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EPISTEMOLOGY AND METHODOLOGY OF PARTICIPATORY RESEARCH WITH OLDER ADULTS

A comparison of four age-friendly city
national experiences

*Myriam Leleu, Mario Paris, Hugo Bertillot, Suzanne Garon,
Robert Grabczan, Olivier Masson, Thibault Moulaert
and Damien Vanneste*

Introduction

The ageing of population has been a major socio-political concern in many countries for almost 30 years. The speed at which societies are ageing is a central issue for the sustainability of public policies. At the dawn of the 21st century, public policies advocate greater inclusion of older adults in social and political life. This is evidenced by an increasing call for older adults' participation in the development of policies and projects where they can feel engaged and recognized by society as a whole. The best example of this is undoubtedly the Age-friendly Cities and Communities (AFCC) projects promoted by the World Health Organization (WHO). Concerned by the rapid growth of the global ageing population, WHO developed in 2005 the concept of age friendly cities age-friendly cities. This initiative essentially aimed to mobilize different stakeholders related to local government's policies on the important trend of their ageing demographics. Cities, with overgrowing urbanization, are the core for bringing local solutions. Therefore, the WHO launched a guide in 2007, which was based on research work carried out in 33 cities around the world. Sherbrooke (Canada) and Geneva (Switzerland) were the only two French-speaking cities of that group. Since then, AFCC projects have multiplied in the French-speaking countries.

The aim of this chapter is to present a comparative approach on participatory methods within four AFCC case studies from different French-speaking contexts.¹ First, the Université de Sherbrooke in Quebec (Canada) is interested in observing older adults' participation

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within the management of cities and the older adults' organizations involved in AFCC. Second, the Université catholique de Lille (France) leads a research that consists in supporting older adults of a rural territory to analyze by themselves the different dimensions of their own participatory practices, in order to reinforce collective reflexivity and inclusive process. Third, at the Université de Moncton, in New Brunswick (Canada), participatory research seeks to help a French minority community implement an AFCC's action on community housing for older adults and, in doing so, highlights the challenges of rallying social actors and older adults in a knowledge mobilization process. Fourth, the Université catholique de Louvain in Belgium, through the Age-friendly Wallonia project, challenges the development of a collective conscience and the potential for social change through the empowerment of older adults. Then, a researcher from the Université Grenoble Alpes (France) examines the relationships between these AFCC experiences to highlight common challenges and opportunities through such a rare international comparison.

The comparison of these four case studies presents an opportunity to highlight the challenges, effects, strengths, and limits of participatory methods for older adults. The following issues will be addressed. How do AFCC's methods contribute to older adults' citizenship? How does the programme promote participatory democracy at local and regional levels? Are they paths of social innovation?

AFCC background

What is commonly referred to as “Age-friendly Cities and Communities” (AFCC) is a common narrative from a myriad of projects that are federated by WHO. The WHO definition of AFCC is the most recognized in the literature:

An age-friendly city encourages ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities.

(WHO, 2007a, p. 1)

One fact about AFCC is its rapid development since the programme was launched by WHO in 2007. AFCC has come a long way in a short period: publication of the policy framework on active ageing at the Second World Assembly on Ageing in Madrid (WHO, 2002); first sketches of the AFCC programme in 2005 at the 18th World Congress of Gerontology and Geriatrics in Rio de Janeiro (Plouffe and Kalache, 2010); publication of the “Global Age-friendly Cities: a Guide” (WHO, 2007a); establishment of the WHO Global Network for Age-friendly Cities and Communities (AFCC) in 2010 (WHO, 2018); publication of a new “World report on ageing and health” (WHO, 2015) which peculiarity is to have replaced “active ageing” by “healthy ageing”, an orientation supported by the UN “Decade of Healthy Ageing, 2020–2030” whose second objective is developing communities in ways that foster the abilities of older people.

From the beginning, WHO's goal was to identify characteristics of social and built environments that support older adults in their pursuit of active and healthy ageing. The first step was to put in place a team of experts from different fields in order to draft the methodological guidelines that would be included in the research protocol submitted to the first participating cities in the AFCC initiative. This protocol, finalized in Vancouver in March 2006, is better known as the “Vancouver Protocol” (WHO, 2007b). In doing so, WHO

ensured that the data collected from various sites around the world could be compared. Between March 2006 and October 2007, WHO coordinated a consultation with 33 cities in 22 countries covering most regions of the world. The results supported the publication of the “Global Age-friendly Cities: a Guide” (WHO, 2007a) and a “Checklist of Essential Features of Age-Friendly Cities” (WHO, 2007c) which defines the basic features of an age-friendly city or community in eight domains considered as social determinants of healthy ageing: housing, social participation, respect, and social inclusion, civic participation and employment, communication and information, community support and health services, outdoor spaces and buildings, and transportation.

