

## OLDER ADULTS' PUBLIC POLICIES: HOW TO DESIGN INCLUSIVE CITIES IN BRAZIL

كبار السن السياسات العامة: كيفية تصميم مدن شاملة في البرازيل

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### ABSTRACT

*This paper presents the data collected and results achieved in the third year of the Project "Place-Making with Older Adults: Towards Age-Friendly Communities." This is a Research Project funded by the Newton Fund and the UK's Economic and Social Research Council (ESRC) for a total of £808,289. It is an international partnership research led by Heriot-Watt University in Edinburgh, UK, and by the Federal University of Pelotas, in Pelotas, Brazil. The research began in May 2016 and was completed in December 2019. The research question we aimed to ask is: How can communities be designed to better integrate the sense of place needs of older adults across different urban and cultural contexts? The methods adopted were: (i) meetings held between researchers and stakeholders involved in city planning, (ii) Policy and Procedure Forums, (iii) presentation of public policies considered to be the most important by residents to the local government.*

### KEYWORDS

Ageing-friendly cities; sense of place; public policies.

### المخلص

تعرض هذه الورقة البيانات التي تم جمعها والنتائج التي تم تحقيقها في السنة الثالثة من مشروع "تكوين الأماكن مع كبار السن: نحو مجتمعات صديقة للمسنين." هذا مشروع بحثي ممول من قبل صندوق نيوتن ومجلس البحوث الاقتصادية والاجتماعية في المملكة المتحدة (ESRC) بمبلغ إجمالي قدره ٨٠٨،٢٨٩ جنيه إسترليني. وهو بحث شراكة دولية بقيادة جامعة هيريوت وات في إدنبرة بالمملكة المتحدة والجامعة الفيدرالية في بيلوتاس بالبرازيل. بدأ البحث في مايو ٢٠١٦ و اكتمل في ديسمبر ٢٠١٩. سؤال البحث الذي نهدف إلى طرحه هو: كيف يمكن تصميم المجتمعات بحيث تدمج بشكل أفضل الإحساس باحتياجات المكان لكبار السن عبر سياقات حضرية وثقافية مختلفة؟ كانت الأساليب المعتمدة هي: (١) الاجتماعات التي عقدت بين الباحثين وأصحاب المصلحة المشاركين في تخطيط المدينة، (٢) منتديات السياسات والإجراءات، (٣) عرض السياسات العامة التي يعتبرها السكان الأكثر أهمية للحكومة المحلية.

### الكلمات المفتاحية

المدن الصديقة للشيخوخة؛ الشعور بالمكان؛ السياسات العامة.

## 1. INTRODUCTION

This paper focuses on the presentation and analysis of data collected in cities investigated in Brazil during the third year (2018-2019) of the project “Place-making with Older Adults: Towards Age-Friendly Communities”. This is a Research Project financed under the Newton Fund and the Economic and Social Research Council, from the UK, at a total cost of 808,289.00 sterling pounds. It is part of an international partnership led by Heriot-Watt University, in Edinburgh, UK, and Federal University of Pelotas, in Pelotas, Brazil. The study began in May 2016 and ended in August 2019. Year 03 of the investigation seeks to answer the following research question: How can communities be designed to better integrate the sense of place needs of older adults across different urban and cultural contexts?

This study recognizes that simply shifting the constructed forms is not enough to create a more inclusive environment for ageing because places are more than just physical spaces. Viable environments are articulated through a strong sense of place, defined as the social, psychological, and emotional bonds that people have with their environment. A strong sense of place is a result of access to support for active participation, opportunities to build and sustain social networks, and to play a significant role in the community. In contrast to this, a sense of displacement or "lack of space" is associated with alienation, isolation, and loneliness, and often this results in adverse health and wellbeing problems, particularly among the more vulnerable elderly. Socially, the creation of age-friendly urban environments that support a sense of place is an integral part of successful ageing, ensuring that older adults can continue to contribute positively to their old age, thereby reducing the need for institutional care and lowering health and social assistance costs.

## 2. AGEING IN PLACE

The conceptual framework of this study is centred on three pillars: ageing in place; sense of place; and how ageing public policies can promote ageing friendly cities.

The concept of ageing has evolved over the years. According to Tomasini and Alves (2007), since 1960 there has been a commitment of the gerontologists to describe the process of ageing. From this work came the term "Successful Ageing". According to Andy and Yashmi (2014), this concept of ageing can be defined as a process that is based on the prevention of diseases and disabilities. Later, this concept was expanded to include physical maintenance and cognitive function as well as social and productive engagement (Rowe & Kahn, 1997).

Tomasini and Alves (2007), however, present some restrictions to the use of the term, due to its association with the idea of success and its prescriptive character, for not considering older adults in a fragile situation. Already in the new century, the World Health Organization (WHO, 2002) has begun to devise action plans to promote "healthy and active ageing". For the WHO, the concept of "Active Ageing" is described as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002, p.12). According to the same document, the concept applies to individuals and population groups. From this understanding people have the possibility of realizing their potential for physical, social, and mental well-being throughout the course of their life. The document clarifies that in this case, the word "active" is related to social, economic, cultural, spiritual, and civic issues, not necessarily linked to being physically active or working, noting that even

retirees and the most fragile can remain actively engaged in family, community, and even country issues.

