older people and people with disabilities. While the concentration here has been on how these various factors can conspire to construct exclusion from community participation, the findings also illustrate how communities that have accessible

built environments that are not deprived, that are well-maintained, that can adapt to change, and that are cohesive and safe can function to protect against exclusion from participation for the different participant groups. These are important considerations when thinking about how policy and practice can be used in an integrated way to enhance participation in cities for children and youth, older people and people with disabilities.

One of the key messages arising from the analysis presented in this brief is that city community contexts are diverse. They merge with the heterogeneity of local populations to set up complex pathways to feelings of belonging, integration and even individual and collective place-based identity. It would be wrong to simply think that the most well-serviced, demographically stable, affluent community is the best place to live if you are a child or young person, an older person or a person with disabilities. All communities have their positive and negative attributes, and indeed all residents are likely to think differently about those attributes. It is also important to recognise that these communities do not exist in isolation and are interconnected in various ways with surrounding neighbourhoods and the broader city. It is only by exploring the diversity of community contexts in depth that we can hope to truly understand the role of the city, and urban communities, in shaping the lives of children and youth, older people and people with disabilities.

Key Learning Points

1. The diversity of the community contexts within a city demands meaningful consideration with respect to policy and practice for children and youth, older people and people with disabilities.
2. The community context can shape the participation of children and youth, older people and people with disabilities through such factors as the built environment, community deprivation and maintenance, community change, and social cohesion and safety. In turn these factors are likely to shape service delivery in these communities. There is a need for all stakeholders, service managers and service providers to be aware of the role of community context in this regard.
3. Children and youth, older people and people with disabilities should be provided with meaningful opportunities to feed into elements of community development, and the planning and design of their localities and cities.
4. Enforcement of existing laws and regulations around accessibility and the sharing of space is fundamental to negotiating equal rights to the city, and its communities, for different groups of residents.
5. The impact of community deprivation is multifaceted in cities and urban localities, with clear consequences in relation to the participation of children and youth, older people and people with disabilities. Accordingly, a multifaceted multi-stakeholder approach, which is informed by the direct experiences of local residents, is required to address elements of community deprivation.
6. In the dynamic and ever-shifting context of cities, and their communities, new strategies to create cohesive localities and tackle local fragmentation need to be identified and developed.
7. There needs to be an awareness of how children and youth, older people and people with disabilities can actively shape their communities, and there needs to be consideration given to how further opportunities to enhance their local community agency can be developed.

References

- AARP. (2005). *Beyond 50.05 - A report to the nation on liveable communities: creating environments for successful aging*, AARP.
- Andreotti, A., Le Galès, P., Moreno-Fuentes, F. J. (2014). *Globalised minds, roots in the city: urban upper-middle classes in Europe*. John Wiley & Sons.
- Beard, J.R., Petitot, C. (2011). Ageing and urbanization: can cities be designed to foster active ageing? *Public Health Reviews*, 33: 427-450.
- Buck, N. (2001). Identifying neighbourhood effects on social exclusion. *Urban Studies*, 38, 2251-2275.
- Buffel, T., Phillipson, C., Scharf, T. (2012). Ageing in urban environments: developing 'age-friendly' cities. *Critical Social Policy*, 32, 597-617.
- Burdett, R., Sudjic, D. (2007). *The endless city: an authoritative and visually rich survey of the contemporary city*: Phaidon Press.
- Burns, V.F., Lavoie, J.P., Rose, D. (2012). Revisiting the role of neighbourhood change in social exclusion and inclusion of older people. *Journal of Aging Research*, 2012.
- Butler, T., Lees, L. (2006). Super-gentrification in Barnsbury, London: globalisation and gentrifying global elites at the neighbourhood level. *Transactions of the Institute of British Geographers*, 31, 467-487.
- Cassiers, T., Kesteloot, C. (2012). Socio-spatial inequalities and social cohesion in European cities. *Urban Studies*, 49, 1909-1924.
- Cattell, V. (2001). Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Social Science & Medicine*, 52:10, 1501-1516.
- Chaskin, R.J. (2007). Resilience, community, and resilient communities: conditioning contexts and collective action. *Child Care in Practice*, 14, 65-74.
- Chaskin, R.J. (2010). The Chicago School: a context for youth intervention, research and development. In: R.J. Chaskin (ed.), *Youth Gangs and Community Intervention: Research, Practice, and Evidence*, 3-23. New York: Columbia University Press.