With these publications, WHO sought to lay the groundwork for a programme to help cities and communities assess how open they are to older adults and how more inclusive they can be in terms of built and social environments (WHO, 2007a). However, the AFCC programme methodology was still in need of reflection and development, as the guide did not offer guidance on how to achieve an age-friendly city, nor offered sufficient awareness of public policies addressing ageing or even the eight suggested domains.

In 2010, in response to the growing popularity of AFCC, WHO established the Global Network for Age-friendly Cities and Communities (Beard and Montawi, 2015). It was through this network that the AFCC method took shape, including through the work of local and regional projects such as those in Quebec, Canada (Garon et al., 2021). Today, this network plays a coordinating role for AFCC projects by disseminating good practices and proposing guidelines for participating cities.

To this day (July, 2023), the WHO Global Network for AFCC includes 1,445 cities and communities, covering over 300 million people worldwide.² It appears, however, that few projects have completed all AFCC’s steps. Indeed, the WHO estimated in 2018 that only 31% of projects had completed an action plan (WHO, 2018). These 1,333 cities and communities are located in 51 countries, but the distribution is very unequal geographically. There is a strong north-south cleavage in the number of AFCC projects: Global North countries are overrepresented, while African countries are completely absent from the WHO programme, as mentioned in the first international comparative work on AFCC (Moulaert and Garon, 2016, p. IX).

Four participatory experiences within AFCC

Age-friendly Quebec, Canada

Context

The age-friendly city movement has rapidly developed since the launch of the WHO guidelines in 2007, and this is particularly true for Quebec, a French-speaking province of Canada. There are many reasons for that. First, Quebec is one of the fastest-ageing societies in the world. Second, the same research team (Université de Sherbrooke/Research Center on Ageing) that had worked with the WHO in 2007 received the mandate from the government of Quebec to develop a programme, which started in 2008 with seven pilot projects and counts now more than one thousand cities in 2021. This programme is rooted in a community building approach that fosters a participative methodology. As a consequence, all the stakeholders have a role to play in the process and special attention is paid to the involvement of seniors’ organizations. It goes by the motto: “With and by us”. One of the

main reasons why the AFCC programme is so popular in Quebec is because of the strength and the large scoop of organizations working for the older adult's rights. There are 17 administrative areas in the province and for each of them, there's a round table of associations dealing with seniors' issues. Moreover, the second larger seniors' association in North America, after the AARP in the United States, is the FADOQ in Quebec with a membership of 5,00,000 people. These are the people who are involved in the AFCC process mainly as stakeholders in the different steps of the programme.

Quebec's AFCC model is recognized around the world, and by WHO, to be at the origin of the four methodological steps that ensure the participation of older adults during the entire process. These steps, with some variations, are also found in each of the cases studied in this chapter.

The participation of older people: steering committee

The steering committee is a central component of the age-friendly cities process because it is where collaborative governance has a chance to occur. The composition of a multi-sectoral steering committee in the municipalities enhances a concerted mobilization of the actors from different perspectives. The presence of individuals from older adults' organizations, the health and social services sector, the municipal administration, and an elected municipal official is heavily solicited by the Seniors' Secretariat. The role of this committee consists of following and facilitating each of the three steps of data collection, collaborating in the implementation of the actions, circulating information, as well as participating in mobilizing the actors and decision-makers of the community.

The planning of the age-friendly cities process: social diagnosis

A social diagnosis is essential to the success of all subsequent steps of the age-friendly cities process. This specific step facilitates the emergence of a vision shared by all actors regarding the living conditions of the older adults in their community. In the Quebec experience, three sources of data gathering ensure the rigour of this social diagnosis.

The socio-demographic portrait of the milieu. This data collection is based on population statistics, available to the public, among others with the help of specialized organizations, public and municipal services, or through the Internet. It includes the proportion of persons aged 65 or older, the evolution of ageing, the social, ethnic, and economic characteristics of different areas (boroughs) of the municipality. Its pertinence exceeds that of a simple technical operation as it may raise awareness among the members of the steering committee and the municipal administration as to the scale of the challenge they have before them.