Contemporary cities may be "unfriendly" and "hostile" to older adults, acting as a barrier to access of social, economic, and civic opportunities (Scharf et al., 2005). In addressing this issue, international politics and practices are focused on the creation of age friendly cities and communities such as environments to encourage active ageing (Davies & Kelly, 2014). Working towards these environments, better guidelines have been developed to support walking and the design of inclusive open spaces (HAPPI, 2012; IDGO, 2012). The present study recognizes that simply shifting the constructed form is not enough to create a more inclusive environment for ageing because places are more than physical spaces. Viable environments are articulated through a strong sense of place, defined as the social, psychological, and emotional bonds that people have with their environment (Manzo & Perkins, 2006).

### **2.1 Sense of Place**

Over time, the concept of sense of place has been investigated, deepened, and interpreted by various scientific areas. Traditionally the areas of greatest interest are those related to architecture, urbanism and geography, especially human geography since the sense of place establishes important relationships between the individual and the space where they are inserted. In this way, both the physical, environmental, sociological, cultural, and psychological aspects of its users need to be considered. This approximation of several areas of knowledge to a single concept, not infrequently, may distort its integral understanding. In addition, another factor that makes this concept even more complex is that it has close links with others that will be presented here, such as identity and attachment to the place (Hashemnezhad et al., 2013).

Edward Relph (1976) is an example of an author with a more humanistic view of geography. In his 1976 book, 'Place and Placelessness', the author brings a reflection on two other concepts, space, and place, which need to be discussed before we speak about sense of place. Relph differentiates the concepts, but treats them in an interconnected way (Relph, 1976). For Relph (2009), "the parts of the world without names are undifferentiated spaces, and the absence of a name is equivalent to the absence of place." In this way, it is perceived that there is an important differentiation that occurs in a space through the processes involved in human appropriation. This appropriation produces a direct effect on space, which has a differentiated identity, producing relationships of attachment to the place and belonging (Sobarzo, 2006, p.103). Thus, the physical space is combined with human, social and cultural aspects in a unique way to be perceived by the user.

In this sense, it is necessary to differentiate "sense of place" from "spirit of place", also known as *genius loci*. "Sense of place is the faculty by which we grasp spirit of place and that allows us to appreciate differences and similarities among places" (Relph, 2009). The "spirit of place", even though it depends on the characteristics of the user to be experienced, it is relative first to the place, its attributes, uses, activities (Relph, 2009, p.4). On the other hand, the sense of place depends primarily on the user, even if it is influenced by the place. It combines the five human senses as well as memories, individual and collective factors, in that the sense of community

is also extremely important. Physical and descriptive factors are strongly linked to the psychological in the formation of sense of place (Hashemnezhad et al., 2013).

Relph (1976) calls existential "insideness" the strongest sense of place. This is when there is a connection between the user and the environment so that they know that they are "at home", "in their community". While "outsideness" would be the opposite, causing a sense of strangeness, alienation to the context. These definitions can help in understanding the notion of attachment to place, how much individuals or social groups care about it. Shamai (1991) uses six kinds of sense of place: 1) Consciousness of being in a place, at this level the physical aspects of the environment are recognized instinctively or learned (Relph, 2009), but there is no emotional connection with the user; (2) Belonging to a place, at this stage not only is there familiarity with the physical aspects of the environment, but also an emotional connection; (3) Attachment to the place, when the emotional connections are strong, the place has an important identity for the user; (4) Identity with the place, when the place's objectives fully meet the users' goals, they feel integrated, part of the environment; (5) Involvement with the place, when the users play an active and important role in the environment, the investment of time and money in several activities occurs; and (6) Sacrifice for the place, classed by Shamai (1991) as the highest level of sense of place, when commitment to the environment goes beyond individual issues.

In psychological terms, emotional attachment is particularly important in studies with elderly people to determine how the meaning and sense of place are developed (Phillips, 2013, Dines et al., 2006). Attachment is a kind of attraction to the space, dependent on the ties built between it and its users (Hashemnezhad et al., 2013, p. 9). Thus, the temporal dimension is also extremely important for the sense of place, although this is often instinctive, as an individual faculty (Relph, 2009, p.6). Over time, it can be strengthened by memories that are linked to specific locations, the permanence in a place and the constancy of a public space over time (Phillips, 2013, Dines et al., 2006).

## **2.2 Ageing legislation in Brazil**

Brazil is undergoing an accelerated ageing process. Until the 1950s or even the 1960s, the demographic characteristics of the country indicated a young population with high fertility rates, and mortality rates that were only beginning to decline. From then on there has been a process of reducing fertility rates which, in recent years, has been accelerating. For the country, fertility rates have declined by about 30%. Between 1970 and 1980, this decline was verified in all regions of Brazil, both in urban and rural areas. More recent data for some areas of the country show that the reduction in fertility rates then increased: the total fertility rate for the state of São Paulo, for example, in 1980 was 3.4 (average number of children, per woman of reproductive age) decreasing to 2.6 in 1985, a decrease of 20% in just five years. At the same time, there has been a decline in gross mortality rates since the early 1900s, particularly since the 40s. Therefore, the life expectancy that was previously only 33 years in 1900 – now reached 43 years in 1950, 55 in 1960, 57 in 1970 and 63 in 1980. Estimates indicate that, according to IBGE (2010), life expectancy in Brazil in 2019 is 76,8 years.

In Brazil, protective legislation for older adults is often confused with accessibility legislation. This is understandable given that the United Nations (UN) states that people with disabilities are "those with physical, intellectual or sensory impairments which, when interacting with

various barriers, may obstruct their full and effective participation in society with other people". Reflecting the broad international debate, in 1982, the National Year of Older Adults was instituted in Brazil, through Decree No. 86.880 of January 27, 1982, in accordance with the proposal approved by the United Nations. The same decree creates in the Ministry of Social Security and Social Assistance, the National Committee for Older Adults, to coordinate and formulate suggestions on the issue of older residents.

