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Place-Making with Older Persons: Establishing Sense-of-Place through Participatory Community Mapping Workshops

Abstract

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

**Keywords:** community-based participatory research; participatory mapping; older adults; aging-in-place; policy and practice; qualitative research; co-production

**Background, Rationale and Theory**

Aging is a process associated with various individual, social and structural vulnerabilities, such as difficulties navigating health and social care systems, frailty, chronic health conditions, mental health and mobility challenges, ageism, and social exclusion (Bergman et al., 2007; United Way Lower Mainland, 2011); whilst the concept of ‘age’ in itself is also a key social determinant of health (Raphael, 2004). In Canada, the aging population is rapidly increasing with adults over age 65 years currently comprising 13.2% of the total population and projected to rise to 24.5% by 2036 (Statistics Canada, 2010; Turcotte & Schellenberg, 2007).

One important determinant of health in later life garnering increased attention in public health and policy is where one lives. The concept of aging-in-place is the “ability to live in one’s own home and community safely, independently, and comfortably regardless of age, income, or ability level” (Centers for Disease Control and Prevention, 2013).

Concepts of home and community have consistently been linked with the notion of ‘sense-of-place,’ an umbrella term used to describe aspects of place identity, sense of purpose, belonging and living a meaningful life (Kyle & Chick, 2007; Scannell & Gifford, 2010). Defined *symbolically* as “the subjective meaning and importance that individuals give to where they
reside” (Eyles & Williams, 2008, 1), *emotionally* to describe humans “affective ties with the material environment” (Tuan, 1977, 93) and *reflexively* as “a confluence of cognitions, emotions and actions organized around human agency” (Canter, 1991, 214); sense-of-place is often constructed and negotiated within the context of everyday settings such as one’s home and community.

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

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

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

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

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

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

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

PCMWs were adapted for the current project to further understand sense-of-place among older adults. PCMWs enabled researchers to access layers of information through the application of multiple methods, enhancing holistic understandings of aging-in-place. A key methodological distinction between the PCMWs conducted for this research and existing methods is the extension of visual methods to include other senses such as hearing, smell and touch through experiential group walks. Visual mapping exercises enabled imagistic geographical depictions of social, health and recreational resources in the community, however, this process was not able to
help us fully understand and critically appreciate the complexities of the everyday lives of older people through the intersections of sight, smell, sound and touch (Mason & Davies, 2009).

According to Elwood and Martin (2000), geographers have over the years scrutinized the ways in which locations of data collection and inquiry impact power differentials between researchers and participants. To this effect, in order to facilitate an atmosphere conducive to equitable information sharing, experiential group walks involved researchers walking with groups of older adults and stakeholders to explore the neighbourhood context, enabling participants to be the expert, highlighting (in real-time) meaningful places, spaces and activities in their local environment (Garcia et al., 2012). Experiential walks allowed researchers to access older people’s attitudes and knowledge, and further understand the types of relationships they maintain within their community (Carpiano, 2009). Positive synergies of mapping exercises and experiential group walks in PCMWs also facilitated the seniors’ participation in the community by creating networking space for engagement with other seniors as well as with service providers. The combined effect of both methodological approaches sets PCMWs apart from previous applications of participatory mapping enabling the production of intimate and contextualized understandings of older peoples’ sense-of-place. The next section describes how PCMWs were conducted to access ideas of place among seniors with input from local service providers connected to a new affordable senior housing redevelopment in Western Canada. To comply with ethical procedures and the wishes of participants and community partners, specific project details (such as names of building, places, people and other identifying information) will not be used.
PCMWs in Practice

Four PCMWs were conducted in English (with Mandarin and Cantonese-interpretations) at a seniors’ community centre. The goals of the PCMWs were to generate visual representations of how seniors value, understand and interact with place and identify the significant features (e.g. services, amenities, open spaces) within the community to make it a positive place to age (Corbett, 2009; Manzo & Perkins, 2006). Workshop participants consisted of residents of a new affordable seniors housing development (N=38) from diverse cultural backgrounds over the age of 60, and local service providers (N=16) from government agencies, housing associations, community centres, charitable organizations, and health authorities who have a vested interest in housing and service planning for older adults. In terms of recruitment, it is important to note that strong relationships and community ties were developed prior to the PCMWs in earlier research. Participants were recruited by phone by the lead researcher, through word of mouth by other seniors and local service providers, and through advertisements using recruitment flyers in English and simplified Chinese. Where possible, the same participants were involved in all four workshops.