The consultation on the needs of older adults. The goal of this process is to arrive at a good understanding of the perspectives which older adults have of their needs, and at the same time the solutions which they themselves propose so that they can better live and evolve in their community (be it urban or rural), according to the eight domains identified by the WHO (2007a). To do this, various means are available for municipalities, but the Seniors' Secretariat strongly encourages the use of discussion groups or of a community forum. The Vancouver Protocol is a very useful tool to start with.

The services grid. This information gathering is necessary to measure the services actually offered in a given milieu and their geographic accessibility. Combined with information collected from the discussion groups, the grid makes it possible to gauge the degree of

knowledge about the services offered to older adults. This perception of the availability of services is as important as the actual services offered, as many services are not well known by older adults.

Working together: action plan

After it has appropriated the portrait of its milieu and the needs expressed by the older adults of the community, the steering committee constructs its vision of the entire situation, elaborates ideas for intervention, and shares its preoccupations with the group. Starting with the evidence of the situation in their community as well as their knowledge of the local culture, the practices, and the conditions, they must set priorities among the projects destined to improve the living conditions for older adults. From this, they choose scenarios envisaged for the duration of the age-friendly cities project. This process is carried out within the group and allows its members to arrive at a common vision, even at times a strategic vision, which takes local exigencies into consideration.

Moreover, the process of elaborating the action plan serves to reinforce the capabilities of the group which profits from this exercise to share their values and to better recognize the complementary expertise of its members.

Implementation

The final step consists of planning and organizing the resources necessary to implement the actions and to carry out a follow-up. The implementation must produce the results anticipated by the action plan and contribute to reaching the objectives set by the steering committee. It is important to mention that the financing offered by the Quebec government to municipalities participating in the age-friendly cities programme contributes only to the elaboration of the action plan and not to the financing of projects. This fact explains why such important infrastructure regarding housing or transportation is not enough implemented to meet the needs expressed in the social diagnostic. It's an important limitation of the AFCC approach as it is executed in Quebec. If the programme brings awareness on the challenges of ageing in a community, its limitations also help to open the eyes of the different stakeholders of the restrained tools that local instances have in their hands.

Regarding the participation of older adults in this implementation, a survey of close to 900 municipalities in 2015–2016 showed that 49% of the actions presented in the action plan were going to be done by partners outside of the city's services. It must be emphasized that 78% of those 49% were actions that were going to be done by older adults' organizations. These organizations take very seriously their motto: "With and by us"!

Challenges

Finally, if the AFCC programme in Quebec can claim a real success for improving the awareness of the living conditions of the older adults in the community where the programme was implemented and has brought some solutions, there's still a lot to be done. Moreover, one of its most significant limitations is regarding the most vulnerable older adults. The ones who cannot participate in any of the previous steps mentioned because of their fragility. This group of older adults has no voice, no public recognition, and almost no rights. Among them were the ones who died by thousands in the first wave of Covid-19 in

the spring of 2020. They were living in long-term care facilities where municipalities have no jurisdiction because these facilities are under the provincial government's responsibility (Ministry of Health and Social Services).

Age-friendly Mormal Community, France

Context

In 2016, an AFCC project was initiated by Pays de Mormal across its territory. It is an original initiative since AFCCs generally develop over a municipal territory in France. Besides, Pays de Mormal is a “*communauté de communes*”, i.e. a political and administrative institution built up by a set of local governments. The “*Pays de Mormal Communauté de Communes*” (CCPM) was created in 2014 and gathers 53 communes. It is located in the North of France, in a rural territory and near a strongly urbanized area including such cities as Valenciennes or Maubeuge. Around 48,850 inhabitants, 23% of whom are aged over 60, live in this 469 km² large area.

Between 2015 and 2017, various actors played a major part in the launching of this approach: the CCPM's Vice-President, pension funds' representatives, various local partners, and more. Among these actors, people defining themselves as “seniors” (n=5) had already been involved at the time of the development of the AFCC process and of the organization of focus groups whose task was to elaborate a participative territorial diagnosis. These focus groups gather other seniors of the territory (n=141), caregivers (n=7) as well as municipal councillors, private partners, and people concerned by ageing challenges.

On the basis of the initial diagnosis, the mobilization of the various partners into this approach, here called “*Communauté Amie des Aînés*” (CADA), or Age-friendly Community, was formalized in 2017 when a “commitment chart”³ was signed, mainly by institutional partners; a year later, it was also signed by various associations, many of which include seniors. Therefore, the seniors involved in CADA did not sign it as individuals or as members of the Seniors Assembly. At the same time, the 2017–2019 action plan was organized around seven themes, close to those which were developed by WHO. A working group was set up for each theme. Besides, there were cross-disciplinary governance bodies for each working group.

