

Friendly

Old age-related stereotypes, inclusion and the development of ‘age appropriate’ neighbourhoods

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Abstract

The environment in which one lives, i.e. the neighbourhood, can have a strong impact on people's well-being and health. This also applies to older people. The number of older people increases in absolute and relative terms, especially in urban areas, while the lifestyles of older people are becoming more diverse. At the same time studies show that age-appropriate planning of living environments is often influenced by stereotypes. We investigated how 'age-appropriate' living environments are conceived, practiced and lived (based on Lefebvre) and to what extent age-related stereotypes affect these processes. The research methods were interviews and walkthroughs conducted with experts from various planning disciplines as well as with current (aged 70-80) and future (aged 50-60) older people. Furthermore, this article refers to the model “setting-approach”, to discuss the importance of participatory urban and environmental development. The findings show that negative stereotypes predominate. These stereotypes have an impact on the planning processes. In thus, older people are normally excluded from these processes. This has an impact on the quality of the neighbourhood and so this has a potential impact on well-being. For planning-related social work, this means that older people must be involved more in the design of their living environments.

Keywords

neighbourhood, stereotypes, inclusion, participation, setting-approach

Introduction

When we think about inclusive and ‘age appropriate’ living environments and neighbourhoods, three essential aspects are important.



a) In addition to the *Universal Declaration of Human Rights* (United Nations, 1948)¹, we have the *Principles for Older Persons* (United Nations, 1991)² and the concept and program of Age Friendly Cities.³ These documents are all key documents. They emphasise among other things the *participation in social and political issues* and address the *inclusion of people*. Furthermore, the “New Urban Agenda” (United Nations, 2017a) also emphasises participation as an important element of urban development.

b) A second important aspect in the context of age appropriate’ living environments and neighbourhoods is that, according to Henri Lefebvre (1991), the *city and the urban are not places, but social conditions of mutual inspiration and collective action* (see also Vogelpohl, 2015). This means that the people, the communities, the society and the interactions and dynamics between the people as well as between the people and the built are what city and urban is and not (only) the built.

c) The third relevant aspect is determined by two central concerns of social work: the *empowerment of people* and the *reduction of social inequalities* in order to contribute to social justice and to the well-being of all people. These concerns can hardly be considered independently. One focus of social work is on disadvantaged or less powerful people. These target groups often include people with disabilities, as well as children and older people. In these groups, injustices are united and accumulated for various reasons.⁴

Access to and the possibilities of using public spaces in urban contexts, i.e. neighbourhoods with all their offers and infrastructure, are of the greatest importance in connection with social inequality. The question of inclusion and exclusion very quickly arises. The focus must therefore be on the *development of appropriate neighbourhoods*. The central challenge here is how the *development processes* of neighbourhoods can be designed so that both the *result and the processes themselves* are as inclusive and equitable as possible.

Inclusion is a central concept in that it emphasises that all people should be involved, that they must be part of decisions concerning their life and be part of the community. Inclusion is more than a concept; it is an attitude and a human right. However, how can inclusion be achieved? In the context of public space, it can be argued that access to the public space is a prerequisite for inclusion. In other words: if a person does not have an access, but her or he want or need to have it (and here we are essentially talking about physical access), they are excluded. However, it is not only necessary to consider how the public space itself is used, but also the access routes etc. by whom and how. Rather, great attention must be paid to who uses the public space and who does not. One can assume that not all people use the public space in our cities, because the use is too highly thresholded. Reasons for the high threshold can be very individual. Possible examples are: Uncertainty, disorientation, poverty, special needs - physical or mental, the feeling of not having the right to use the public space. Special attention must be paid to

¹ www.un.org/en/universal-declaration-human-rights/

² www.ohchr.org/en/professionalinterest/pages/olderpersons.aspx

³ www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

⁴ See for further information concerning the principles of Social Work: <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>

these aspects. This applies in particular to all people who, for various reasons, are already less integrated in society, i.e. who are "weaker" in this sense.

In the following, one such vulnerable group, older adults, will be described in more detail based on a concrete project. Although older adults have the same rights as adults, they are often stigmatised or even discriminated against because of many stereotypes and prejudices (see for a comprehensive overview Ayalon & Tesch-Römer, 2018).