- Clarke, P., Ailshire, J.A., Lantz, P. (2009). Urban built environments and trajectories of mobility disability: findings from a national sample of community-dwelling American adults (1986–2001). *Social Science & Medicine*, 69, 964–970.
- Clarke, P., Ailshire, J.A., Bader, M., et al. (2008). Mobility disability and the urban built environment. *American Journal of Epidemiology*, 168, 506–513.
- Egan, M., Bond, L., Kearns, A., et al. (2012). Is concern about young people's anti-social behaviour associated with poor health? Cross-sectional evidence from residents of deprived urban neighbourhoods. *BMC Public Health*, 12, 217.
- Galster, G., Santiago, A.M., Lucero, J. (2015). Adrift at the margins of urban society: what role does neighborhood play? *Urban Affairs Review*, 51, 10–45.
- Imrie, R. (2001). Barriered and bounded places and the spatialities of disability. *Urban Studies*, 38, 231–237.
- Kawakami, N., Winkleby, M., Skog, L., et al. (2011). Differences in neighborhood accessibility to health-related resources: a nationwide comparison between deprived and affluent neighborhoods in Sweden. *Health & Place*, 17: 132–139.
- Kitchin, R. (1998). 'Out of Place,' 'Knowing One's Place': space, power and the exclusion of disabled people. *Disability & Society*, 13, 343–356.
- Knox, P., Pinch, S. (2014). *Urban social geography: an introduction*: Routledge.
- Lang, I.A., Llewellyn, D.J., Langa, R.M., et al. (2008). Neighbourhood deprivation and incident mobility disability in older adults. *Age and Ageing*, 37, 403–410.
- Latham, K., Clarke, P.J., (2013). The role of neighborhood safety in recovery from mobility limitations: findings from a national sample of older Americans (1996–2008). *Research on Aging*, 35, 481–502.
- Madanipour, A., Cars, G., Allen, J. (1998). *Social exclusion in European cities: processes, experiences and responses*. Psychology Press.
- McCann, E., Ward, K., (2010). Relationality/territoriality: towards a conceptualization of cities in the world. *Geoforum*, 34, 175–184.
- Merrifield, A. (2013). The urban question under planetary urbanization. *International Journal of Urban and Regional Research*, 37:3, 909–922.
- Mitchell, D. (2003). *The right to the city: social justice and the fight for public space*, London, The Guilford Press.
- Munford, R., Sanders, J., Maden, B. (2010). Building inclusive communities for families and children. *Developing Practice: The Child, Youth and Family Work Journal*, 27: Summer 2010, 38–51.
- O'Campo, P., Kirst, M., Schaefer-Mcdaniel, N., et al. (2011). Introducing a transdisciplinary approach to applied urban health research. *Converging Disciplines: A Transdisciplinary Research Approach to Urban Health Problems*. 3–11.
- Oggers, C.L., Moffitt, T.E., Tach, L.M., et al. (2009). The protective effects of neighborhood collective efficacy on British children growing up in deprivation: a developmental analysis. *Developmental Psychology*, 45, 942.
- OECD. (2012). *Compact city policies: a comparative assessment*. OECD Green Growth Studies, OECD Publishing.
- Pearson, A.L., Pearce, J., Kingham, S. (2013). Deprived yet healthy: neighbourhood-level resilience in New Zealand. *Social Science & Medicine*, 91, 238–245.
- Phillipson, C. (2007). The 'elected' and the 'excluded': sociological perspectives on the experience of place and community in old age. *Ageing & Society*, 27:3, 321–342.
- Poortinga, W. (2012). Community resilience and health: The role of bonding, bridging, and linking aspects of social capital. *Health & Place*, 18, 286–295.
- Prince, M.J. (2008). Inclusive city life: persons with disabilities and the politics of difference. *Disability Studies Quarterly*, 28.
- Ramadier, T. (2004). Transdisciplinarity and its challenges: the case of urban studies. *Futures*, 36, 423–439.
- Rossen, L.M. (2013). Neighbourhood economic deprivation explains racial/ethnic disparities in overweight and obesity among children and adolescents in the USA. *Journal of Epidemiology and Community Health: jech-2012-202245*.
- Scharf, T., Phillipson, C., Smith, A.E. (2005). Social exclusion of older people in deprived urban communities of England. *European Journal of Ageing*, 2, 76–87.
- Slater, T., Anderson, N. (2012). The reputational ghetto: territorial stigmatisation in St Paul's, Bristol. *Transactions of the Institute of British Geographers*, 37, 530–546.
- Vyncke, V., De Clercq, B., Stevens, V., et al. (2013). Does neighbourhood social capital aid in levelling the social gradient in the health and well-being of children and adolescents? A literature review. *BMC Public Health*, 13, 65.
- Walsh, K., Gannon, B. (2011). Perceived neighbourhood context, disability onset and old age. *Journal of Socio-Economics*, 40, 631–636.
- Ward, K. (2013). *Researching the city: a guide for students*. Sage Publications.
- WHO. (2007). *Global age-friendly cities: a guide*. Geneva: World Health Organization.
- WHO. (2008). *A healthy city is an active city: a physical activity planning guide*. Geneva: World Health Organization.
- Wiles, J.L., Leibling, A., Guberman, N., et al. (2012). The meaning of "aging in place" to older people. *The Gerontologist*, 52, 357–366.



PROJECT LIFECOURSE

Policy Brief Series, No. 3

ISBN: 978-1-908358-29-5

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