Seniors' participation examples

In the beginning, the CCPM's Vice-president and the seniors endeavoured to give their AFCC's project a participative character, being thought of as developed not only “for” but also “with” the seniors. Indeed, since 2017, the seniors' participation has adopted various forms within this AFCC's project. First, three seniors who had been strongly involved since the beginning were seen as referring actors by local elected representatives, partners, and the other seniors. They are the seniors' representatives in the governance instances of the AFCC process, which also include CCPM's political and administrative representatives, major partners (mainly financial), and local elected representatives who are the thematic work groups' referring members. Other seniors also participate in these work groups, together with a referring local elected representative (often a mayor), partners, and thematic experts. Second, seniors hold assemblies, meeting two to three times a year. This “Seniors Assembly” includes about 150 members today and constitutes a place to give and share

information concerning the actions implemented by the AFCC's project. Third, in order to link the intercommunal and the communal fields together, the seniors have also organized themselves into a group of "relay-people" whose mission is both to diffuse information about the process on a local level with a top-down reasoning and to mobilize the territory's seniors on the challenges they are concerned with, with a bottom-up reasoning. Fourth, more directly targeted actions are regularly promoted thanks to a participative approach. Finally, the seniors contributed in several ways to the transitional time spent for the preparation of the second cycle of the CADA 2022–2025 process, by participating either in the preparation or the organization of survey approaches, or by playing a "respondent" role.

Intervention research on participation

Between 2019 and 2021, sociological intervention research was conducted, focused on the social and civic participation of seniors across the Pays de Mormal territory. The heart of this research process was the organization of group analysis days (Van Campenhoudt et al., 2005) with 15 seniors involved in the AFCC's process in various capacities and at various levels (Bertillot and Vanneste, 2022). These days offered a reflexive and collective scope of participation experiences. The aim was to study participation practices and to question their concerns, potentialities, and limits. These analyzes were cross-referenced with semi-directive individual interviews held with various seniors (n=15) that were little or not involved in the AFCC's process. The whole work performed was submitted to a discussion during two co-construction days gathering seniors, elected municipal representatives, administrative staff, and partners. In a more cross-disciplinary way, the three referring seniors were eventually associated with the definition of the research objectives, were members of the research steering committee, and were regularly consulted to embark upon the work consisting in disseminating the research conclusions among the seniors. This intervention research is participative in nature but is different from the contributions provided by research teams to the participative diagnosis or the co-research processes on detailed themes. Here, in a perspective that is close to Touraine's sociology (1981), this mainly consists in suggesting a support and a reflexive work on the participation itself, together with the people actually practicing and testing it, i.e. experiencing it. In this way, this approach also echoes Dewey's political philosophy (1927), which sees democracy as anchored in concrete experiences and in the mediation work performed between them.

Principal issues

Among the cross-disciplinary issues brought out by the intervention research, two of them concerning the seniors' place in the AFCC's process can be highlighted.

The first issue is how to deepen the territorial anchoring of the seniors' participation. If the AFCC's process stands out by the large diversity of participation formats which helps anchor it into a plurality of practices and open it to a diversity of profiles, one of the issues for its actors remains the reinforcement of its anchoring by developing a stronger connection with the territory's participative fabric. Indeed, the approach is still little-known to numbers of actors who contribute to various forms of participation: local councillors, care professionals, and dynamics initiated by the volunteer sector. AFCC is sometimes even seen as a competing approach or redundant with existing institutional or voluntary activities. Beyond the seniors participating strongly in one or several of these dynamics, AFCC's

actors, while more easily mobilized, also find it difficult to become acquainted with the seniors, who are the most distant from any social participation.

The second issue is how to connect representative legitimacy and participative legitimacy. Indeed, the AFCC's legitimacy relies on the strongly interdependent relation linking an intercommunal institution (that ensures the political, logistical, and communicational support) and a collective of seniors busy structuring itself (who participate in the setting up of diagnosis and the implementation of actions to adapt the territory to ageing conditions). This governance joins two democratic legitimacy domains which combine their strengths and weaknesses. On the one hand, the "*Communauté de Communes*", as an institution, is granted with a "legal" legitimacy, related to the elective processes of representative democracy. However, the territory's seniors do not all consider as obvious the importance of this intercommunal institution ruled by elected representatives whom they do not elect by direct universal suffrage, nor do they even see the relevance of such a large area across which it extends its action. On the other hand, the legitimacy of the seniors participating in AFCC is less formalized. It belongs more to the participation field and the voluntary charism resulting from the action, driven by the most strongly involved among them. In the absence of any elective or designation process, this "*de facto*" legitimacy brings out the still unsolved question of the way the territory's seniors consider the representativity of the collective.