Neighbourhoods, the setting-approach and stereotypes

There is a clear link between the place and environment of older people and their quality of life and well-being (Petersen & Minnery, 2013). This means that the quality of the living space must not only be high, but also suitable for the people who live and work there. On the other hand Wolf & Mahaffey say (2016, p. 59): "Design and Planning professionals have long been influenced by the belief in physically and spatially deterministic power over people and the environment, a belief that their representations of space become space." (c.f. Buse, Nettleton, Martin, & Twigg, 2016) Based on these statements, the decisive question is how such places and environments are planned, developed and implemented. Even more decisive is who has the power of decision and who is involved in these processes.

In addition, a look at the Ottawa Charter of Health Promotion (World Health Organization, 1986) and the setting approach advocated there, is important when considering the link between the environment and the health or well-being of people. Following the setting approach, health is to be established and maintained in people's everyday lives. A setting is a social context in which people spend time in their everyday lives and which has an influence on their health. This social context is relatively permanent and subjectively conscious of its members. It expresses itself through formal organisation (e.g. company, school, kindergarten), regional situation (e.g. municipality, district, neighbourhood), equal life situation (e.g. pensioners), common values or preferences (e.g. religion, sexual orientation) or through a combination of these characteristics (Rosenbrock & Hartung, 2012, p. 497). People therefore pursue their everyday activities in the settings, are committed and involved. Context-related, organisational and personal factors interact and influence health (c.f. Fabian, Drilling, Niermann, & Schnur, 2017). The setting approach thus makes it clear that in different areas of life and different social systems there are different conditions that influence health and should therefore be taken into account for health-promoting measures (Sterdt & Walter, 2012). The model by Kilian, Geene and Philippi (2004) shows the connections between behavioural and relational orientation as well as participation, but also empowerment in the setting approach (Kooperationsverbund Gesundheitliche Chancengleichheit, 2015, p. 15). The core strategies of the setting approach are the inclusion and participation of all relevant actors, process orientation, the development of integrated concepts and the inclusion of interventions that influence both individual behaviour and structural conditions within the setting (Sterdt & Walter, 2012).

If this is not done, the context conditions will not be (enough) suitable for the people in this setting, in our case the neighbourhood, and thus it has a less good impact on the well-being of the people, or in the worst case even a negative impact.

In the coming years, the number of people aged 60 and over will increase significantly (United Nations, 2015, 2017b). At the same time, older people will become more and more diverse. The lifestyle of people over the age of 65 is changing towards more activity and engagement, especially in sport, access to modern technologies, sexuality, education, fashion, etc. In this age group, new needs and desires will emerge that can draw on potentials, resources, values and lifestyles and competences, time, finances or health (Jopp, Rott, & Oswald, 2008; Santoni et al., 2015).

Stereotypes are «...schemas that we have for people of various kinds» (Gilovich, Keltner, & Nisbett, 2006, p. 18). Due to stereotypes, we tend to judge people on the basis of a particular criterion (or fewer criteria) such as gender, nationality or age, and to attribute characteristics to them (Aronson, Wilson, & Akert, 2014). Such schemes are important in everyday life, but they can also be wrong and lead to wrong judgements about people (Gilovich et al., 2006). Research shows that there are many age-related stereotypes - mostly negative ones (c.f. Australian Human Rights Commission, 2013), e.g. declining competence; less energetic, motivated or creative; less productive; less technologically-savvy; less favourably. There are also positive stereotypes (e.g. more reliable, loyal, stable and dependable), however “These positive images of ageing may not be sufficient to prevent discrimination based on stereotypes.” (Abrams & Swift, 2012, p. 4)

The rising relevance of the neighbourhood

The number of older people without family networks and social support through the family, will increase because of changing family structures, longer life expectancy and differentiated lifestyles (Siebel, 2007). Peer groups other than family-based ones will be of particular importance, while the neighbourhood as a reference framework and as a place of everyday life will provide the social arena for the formation of these peer groups. Despite the increasing relevance of social proximity, the spatial dimension of ageing has not yet been thoroughly addressed by research – except when dealing with a specific architectural project for “housing for the elderly” (eg. Petersen & Minnery, 2013; Peterson & Warburton, 2012). Concepts such as the “age-friendly city” (World Health Organisation, 2007), which support active ageing facilitated through the promotion of the core indicators of health, participation and safety, focus on the city as a whole (c.f. Mouleart & Garon, 2016; c.f. Fabian et al., 2019, accepted).