However, the Federal Constitution of 1988 was a great legal framework, which guaranteed fundamental rights and duties to all people. This document highlights the principle of human dignity, in its article 1, item III, as an absolute value, which serves as the basis for the consolidation of a Democratic State of Law. In Article 3, section IV it deals with the "promotion of the good of all, without prejudice of origin, race, sex, colour, age and any other forms of discrimination", preventing, among others, age discrimination. In chapter IV, THE POLITICAL RIGHTS; in its article 14; paragraph II, it determines that voting is optional for those over 60 years of age. In section III, "SOCIAL SECURITY", article 210 provides retirement, covering SECTION III, "SOCIAL SECURITY" for "events of illness, disability, death and old age".

In keeping with the protective measures of the Constitution, Law No. 8,742 of December 7, 1993, which guarantees a monthly minimum salary for the disabled person and older adults of 70 years of age or more, when it is proven that his person lacks the means to provide for their maintenance and cannot have it provided for by their family. However, it was only in the 1990s that a second milestone in policies for older people can be characterized when Law No. 8,842 of January 4, 1994, known as the Older Adults National Policy, was enacted. The law establishes the National Council for Older Adults and determines that the National Policy for the Older people aims to ensure their social rights, creating conditions to promote their autonomy, integration, and effective participation in society. At that time there was a change in the definition of the age characterizing this age group, with older adults being considered as people who are 60 years of age or older. The Law provides principles, guidelines, organization, governmental actions, and general provisions that should guide this Policy.

The greatest achievement in Brazilian legal terms was the approval of Law No. 10,741, dated October 2003, called the Older Adults Statute, which regulates and recognizes the rights of persons aged 60 or over, being an instrument for the realization of citizenship. The Statute provides for the rights of older people to life, liberty, respect, dignity, food, health, family, and community coexistence, among other fundamental rights (individual, social, diffuse, and collective), and the State, the community, society, and the family are responsible for ensuring these rights. This Law originated from a Special Commission of the Federal Court, in the year 2000, constituted to deal with the elaboration of the Statute.

### **3. OBJECTIVES AND METHODOLOGY**

This study proposes a cross study through: (i) case studies and comparisons of implementation at a neighbourhood level to understand what works, why, and in what context; (ii) participatory methodologies that provide creative ways of understanding and articulating the needs and experiences of different groups or communities, and (iii) co-produced research with the local community, better engagement with formal governance processes, and creation of age-friendly

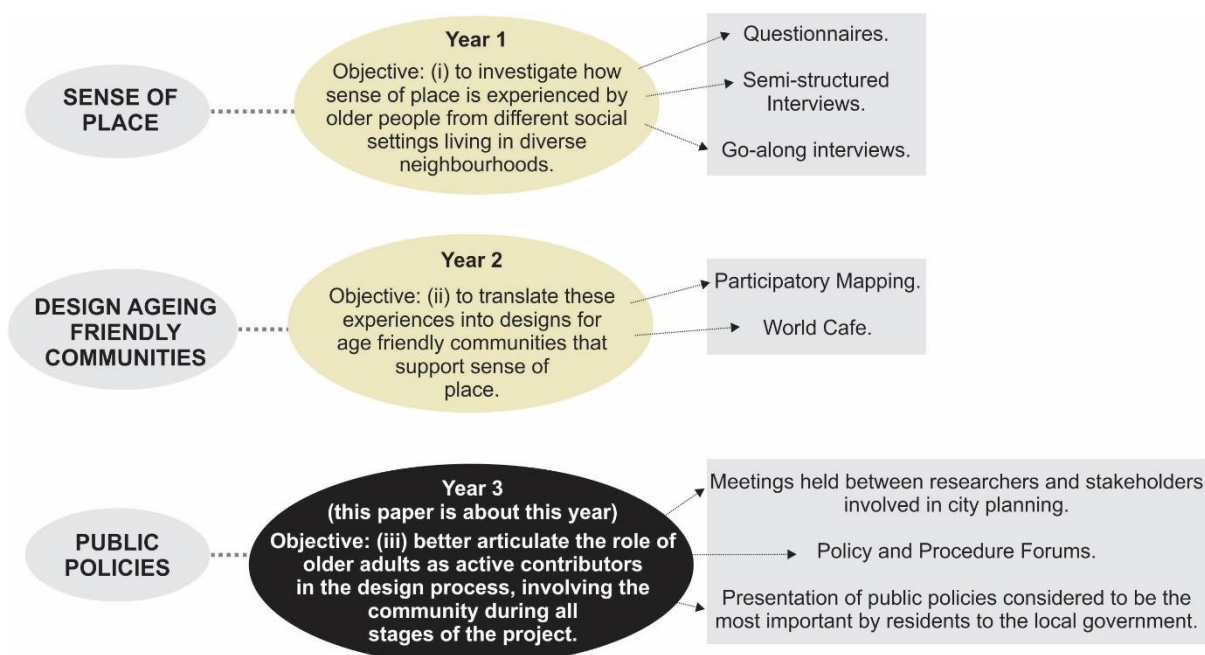
public spaces. The research design draws upon methodological insight from multiple disciplines (gerontology, environmental psychology, architecture, urban design, health and well-being and urban planning) to develop an understanding of the sense of place needs of older adults.