One may consider that the more seniors participate in AFCC, the more this could lead to questioning or critical proposals regarding public policies currently in place. Isn't it the peculiarity of a process that promotes democratic experimentalism to provide itself with internal mechanisms enabling it to work on disagreements and clarify issues?

Age-friendly Cocagne, Canada

Context

This case study is situated in New Brunswick, a bilingual province located on the East Coast of Canada. In 2017, New Brunswick had a population of 747,101 people, of which two-thirds speak English and one-third speak French. The population is dispersed on a predominantly rural territory, with only nine cities of more than 15,000 residents representing 41.6% of the population living in urban areas. New Brunswick is the Canadian province with the highest proportion of older adults (19.9%). Also, in 2017, the ageing population in the province was more accentuated among French-speaking people (21.6%) than English-speaking people (18.3%). New Brunswick developed an AFCC programme for both official language communities. To this day, there are 33 AFCC projects in the province, of which more than half are in French-speaking communities.

One of them is AFCC Cocagne, a small rural locality of 2,649 inhabitants where 81.9% of the population speaks French and 24.7% are aged 65 and over. A steering committee composed of senior citizens and local representatives (including the mayor and the general manager) started an AFCC project in 2016 with broad consultation of its population. The consultation was a door-to-door survey of more than 700 people aged 55 and over. The results of this consultation offer rich data to develop the AFCC action plan. Among the AFCC domains, housing stood out, with four main findings: 708 respondents (87%) lived at home; almost half (46%) intended to move into rental accommodation if they had to leave their home; almost all respondents (96%) wished to age in Cocagne; and slightly less than half (43%) had an annual income under \$25,000. With that in mind, the steering

committee developed a specific action on housing: “Ensure that rental accommodations are built and benefit older adults, for all types of income”.

But even with their data from the consultation, with their consensus on the action plan, the steering committee members faced huge challenges during the implementation step. Indeed, the work of the AFCC in Quebec shows (Garon et al., 2021) that housing domain is difficult to develop and implement for local governments.

Participatory research on housing

In 2017, a participatory research project was developed in collaboration with the AFCC Cocagne project with two objectives: to further study the housing needs of older adults living in the community and to offer alternative ideas on housing models. The methodology not only aimed scientific purposes but also concrete data to support the steering committee members in achieving their AFCC action plan.

For the first objective, four focus groups were set up with 34 participants from four specific age groups: people aged 60 to 70; women aged 70 and over; men aged 70 and over; couples aged 60 and over. The data collection and analysis were carried out based on three main housing themes (built, social and organizational frameworks) taken from previous studies on community housing for older adults (CdRV and CAMF, 2016; Masson and Vanneste, 2015). In addition, a “world café” was organized to allow older citizens to take part in a public conversation, in order to establish a global vision on older adults housing in Cocagne. This forum assembled 48 participants for three hours around the three same themes used during the focus groups. All discussions among participants were animated by students in social work and took place around flip charts, illustrations, and coloured pencils to help imagine the “dream” housing project for older adults.

For the second objective, a review of innovative housing projects for seniors was carried out, based on the various findings of the focus groups and the “world café”. Out of a total of 61 innovative housing projects identified, six were documented and described to steering committee members so that they have concrete examples to implement in their community. In addition, following the results of this participatory research and the state of knowledge on housing for older adults, a series of recommendations were formulated in a community report.

Moving beyond research

Participatory research has many names: action research, collaborative research, partnership research, and community-based participatory research (Israel, Schulz, and Parker, 2012). Through various epistemologies and methodologies, participatory research projects pursue some specific goals, such as the deconstruction of the traditional relationship between experts and laymen. Often, those projects aim towards a co-construction of knowledge with the social actors who are concerned with the balance of scientific power. It is easy to find participatory research in AFCC scientific literature. Buffel (2019), following a co-research approach embedded in Manchester’s AFCC, has found a range of advantages associated with this approach in terms of recruitment of participants, quality of data, and personal benefits.