The production of space

Place and neighbourhood are relevant dimensions for the wellbeing of older people and the opportunity to age in place. Day (2008, p. ii) points out that several different types of environmental inequalities can occur. One is through insufficient access for older people to decision-making processes affecting the local environment (c.f. Walsh, Scharf, & Keating, 2017). According to Lefebvre urban spaces are not places, but social relations that are constituted by the interplay of collective action and reciprocal inspiration (Vogelpohl, 2015). In this context Henri Lefebvre’s theory of *the production of space* (1991) is a key contribution to the relational spatial development perspective. In his urban theory, Lefebvre states that space is a product of the dynamics between everyday practices and perceptions of people (*spatial practice*), cognitive concepts or theories of space (*representations of space*) and the spatially imaginary (*spaces of representation*). The production of space “is composed of three dialectically mutually co-constituting spheres or facets: conceived space, perceived space, and lived space” (Pierce & Martin, 2015, pp. 1282; c.f. Fabian et al., 2019, accepted).

Research question, design and methods

This research project focuses on the question of how 'age-appropriate' living environments are conceived, practiced and lived and to what extent age-related stereotypes impact on these processes.

A case study approach was adopted and an interpretative perspective of lifeworld research was applied for data collection and analysis. The starting points for the two cases (both in Switzerland) were an intergenerational project to promote physical activity and a new city square. For both cases, semi-structured interviews and walkthroughs were conducted with experts as well as with older people. A total of 11 experts in both cases, from the fields of urban planning, landscape architecture, science, product development and social work were interviewed. A total of 10 interviews (usually supplemented with commented walks) were conducted with older people. In addition, two world cafés with older people and two reflexive workshops with older people and planners took place (c.f. Fabian et al., 2019, accepted).

Results

From the point of view of older people

The older people interviewed describe relatively similarly a few central forms of everyday practices in the neighbourhood. A frequent practice is walking in the neighbourhood, which is also associated with sitting down and even reading. Walking and sitting down is sometimes linked with observing changes in the neighbourhood and a form of 'being involved'. This means that older people feel that they are part of life, of society, or of what is going on, they feel to be included. In addition, drinking coffee, eating out, attending appointments and events in the neighbourhood were often mentioned. All these activities generally have an important social function in the sense of encounter and exchange - they express a social practice. Some, while for one person, being able to use public transport to shop elsewhere in the city was more important, mentioned the importance of being able to shop near home. As soon as physical problems limit the use of public transport, the neighbourhood becomes increasingly important. Referring to her walks in the neighbourhood, one interviewee said that she was grateful that service workers took older people out into the fresh air: «And the neighbourhood itself is very important for this. Because taking wheelchairs onto the tram that is nevertheless a big task.» (70+/4) The neighbourhood is often seen as an important place for recreation, allowing walks and outdoor activities, as well as a place for 'being involved', to get out of the immediate surroundings and for social exchange (c.f. Fabian et al., 2019, accepted).

From the point of view of the experts

In the context of 'age-appropriate' planning and development projects, the interviewed experts often describe older people as a homogeneous and fragile group. Although different needs and requirements are attributed to older people with regard to the neighbourhood, these differentiated age images are hardly included in the planning and development of 'age-appropriate' living spaces. As soon as planning and development are involved, this contradiction between one-sided, stereotypical and differentiated age images is resolved in favour of uniform planning. Wheelchair accessibility and barrier free design in particular is considered to be of central importance.

In planning processes, however, older people are not only seen and characterized as people with physical limitations, but sometimes also as people «who are somewhat older, who also tend towards dementia.» This view of older people as a fragile group in turn finds its way into planning-related measures.

It appears that age is often associated with functional limitations. In particular, topics such as balance problems, walking difficulties and health problems are often mentioned in connection with the idea of old age and ageing. These age-related stereotypes in the form of ascribed needs materialise in age-related aspects of planning and the subsequent realisation of construction projects. Here the existence of (age-appropriate) seating is considered as one of the most important planning element for the planning and development of age-appropriate living spaces.