Two key methods were applied in the PCMWs: 1) experiential group walks (N=2) conducted once around the community (in small groups of eight to ten consisting of seniors, service providers and researchers) and once within and around the periphery of the building (in one large group ten consisting of seniors, service providers and researchers); and 2) mapping exercises (N=2) were conducted after the experiential group walks where participants located services and supports on a large map. Each workshop had a unique objective for generating ideas and solutions, and each subsequent workshop built on outputs from the previous workshops (see Figure 1).
The experiential group walks and mapping exercises offered visual cues to help participants describe their relationship to place; such triggers were captured via audio recording and photography. Visual (Rose, 2012) and sensory methods (Mason & Davies, 2009) provided a window of understanding and interpretation of the unique cultural and social nuances into the everyday lives of participants. To further support the process, learning, and data, observations from each workshop session were recorded in field notes and researchers generated post-event reflective summaries. Discussions during mapping exercises were audio-recorded. An audio recorder was placed at each table (four in total) and monitored by the table facilitator. Audio recorders were also brought along during the experiential walks; held with the recording function ‘on’ by designated researchers. Additionally, since this was largely a Mandarin- and Cantonese-speaking community, two researchers fluent in both dialects and English (including the event host) facilitated the workshop activities (mapping exercises and experiential walks).

Participants directed the mapping process (with facilitation by researchers – see Image 1) and retained co-ownership of the maps. For instance, final crude versions of the maps were left with the community for presentations, workshops and seminars held by staff from the local seniors’ centre; whilst researchers retained photographs of the maps for reporting and dissemination purposes.

INSERT IMAGE 1

ACCEPTED MANUSCRIPT
Experiential walks were within a 1 km radius of the workshop venue which encompassed the vicinity of the building that the older adults resided. This decision was deliberate not only to limit the length of walking time for participants but to also capture, in-depth, the extent of local resources available to the older adults. None of the participants had extensive mobility issues that prevented them from participating in the experiential walks, however, it was emphasized that they may stop the walk at any time and a researcher will escort them back to the venue. Similarly, to address potential power differentials between participants and researchers, experiential group walks were led by seniors living in the community, which enabled the older adults to determine walking pace whilst identifying areas of interest and walking routes (see Image 2). Researchers were reminded not to dominate walking discussions and to allow the walk-along process to be led by seniors. Walking alongside seniors, researchers prompted, questioned and took photographs of places in the community that provided activities and services of value to the seniors. Functional place-based needs (e.g. traffic lights, gateways to green space), service gaps and existing strengths were identified.

Building on relationships between older people, service providers, and researchers during workshops 1 – 3, the aim of workshop 4 was to generate solutions and develop an implementation plan with achievable goals and actions. This was accomplished through a review/analysis of findings from the experiential group walks and mapping exercises, followed by group discussions to develop an implementation plan that incorporated needs, assets, potential
solutions, and action items. The fourth workshop concluded with the completion of evaluation forms by the participants.

In total, there were three layers of data analysis. The first and second layers of analysis were co-conducted with seniors and service providers at the beginning of workshops 2 and 3; this included a validation process through the collection of field notes and reflective summaries to ensure agreement and consistency of findings from previous workshops (i.e. workshops 1 and 2). For the co-analysis, it was emphasized at the outset that the workshops prioritized the everyday place experiences of older adults transitioning into affordable housing. Hence, local service providers and decision-makers were made aware that their main role was ‘knowledge user or ‘learners’ of the process. Stakeholders that served the needs of seniors contributed to discussions and the analysis with input that focused on the availability and accessibility of local resources available to seniors or lack thereof. None of the researchers reported any disharmony or disagreement between the seniors and service-oriented stakeholders during this process.