The objectives of Year 1 of the research were to establish and compare how older adults from different social classes and urban backgrounds construct a sense of place with a focus on identifying opportunities, challenges, facilitators and barriers to social participation, independence and being active and engaged in the community through the capture of daily routines, mobility and walking, and access to and use of community spaces and amenities. This was achieved through: (i) questionnaires; (ii) semi-structured interviews; (iii) go-along interviews and (iv) photographic diaries. In Year 2, the objective was to translate data obtained from the objective of Year 1 into sense of place maps and projects for the community, in order to provide a visual representation of how the community evaluates, understands, and interacts with the neighbourhood and identifies the significant characteristics within the environments that incorporate the place. This was achieved through (i) participatory mapping and (ii) world cafe (Table 1).

Year 3 translates the findings from Years 1 and 2 of the Project into national policies, practical guidelines, and tools, and means for designing the sense of place for older adults, addressing both the need for independence and mobility, and encouraging social participation and community involvement. Policy and Procedures guidelines were developed through Policy and Procedures Forums (FPP) focused on synthesizing findings from across the Project to specifically address the issue of what age-friendly policy and procedure actions are needed to support the need of the sense of the place of the elderly (Figure 1).

Table 1: Number of participants (residents with 60 years old or over) per methods applied on Year 1 and 2 of the Project in Brazil (Source: PlaceAge, 2019).

<b>Methods</b>	<b>Year 1</b>
Questionnaires	276 residents
Semi-structured Interviews	100 residents
Go-along interviews	64 residents
Photographic diaries	36 residents
<b>Methods</b>	<b>Year 2</b>
Participatory mapping	124 residents
World cafe	132 residents + 42 stakeholders



*Figure 1: Methodological conceptual model per research year (Source: author).*

#### 4. CASE STUDIES CITIES

This research performs an international analysis of case studies. Local research involving older adults has been conducted mainly as a study for a single country. Although these studies have made an important contribution to the research on this topic, there is a tendency to generalize results and to assume tools and resources applicable in different national contexts. Therefore, a comparative, multiple and transnational case study approach is needed to understand the diversity of older people's experiences in each location, and how this is influenced by the neighbourhood, social contexts, welfare conditions, and governance processes and urban planning. Three cities were selected as case studies in Brazil (Pelotas, Belo Horizonte, and Brasilia). The study cities were selected to represent a broad spectrum of urban areas, in terms of demographics (age bands), inequality (health and social inequalities between high- and low-income groups), topography (distinct types of densities and urban form) and urban development (distinct levels of physical transformation and change) (Figure 2).

Pelotas	Belo Horizonte	Brasília
Total Population (2020): 343,132 inhabitants	Total Population (2020): 2,722 inhabitants	Total Population (2020): 3,094,325 inhabitants
Area (2015): 1,609 km <sup>2</sup>	Area (2015): 330.9 km <sup>2</sup>	Area (2010): 5,802 km <sup>2</sup>
Demographic Density (2013): 205.1 inhabitants/km <sup>2</sup>	Demographic Density (2020): 7,167.00 inhabitants/km <sup>2</sup>	Demographic Density (2020): 444.66 inhabitants/km <sup>2</sup>
Life expectancy at birth (2010): 75.64 years	Life expectancy at birth (2010): 76.37 years	Life expectancy at birth (2013): 77.3 years.
GDP (2014): BRL 6,657,759.39	GDP (2016): BRL 87,309,968	GDP (2014): BRL 197,432,059
GDP per capita (2014): BRL 19,464.12	GDP per capita (2015): BRL 34,910.13	GDP per capita (2014): BRL 69,216.80
Date of creation: 1758	Date of creation: 1897	Date of creation: 1960

*Figure 2: Characteristic of each case study city in Brazil (Source: PlaceAge, 2019).*

Here the Brazilian cities that are case studies in this Project are presented: Pelotas in the State of Rio Grande do Sul, Belo Horizonte in the State of Minas Gerais, and Brasília in the Federal District. These cities were chosen to obtain well-differentiated samples representing completely different realities. The study does not seek to compare data, but to analyse different situations and understand how ageing occurs in regions with quite different demographic, and physical characteristics. Thus, Pelotas represents a historic city that is 263 years old, counted from after the creation of the medium-sized Parish, located in the state with the highest ageing rate in the country. Belo Horizonte represents a planned city, it is the first in Brazil, inspired by cities like Paris and Washington, 124 years old and located in the Midwest, in one of the states with a high population growth of people aged 60 years or more. Finally, Brasília characterizes a modernist city, the country's capital and with 61 years old; it has the highest longevity index in Brazil, 77,3 years (Figure 3).



*Figure 3: Case studies cities location in Brazil (Source: author).*

Throughout the PlaceAge research, the results obtained from the different methods applied provided information on the perception of older adults, stakeholders, and public managers of the experience of older people in their neighbourhood. This knowledge that was produced pointed out critical points and themes of relevance that outlined the construction of the last tool applied in this investigation. Thus, the Year 3 method was supported by the results of previous years and led to public policy proposals presented at the Policy and Procedures Forums.

Bingham, Nabatchi, and O'Leary (2005) claim that democratic processes, those that establish communication between the community and public agencies, are inherent in new governance and can represent an almost legislative activity in which the community envisions the consensus-driven future of planners, negotiates alternatives (Myers & Kitsuse, 2000) exposes their political preferences, engages in their role in citizenship, and points to consensus on policy proposals that will lead to deciding what the community should do (McAfee, 2004). In these



processes, Bingham, Nabatchi and O'Leary (2005) include public conversations, participatory budgeting, popular juries, study circles, collaborative policy making, and other forms of deliberation and dialogue among citizen groups.