Although in both case studies older people are consistently described as homogeneous and fragile, with exceptions, and rarely as a diverse group, the notion of age usually remains diffuse. The term 'age-appropriate' also remains diffuse. On the one hand, places that have certain planning elements (see above) are described as 'age-appropriate'. On the other hand, characteristics such as wheelchair accessible, obstacle-free, barrier-free, paved, easy to understand, quiet, safe, green planted, shady, etc. are subsumed under 'age-appropriate': «...the almost stricter requirements are the ones we have for handicapped accessible constructions. This has nothing to do with age. There we have strict guidelines, which concern handicapped fairness, and if you keep to these, you are, like, automatically also age-friendly.» (c.f. Fabian et al., 2019, accepted).

Participation

In both cases older people were only marginally included in the development processes. Certain age images or stereotypes of the experts play a central role: «I never had the feeling that they wanted to have a big say in things». This expert also said that if you let too many people have a say, nothing actually comes out in the end...because everyone blocks everyone else.” Another expert said: «One could of course have involved even more older people, but that is of course still difficult, probably to find the right people, who also have the ability - I don't know.» and «I clearly mean, an old person sees it differently, but you also have to have the person who can really bring it to the point». Another expert said: «Yes, we had an event where we presented the project...When you talk to older people, you also have to transmit relatively simple messages, let's say, so that you are understood...and the feedback we received was relatively simple. In that sense we actually got confirmation that we were on the right track.» (c.f. Fabian et al., 2019, accepted).

Conclusions

Results show that there are many age-related stereotypes. Most of them are negative - in that, we classify people purely based on their age and see them e.g. as not very interested in anything, stupid, satisfied with little or indifferent. These stereotypes have a very strong influence on our perceptions, thinking and acting, including planning and design. A second consideration is that although older people are seen as one big group, looking at our society, we see great diversity among older people. This means that older people have different economic opportunities, health resources and challenges, interests and lifestyles and much more. Each individual has different needs and opportunities in many areas, including their living environment and neighbourhood. What we see is a contradiction: On the one hand,

we see the generalized stereotypes - this is a misleading image of old age. On the other hand, we see diversity in old age. This is a more appropriate image. The challenge is how to develop age-appropriate and diverse neighbourhoods with this rather misinformed image of older people.

A finding from the research project is that planners often say that old people do not want to be involved in planning processes or that they have difficulties to express what they want. The consequence is that older people are not asked at all right from the beginning. This excludes older people from having the opportunity to be involved in the planning of their own living environment from the very beginning. Such an attitude actively excludes many older people. In the end, planners do not know what good solutions look like (Fabian et al., 2019, accepted). This exclusion of older people is in itself unacceptable and in the end ageist. In addition, with regard to the setting approach, it is evident that this hardly leads to the development of the best solutions for the older people concerned.

What we have learned so far from our research is that if we want to design our neighbourhoods so that they suit a range of older people, we need to know what needs and opportunities they have. To do so we have to include older people in the planning and design processes. We must acknowledge that they are the experts of their lives, needs and opportunities. We must not only offer them the opportunity to participate, but we should also strive to provide methods and frameworks that they want and can participate in. We have to focus on the persons themselves and not on the problems, deficits or weaknesses associated with young or old age. Finally, participation, or more generally the inclusion of certain population groups, is not only a human right. Participation is also a question of values and attitudes and only lastly a question of methods (c.f. Fabian & Huber, 2019; Fabian et al., 2019, accepted).

Alternatively, as it says in the New Urban Agenda: "Adopt sustainable, people-centred, age- and gender-responsive and integrated approaches to urban and territorial development by implementing policies, strategies, capacity development and actions at all levels, based on fundamental drivers of change,..." (UN, 2017) Whereby also here the choice of the word "age responsive" has to be questioned. An alternative term would be "age sensitive".

Talking about age-appropriate developments, participation is a central concept. Participation includes social and political aspects among other things, and address the inclusion of people (c.f. United Nations, 1948, 1991, 2017a; World Health Organisation, 2007). However, participation goes beyond that. Participation include a theoretical concept, social values and working methods. Central elements are: information, collaboration (co-development, co-creation), taking part in decisions (design, realization) and co-responsibility (c.f. Fabian & Huber, 2019).

Four central recommendations can be noted: First, social work (and others) must advocate for a differentiated look at older people. The focus may not be only on problems and limitations, but above all, on the potentials and resources of older people. Second, training and sensitising of planners and other professionals regarding stereotypes and ageism is needed. Third, the local focus in developing (all) age-appropriate neighbourhoods is crucial. Fourth, research and evaluations with a focus on output and outcome must be done.

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