Subsequently, the researchers conducted a third layer of analysis to further annotate the maps. The visual mapping data were categorized and recreated in digital form. Audio files were recorded in English (Tables 1 & 2) and in Mandarin or Cantonese (Tables 3 & 4), transcribed in English by a professional transcriptionist or to English by experienced multilingual researchers and thematically analyzed using Braun and Clarke's (2006) six steps of thematic data analysis: i. Familiarization; ii. Generation of initial codes; iii. Searching for themes; iv. Reviewing themes; v. Defining and naming themes, and; vi. Write-up of themes analysed.

Ethics approval was obtained from, (blinded for review), Office of Research Ethics preceding the PCMWs and informed consent was obtained from all participants whose privacy and confidentiality are protected.
An important process to ensure success in all community-based research is building trust and accountability. We achieved this through active communication with appropriate interpreters (to reduce language barriers), and proactive researchers who worked in open and friendly manner to establish strong community ties. These established collaborative, trustful relationships facilitated the researchers to access local community space and support to host the workshops and have attendance.

According to the evaluation data, service-oriented stakeholders found the workshops to be a useful method for engaging with older adults and learn about the challenges in the community and the available resources from the perspective of seniors. Older adults highlighted the workshop process to be an effective way of bringing the tenants together to form a community. Not only did the event enable the voices of the seniors to be fore-fronted, it also created a social environment for older adults to network and build new relationships. However, the room size proved to be one of the logistical challenges of the workshops. Participants reported that it was difficult to hear, as the room was too small for the amount of attendees. On the day of the event, many seniors attended without having provided an RSVP. As a team, we decided to err on the side of inclusivity, however, this resulted in overcapacity. With respect to the experiential walks, some participants reported having lived in the area for several years and as such they had not benefited from this process since they were already familiar with the area and the resources that were available to them.

For the researchers, one challenge that became eminent was reaching the ‘hard to reach.’ Potentially, more outspoken and active tenants attended than those with mobility or communication difficulties. Similarly, given we had limited resources, we had only two Chinese-
speaking facilitators (one of which was the event host), other non-English, non-Mandarin and 
Cantonese speaking tenants’ participation was limited. Finally, while inclusion of multiple 
stakeholders had advantages, it was also challenging to balance the representation of and power 
dynamics between service providers and tenants within the groups.

Finally, researchers found that key strengths of the PCMW method included being able to 
identify needs, resources and generate solutions with seldom heard groups. The visuals and 
walking activities facilitated the bridging of cultural communities: facilitating relationships, 
communication, and understanding between English and non-English speaking groups which 
will likely be carried forward in the building. Additionally, engaging decisions-makers in this 
proactive process provided them direction and the potential to ignite change.

**Key Findings: Establishing Opportunities for Positive Aging-in-Place**

PCMWs enabled the identification of various features that could enhance aging-in-place (Figure 
2) and actionable solutions for beginning to establish these into spaces, otherwise not possible 
using methods such as questionnaires and interviews. Presented here is a summary of the key 
themes from the workshops including: identifying services and needs for health and wellbeing, 
opportunities for social participation, and overcoming cross-cultural challenges.

**Identifying services and voicing needs.** Health and wellbeing are high priorities for participants 
and can be supported by positive living environments and physically and mentally stimulating 
activities (see Figure 2). Some examples of facilitators for maintaining health and wellbeing 
included positive living environments, for example smoke-free buildings as indicated by an older 
woman expressing that she had “a little asthma and usually cough when I smell smoke,” so she
was pleased when she “learned that smoking was not allowed in the building;” and secondly, physically (e.g. tai chi and ping pong) and mentally (e.g. chess and pottery) stimulating activities. Though senior-specific programs and activities were available through the local seniors’ center, some older adults were less mobile than others, making these difficult to access. Hence, it was suggested that some older people would benefit from various ‘in-house’ activities. The main challenge was acquiring human capacity to organize and implement programs that “involve our hands and minds.” Coordination and implementation of age-friendly activities required time, space, and place organization. One solution generated by participants was to raise funds to hire a program coordinator to organize activities and establish a tenant board. Other key services and amenities identified are presented in Figure 2. It was voiced that the availability of services and amenities would enable seniors to stay independent and age better in their current living environments.