In this sense, the Policy and Procedures Forums (FPP) are events that allow the manifestation of thinkers, political managers, authorities, entities, professionals linked to the practice and target audience, aimed at the development of Policy and Procedure guidelines, through the presentation of the synthesis of study findings. The views of these agents combined with the research questions produce tangible ideas for action, identify the weaknesses of existing public policies, political obstacles and address innovative solutions to the developed theme (Public Policy Forum, n.d.) thus establishing efficient communication between community and public bodies. The Policy and Procedures Forums intend to: (i) expose the research findings and evaluating them directly before the intended community. Result exhibition sessions are another way of investigating whether participants' experiences and perspectives are being addressed, providing a unique contribution to the study's considerations (Rutman et al., 2002); (ii) strengthen ties between the various actors, those who work in practice with the issue, policy makers and those directly affected by the issue at hand; (iii) facilitate the exchange of knowledge between these groups; (iv) inform and shape research, policies and programmes for direct intervention in the object of the study (Humphreys et al., n.d.).

The qualitative methods adopted in Year 3 were: (i) meetings held between researchers and stakeholders involved in city planning in each case study in order to identify which issues should be considered when creating public policies to promote a city that addresses the needs of elderly people; (ii) Policy and Procedure Forums, which consisted of banner exhibitions presenting public policies to promote age-friendly cities (Figure 4). By placing stickers next to the policies listed, older adults could indicate which were the most and least important for their neighbourhoods; (iii) presentation of public policies considered to be the most important by residents to the local government of each case study city, and submission of a draft law to the Federal Government proposing actions to be taken to make urban areas more qualified for all (Table 2).

Table 2: Number of participants per methods applied on Year 3 of the Project in Brazil (Source: Place Age, 2019).

Methods	Pelotas	Belo Horizonte	Brasília
Meetings held between researchers and stakeholders involved in city planning	25	15	30
Policy and Procedure Forums	65	97	25
Presentation of public policies considered to be the most important by residents to the local government	82	50	25

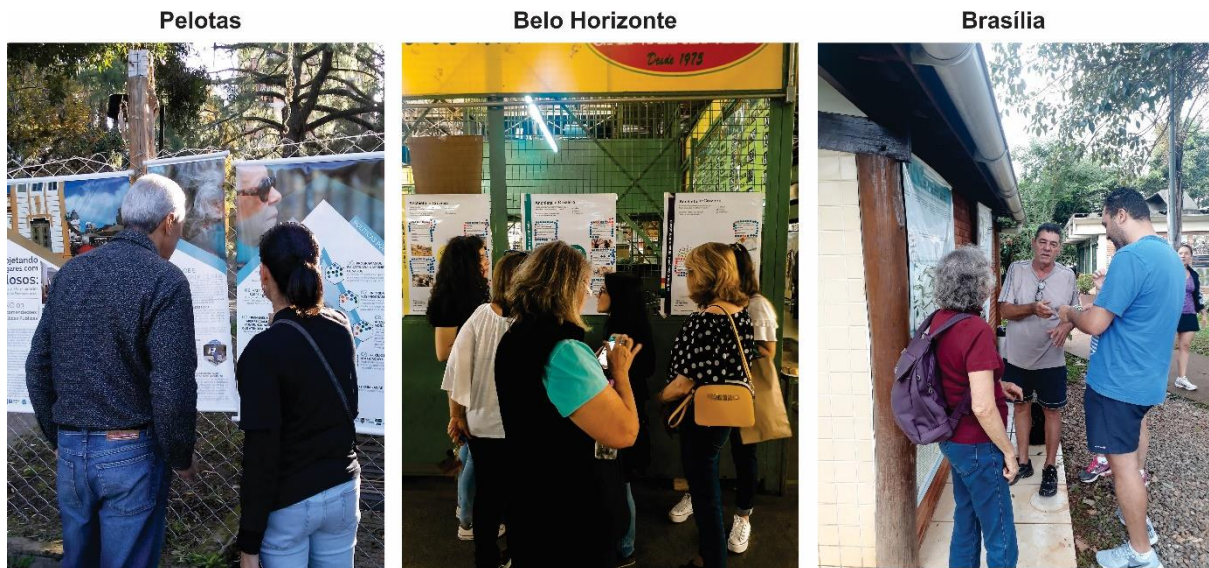
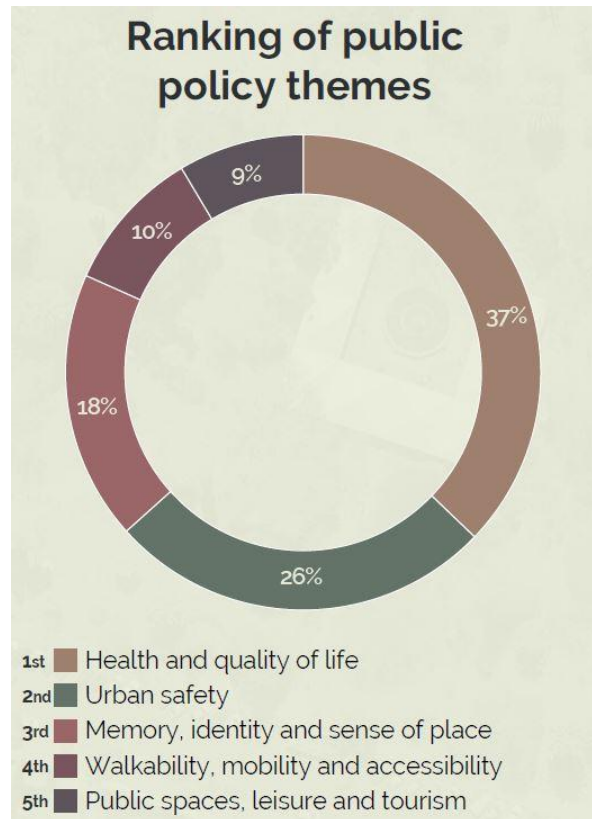


Figure 4: Application of the Policy and Procedures Forums (FPP) in the case studies cities in Brazil (Source: PlaceAge, 2019).