**Opportunities for social participation.** Geographic proximity to places that provided opportunities for community engagement such as libraries, cultural centres and community centres was reported to help reduce social isolation. For instance, one person revealed that “the main reason I chose to live here is because it is to close places that I always go.” Equally important is the accessibility and availability of age-friendly programs, activities and social gatherings. It was expressed that many older people living in the new development had lived alone and “don’t have family here.” One individual suggested that to promote social participation, the management could arrange for a “band from time to time” and “once in a
while, have a little barbecue.” The desire for more social activities was echoed by several older 
persons. Some felt that if “older people can get together, it might make them feel less lonely and 
increase their sense-of-place attachment.” For example, “they could set up a weekly event to 
bring people together to either sing, dance or just chat.” According to older persons, to prevent 
social isolation and facilitate participation and engagement, it is important that social activities 
are: held in convenient locations, are frequent, available at different times and accessible for 
persons of various cultural backgrounds.

Overcoming cross-cultural challenges. Approximately seventy percent of the residents in the 
new development are of Chinese ancestry, and a large proportion of this group spoke little to no 
English. Beyond communication barriers, there was a general concern over differences in 
cultural norms, behaviours and expectations, yet, several participants stressed, “I don't want to 
isolate myself from the English-speaking or European people.” Similarly, many English-
speaking residents expressed the desire to actively engage with and/or befriend non-English 
speaking persons. Recommendations for encouraging and facilitating participation across 
cultures included having “management that has sympathy and an understanding of different 
cultures and what seniors are going through,” and the organization of activities that showcase or 
are rooted in different cultural values, beliefs and practices: “one thing is to have an activity for 
example for the moon festival or something and encourage all people that are from different 
ethnic groups to join.” Although it is “extremely difficult to integrate all the ethnic groups,” 
bringing in interpreters during activities such as workshops, seminars and other craft and 
learning events was recommended as one method of encouraging and facilitating participation of 
non-English speaking persons.
Conclusions

Developing age-friendly communities requires careful consideration of how individuals connect and interact with the physical and social characteristics of their neighbourhood spaces. PCMWs were applied as a method to enhance community empowerment and create change in one community by highlighting the value of sharing awareness, building on community strengths to generate new knowledge and ideas for action, and understanding community resources and assets. PCMWs encouraged participation of all stakeholders in active dialogue and shared learning bringing together older adults and local service providers. This form of collaborative learning was important for challenging top-down practices and attitudes around urban planning, centrally positioning the older adult and their stories, visual depictions, and co-created maps in the dialogue process with other stakeholders as active listeners and learners.

Despite demonstrated strengths, this method is not without limitations. First, it is important to note that our workshops were not video recorded, video recording would be useful for capturing and understanding how maps are drawn and how places get sequentially added. Second, despite its socially-driven and equity-focused principles, participatory methods are often resource intensive and time consuming, particularly since the research is embedded within the community and gaining access to community members require dedicated time to build partnerships, demonstrate accountability and ultimately to develop trust. Subsequently, two of our biggest challenges, as this project draws to an end, are maintaining relationships built with community members and assessing long-term impact and outcomes.