## 5. RESULTS

Five themes have been drawn from the data captured by the Project, based on the research undertaken in the cities of Brasilia in the Federal District, Belo Horizonte in Minas Gerais and Pelotas in Rio Grande do Sul. They are fundamental for designing communities to better integrate the sense of place needs of older adults across different urban and cultural contexts: Health and Quality of Life; Urban Safety; Memory, Identity and Sense of Place; Walkability, Mobility and Accessibility; Public Spaces, Leisure and Tourism (Figure 5).



*Figure 5: Ranking of public policy themes indicated in the Policy and Procedures Forums (FPP) as important to be included in ageing friendly public policies, considering a total of 187 people voting, one person could vote in more than one policy (Source: PlaceAge, 2019).*

In answer to the research question from Year 3 of the Project - How can communities be designed to better integrate the sense of place needs of older adults across different urban and cultural contexts? - the data taken from this research shows that, even though this study took place in cities with different urban characteristics, there was a pattern to the feedback from the residents in every neighbourhood. Even though the residents of wealthier neighbourhoods lived in areas with more urban infrastructure, they still highlighted the same basic needs as essential to make cities age-friendly, as residents in more impoverished neighbourhoods. Precarious access to medical attention, a feeling of insecurity and the lack of walkability in neighbourhoods were common issues for all older people. In addition, the lack of appreciation shown by society and the government towards older adults, in all places that were part of the study, was clearly felt. Unfortunately, it seems that society still only values the culture of youth and older people are often left feeling underappreciated and forgotten.

The sense of place, the feelings that older adults have for the place they live in, their home and their neighbours, is severely affected if the infrastructure necessary to meet their needs is lacking. In the most vulnerable neighbourhoods, the participants feel forgotten by the local government, because they do not have some of the basic supports such as healthcare, medicine, decent public transport, and a minimum income. Even in the middle- and higher-income neighbourhoods, the sense of place is directly affected by the feeling of insecurity of those who are trying to use public spaces, especially at night. This insecurity on the part of these people

creates a barrier, stopping them from taking part in leisure and social activities; many older people stated that they do not go out at night because they do not feel safe.

According to Fernando Lavandenz, an expert in health, nutrition and population from the World Bank, Latin America is not only getting older, but also sicker and poorer. By 2050, the World Bank predicts that necessary spending on older Latin Americans will increase by 35%, which will inevitably be higher as a result of the lack of reform of the health systems in these countries. Taking this scenario into account and knowing that Brazil will have 65 million older people in 2050, one of the fundamental requirements to ensure that older adults have a good quality of life is to prioritise public policies on health and welfare (D'Alama, 2013). According to the director of the Pan-American Health Organization (OPAS - acronym in Portuguese), Carissa F. Etienne, “the problem is not ageing or the older adults, but the loss of 10 years of healthy life because our health and welfare systems are ill prepared” (UN, 2015).

However, it is important to appreciate that public policies in Brazil have improved over the last couple of decades: the establishment of the Older Adult Statute in 2003 gave older citizens rights for the first time. For example, the Statute defines older adults have the right to receive priority attention for services and the right to free bus travel, these were not to be charity. Another big step forward was that pensions should be paid to those who had never contributed to social security. Today, retirement is also for those who have spent their whole life working informally, without an employment record, and just this minor change allows older people to feel respected and valued by their families, friends, and society. In Bolivia, for example, they understand that the more an individual earns, the better they live and so the cost of healthcare for the government is less and poverty reduced, therefore they have a public policy which is a type of family allowance, but for the older adults (D'Alama, 2013).

Considering the differences between older adult's perception when living in the historic city (Pelotas), in the planned city (Belo Horizonte), and in the modernist city (Brasília), we can detach the importance given to green spaces in Brasília, a city developed as a disperse city with very low density. This makes people knowledge more the importance of regenerative environments, which are necessary to keep mental and physical healthy. In Brasília during the application of photo-diaries, for example, most of the photos taken by older adults were about green areas near their homes. In Belo Horizonte it was identified by older adults the lack of walkability in the city and the increasing problems with urban gentrification, which makes older residents do not be able to afford the services available in their neighbourhood. In Pelotas, on the other hand, the main issue was related with the lack of activities and infrastructure to promote active ageing; many participants felt isolate at home and also with fear to go outside due to problems with walkability and robbery.

On the theme of HEALTH AND QUALITY OF LIFE, the best option for the older adults, in terms of reducing medical costs and achieving a better quality of life, is to follow the principle of “ageing in the neighbourhood.” For this, hospital treatment needs to be decentralised to quality healthcare centres and outpatient clinics that can be specifically designed to meet the needs of the neighbourhood. Furthermore, it is important to have public policies that prioritise home care or local care centres whenever possible. The people attending them at these places should be trained to act respectfully and not patronise them. Many older people complained, during the conduct of this Project, about the way they were treated at healthcare centres. Even

people with health insurance said that they preferred, whenever possible, to see a doctor in places close to their homes.

In addition, the daily care of older people with less autonomy, cannot be just left to the family, who are often overwhelmed by the task. It is the women who tend to become the de facto carers for older family members. This system needs to be strongly supported by the government, in order to improve the quality of life of the older population and making them as self-sufficient and independent of their family for as long as possible.