In summary, PCMWs were established through trial and application in an urban community as a nuanced method of identifying needs and resources and generating knowledge. Using an approach grounded in everyday experiences, older persons who are often marginalized
shared a platform with decision-makers to discuss ways of facilitating change. Prioritization of older peoples’ voices is a foundational aspect of human geography methodologies (Harper & Laws, 1995). Through effective visual representations, participatory maps (co-created by multiple stakeholders) illustrated community functionalities, values and perceptions of place, and, ultimately, identified significant features within the environment that facilitate positive places for aging.
References


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Workshop 1

**Objective**: To capture sense-of-place in the community

**Key tasks**: Introduction to PCMWs; design ‘sense of place’ maps of the community (60 mins.); experiential group walk (60 mins.); identify existing facilities and resources in the community and potential facilitators and barriers to access, independence and social participation.

Workshop 2

**Objective**: To capture sense-of-place in and around the building periphery

**Key tasks**: Design ‘sense-of-place’ maps for re-development (60 mins.); experiential group walk (60 mins.); identify opportunities for social activities and prospects for the shared amenity space; allocation of physical features in the environment.

Workshop 3

**Objective**: To validate sense-of-place maps with multiple stakeholders

**Key tasks**: Bring together maps; integrate visual data and personal narrative from experiential group walks; validation of maps from workshops 1 and 2 (60 mins.); incorporate additional comments and narrative; produce final iteration of the maps.

Workshop 4

**Objective**: To develop solutions and an implementation plan with multiple stakeholders

**Key tasks**: Identify gaps in current service provision, next steps and an action plan (45 mins.); establish responsibilities and the future role of older adults in the design and maintenance of community spaces (45 mins.).

**Figure 1.** PCMW design and plan.
<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>SERVICES/CLASSES</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tai Chi</td>
<td>Language Classes (e.g. English, Mandarin, Spanish)</td>
<td>Culturally-sensitive emergency evacuation plan</td>
</tr>
<tr>
<td>Barbeques (twice per year)</td>
<td>Assistance with tax returns</td>
<td>Pedestrian crosswalk needed on the main street outside the building</td>
</tr>
<tr>
<td>Dancing</td>
<td>Family practitioner</td>
<td>Age-friendly exercise equipment</td>
</tr>
<tr>
<td>Mah Jong</td>
<td>Grocery store / help with groceries</td>
<td>Reduced membership fee at the seniors centre</td>
</tr>
<tr>
<td>Knitting</td>
<td>Cooking classes</td>
<td>Air conditioning in games / hobbies room</td>
</tr>
<tr>
<td>Bible study</td>
<td>Health and wellbeing seminars</td>
<td>Replacing blinds</td>
</tr>
<tr>
<td>Book club</td>
<td>Fire safety seminars</td>
<td>More ping pong tables</td>
</tr>
<tr>
<td>Life history learning lessons</td>
<td>Health checks &amp; monitoring</td>
<td>Peer-to-peer training on ‘living in the condo’</td>
</tr>
<tr>
<td>about residents</td>
<td>Balance classes</td>
<td></td>
</tr>
<tr>
<td>Ladies coffee hour</td>
<td>Art Classes</td>
<td></td>
</tr>
<tr>
<td>Learn to paint</td>
<td>Music classes</td>
<td></td>
</tr>
<tr>
<td>Calligraphy</td>
<td>Manicures</td>
<td></td>
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<tr>
<td>Glee club singing</td>
<td>Massage</td>
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</tr>
<tr>
<td>Holiday / birthday parties /</td>
<td>Pedicures</td>
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<tr>
<td>potlucks</td>
<td>Yoga Classes</td>
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<tr>
<td>Sculpturing</td>
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<td>Making frames</td>
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<td>Scrabble</td>
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<tr>
<td>Theatre</td>
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</tbody>
</table>

*Figure 2. Activities, services and other social and physical features voiced by seniors to enhance positive aging in place.*
Research Highlights

• Aging-in-place can, at times, be a negative experience for older people
• Older peoples’ voices are often excluded from planning and development processes
• Planning initiatives must incorporate the psychosocial realities of older people
• Collaborative models of design can enable prioritization of older peoples’ voices
• PCMWs is an effective method for identifying older peoples’ needs and resources