What is more, it is vital that urban planners, government officials and health professionals understand that neighbourhood planning - its buildings, infrastructure, community facilities and parks - directly affect the residents' health. What we can take from the discussions on healthy ageing is that public policies must consider the urban design of their communities, by designing areas suitable for walking, aimed at pedestrians, with squares and parks accessible to everyone.

Following on along similar lines, there was URBAN SAFETY, which is a fundamental part of creating the sense of place. All the older adults taking part in the project commented that it was useless having leisure areas, healthcare centres and good public transport if people were too scared to go out on the streets and access these services. At night, the city is rarely used by the older people, not even in summer, due to the fear of robberies. Therefore, public policies aimed at urban safety in Brazil are vital. Street lighting was a subject that came up in this topic, as older residents felt less secure on poorly lit streets. The situation in Brazil, regarding the needs of the residents in the areas of study, was quite simple: very often, during discussions on sense of place, the conversation would centre on better street lighting for the roads and squares and policing the streets.

Also, during the participatory methods applied in the 2nd and 3rd year of the Project, the older adults in the three cities being studied recommended that an effective way of reducing urban violence would be to develop education and training programmes for the young people that had no activities scheduled or were not at school at all. In the most vulnerable neighbourhoods, many young people spend the afternoon on the streets, while their parents work, and through the influence of gangs and drugs some end up conducting minor assaults, thefts, and vandalism of public properties. Therefore, government public policies must not only be about punishing these young people, but also be about enabling them to become responsible and capable adults with proper employment.

The theme MEMORY, IDENTITY AND SENSE OF PLACE is one that also touches on the subject of society's appreciation of older adults and was mentioned in all the Brazilian cities in the study. It should be noted that it is important to promote activities that demonstrate the value of older people in the community, such as discussions, exhibitions of old photos of the neighbourhood and workshops for residents to actively take part in. These activities should be promoted by local government, because the majority, that already exist, are organised, and often funded by the residents themselves or by church groups. As the residents in all the neighbourhoods being studied told us, while the participatory mapping was being conducted, they were extremely happy to be listened to, because no-one ever asked them anything about their daily lives in the neighbourhood and in the city. Many of the participants were extremely friendly to the Project researchers, who visited them in their houses to conduct interviews and

questionnaires, because they felt appreciated for the first time. It is important to emphasise the plurality of the older adults' contributors, the ideas expressed were not just those of representatives or community leaders. Unfortunately, in Brazil in 2021, there are no public policies that encourage popular participation in the planning process in practice. Every type of popular participation adopted by Brazilian governments from 2003 to 2016 was abandoned.

When considering the theme of WALKABILITY, MOBILITY AND ACCESSIBILITY, it is relevant to note that here too, most of the older adults appreciate that there is a connection between their physical environment and the chronic conditions that they can face in old age. The project results identified various health issues in the people interviewed which had been exacerbated by the design of the neighbourhood, such as inaccessible or uneven pavements that caused falls and other accidents, steep roads that public transport could not service, a lack of public toilets which discouraged older adults from going out on longer journeys and a lack of accessible public spaces, leaving many people isolated in their own homes. This shows that there is a growing awareness of how important it is for urban planning to focus on policies that encourage sustainable communities, as this can lead to an active and healthy lifestyle. The older people of today want to remain physically active and self-sufficient throughout their old age. What is more, many of those interviewed by the Project did not identify with the word 'elderly' (elderly person), because they saw it as pejorative and representative of someone dependent on others and lacking autonomy. In fact, people of 60 years or more are quite able to keep themselves healthy and still be considered young. Many of those interviewed stated that they wanted their neighbourhood to be more suitable for walking with services and facilities interconnected by paths which encouraged activities for pedestrians and cyclists.

Regarding the theme PUBLIC SPACES, LEISURE AND TOURISM, it was observed that in every city and neighbourhood older residents wanted more leisure opportunities; however, for this to be successful, the public spaces had to be safe, well-lit, well-maintained, with good public transport, accessible urban design, and have public toilets. Even now in the wealthiest neighbourhoods, these conditions are never completely met, which shows the weakness of urban planning in Brazilian cities. Older adults did come up with an interesting proposal during the Project activities, which was that the city municipalities could promote walking tours for older people. This is an important type of activity as it promotes social interaction between people, alleviating their isolation and helping to reduce the chances of depression. Unlike the United Kingdom, neighbourhoods in Brazil do not have community centres or public libraries that provide activities for older residents. All the support that an older person need is left to the family; the state does not provide for their well-being or their social interaction. Thus, the few and far-between leisure activities provided in a neighbourhood are provided by church groups. This explains the importance of religion to the older adults in Brazil. When people reach old age, they feel abandoned by the government and turn to the church as one of the few providers of leisure activities, social interaction and even training (e.g., courses on painting, crafts, theatre, and music).

## 6. FURTHER RECOMMENDATIONS

Based on the results presented, quite different to that found in the United Kingdom by this Project, a list of priority public policies has been drawn up that should be adopted in Brazil to make the urban environment less 'hostile' to older adults, meeting their needs and wishes. The

proposals below were developed by more than 1,500 older people who took part in this project from the cities of Brasilia, Belo Horizonte and Pelotas in Brazil and are selected in order of importance. This paper indicated the following top 10 public policies aimed at urban planning for a healthy, active, age-friendly city in Brazil:

1. **HEALTH AND QUALITY OF LIFE:** Offer more options for medical exams, diagnoses, and treatment for older people at the neighbourhood healthcare centres: with particular care in the diagnoses and treatment of illnesses that affect the memory, with psychological support programs for affected older adults and their care takers.

2. **HEALTH AND QUALITY OF LIFE:** Provide training and professional development for those who deal with older adults, particularly at healthcare centres, to avoid cases of disrespect and poor treatment.

3. **WALKABILITY, MOBILITY AND ACCESSIBILITY:** Propose a tax incentive for property owners to maintain pavements: through the adoption of a Building and Land Tax reduction policy for property owners that maintain the pavements in good condition for walkability, preventing the risk of falls in the street.

4. **HEALTH AND QUALITY OF LIFE:** Expansion of public healthcare programmes run by the Municipality and universities for care at home, including home visits by doctors and nurses periodically to low-income older adults.

5. **HEALTH AND QUALITY OF LIFE:** Local government should promote informative meetings about health for older adults in the neighbourhoods, focusing on issues such as healthy diet, safe sex, giving up alcohol and smoking, disease prevention, and incentives for physical activities.

6. **URBAN SAFETY:** Transform empty plots into community vegetable gardens with the support of the Municipality.

7. **PUBLIC SPACES, LEISURE AND TOURISM:** Design and install free public toilets in areas with major flows of people, with the possibility of a public/private partnership with tax incentives for companies that adopt the proposal.

8. **URBAN SAFETY:** The local government should identify the main routes used by older adults in each neighbourhood for a concentrated action to improve public safety and street lighting in these areas.

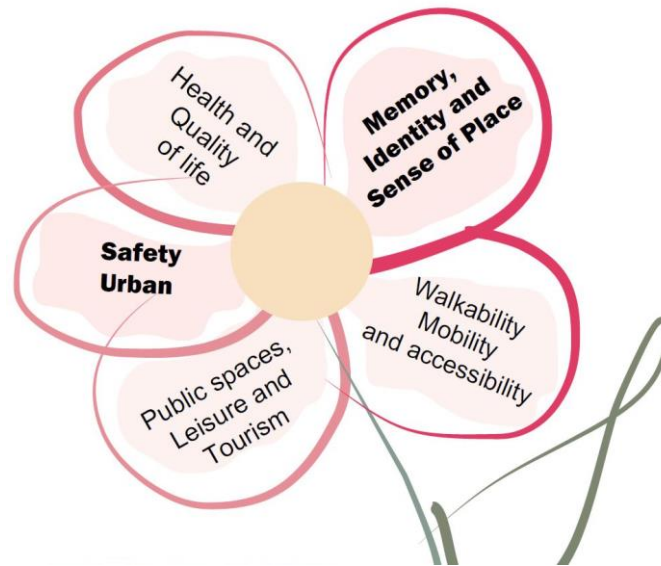
9. **MEMORY, IDENTITY AND SENSE OF PLACE:** (same level of priority as above): Provide incentives for the memories and histories in the neighbourhoods held by the older residents to be transmitted to younger generations: through discussions about the recollections of older residents with regards to the city and neighbourhoods. This type of action should be promoted by the local government and the universities.

10. **URBAN SAFETY:** The local government should identify the main routes used by older adults in each neighbourhood for a concentrated action to improve public safety and street lighting in these areas.

11. MEMORY, IDENTITY AND SENSE OF PLACE: (same level of priority as above): Provide incentives for the memories and histories in the neighbourhoods held by the older residents to be transmitted to younger generations: through discussions about the recollections of older residents with regards to the city and neighbourhoods. This type of action should be promoted by the local government and the universities.

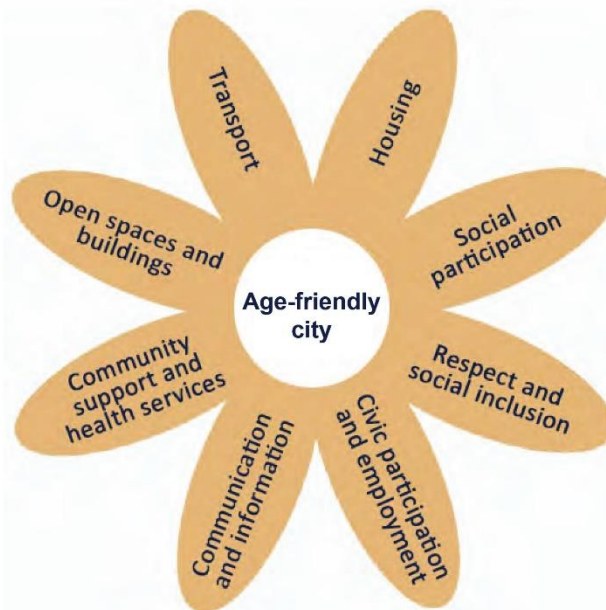
## 7. CONCLUSION

In conclusion, the results of the Project ‘Place-Making with Older Adults: Towards Age-Friendly Communities’ indicate that, the ‘petals’ which, for Brazil, together provide the means to create an age-friendly city are as shown in Figure 6. If we compare these with the themes defined in the study by the World Health Organisation (2007, Figure 7), we can see that the Project has identified two new themes: Public Safety and Memory, Identity and Sense of Place, which reflect the situation in a country with significant social inequality and urban areas that have poor or a complete lack of the infrastructure that can support the healthy and active ageing of the population. It is hoped that all the results of the Project can contribute to new discussions on how to make cities suitable for the global ageing process.



*Figure 6: The results of the Project ‘Place-Making with Older Adults: Towards Age-Friendly Communities’ indicate the ‘petals’ which, for Brazil, provide the means to create an age-friendly city (Source: PlaceAge, 2019).*





*Figure 7: Themes defined by the World Health Organisation for Age Friendly Cities (Source: World Health Organisation, 2007).*

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