The experience with the AFCC Cocagne has brought an ethical issue regarding the commitment to the community. Indeed, should participatory research stop after the general cycle of research funding and, it must be said, academic recognition (e.g. published articles,

conferences, etc.)? The answer is rather negative. In order to implement housing for older adults, or, in other words, a social change, it was necessary to take ethical responsibility and change one's relationship with the community. On the one hand, a participatory research project should not be limited to a university timeframe but needs to encompass a community time span. In Cocagne, the researcher's commitment therefore did not stop with the publication of the last research report. The researcher decided to get involved in a non-profit housing organization and became a member of its board of directors in 2019. Today, the planning stage for developing housing for older adults continues and its construction is becoming more and more real for the community's social actors. On the other hand, such kind of commitment provides academic legitimacy to the community approach. But it leads to reflecting on the status of the researcher, who becomes increasingly "native" to the community.

It is often recognized in participatory research that the process is as important as the results. The length of this process might also be lived according to the point of view of social actors and not only from a research standpoint.

Age-friendly Wallonia, Belgium

Context

The Age-friendly Wallonia programme, i.e. "*Wallonie Amie des Aînés*" (WADA), was coordinated by the Université catholique de Louvain (Faculty of Architecture, Architectural Engineering, Urban Planning) and the AVIQ (Agency for Quality of Life), with the financial support of the Walloon regional government from 2016 to 2020. AVIQ is responsible for the implementation of major policies in the following three areas: welfare and health, disability, and family.

WADA was participatory action research conducted "by, for and with older adults", with the general aim of supporting healthy ageing. The practical objective was to produce a Walloon age-friendly guide (Leleu and Masson, to be published) in co-construction with older adults. Beyond this objective, this action research was a breeding ground for observations of ageing conditions at different levels: local policies, social and spatial environments, citizen participation, social inclusion, etc.

This research programme involved professional agents, elected officials, volunteers, and seniors from six pilot municipalities situated in Wallonia and chosen for their diversity. A group of ten municipalities attached to a Local Action Group in a rural area joined the project later, in 2018, which allowed for observations of the work and reactions of a community of municipalities and its older adults.

The participation of seniors formulating their aspirations for healthy ageing was observed over four years, thus nearing the five years of an age-friendly city process recommended by WHO (2007a). This process took place in six steps and was based on the eight WHO domains adjusted during the research process to the Walloon context (Masson, Leleu, and Grabczan, 2022). The older adults' aspirations were collected through qualitative interviews realized by older adults themselves with older adults, focus groups, and walking assessments; and all the results were analyzed by and with the older adults. A particular focus was made on the empowerment and self-determination which could result from this AFCC's action, allowing older adults to distance themselves from a disqualifying status generated by a society which tends to see older adults as frail beings rather than politically powerful ones.

Age-friendly Wallonia concerns today more than 60 municipalities, among the 262 municipalities of the Walloon Region.⁴ There are important variations in the way the age-friendly process is implemented relative to the coordinators, the profiles of the people involved, the local contexts, etc.

If the perspective of an Age-friendly Wallonia has been opened up, there are still questions about the effectiveness of the participatory mechanisms, the collective awareness developed by seniors invited to participate in a programme which is dedicated to them which they didn't initiate, and the posture of the researcher confronted to the limits of a participatory approach with its uncertainties and the limits of a scientific treatment of data collected by older adults who declare themselves not being researchers.

Steering committees and referent tandems

The six pilot municipalities have set up a steering committee including a majority of senior citizens (ideally), social workers, healthcare workers, volunteers, representatives of associations, administrative agents, and local elected officials, i.e. 10 to 15 people by municipality. The participation evolved according to the tasks, the workload and time required for these tasks, the local support, and the frailty of the older adults who had to retire for health reasons, their own or that of a relative.

Each steering committee was supported by a local facilitator, usually a worker from social support services or from the municipality administration. The six pilot municipalities have also set up a referent tandem, composed of the local facilitator and an older adults' representative. The community of municipalities worked with a referent tandem for each of the ten municipalities and a supra-local steering committee led by a project manager supported by the Local Action Group.

It's important to emphasize the place given to the older adults through the referent tandem including necessarily one senior, as a condition for the implementation of the local WADA process. If a Communal Advisory Council of Seniors⁵ exists at the local level, at least one older adult from this Council participates in the steering committee.

Actors' commitment to the WADA process

The local dynamic is based on the relationship between the individuals and the group. At the crossroads of the intensity of the commitment and the cohesion of the group, roles can be distinguished for the individuals. This dynamic is also undoubtedly marked by the role of the researcher.

The following typology reveals the attitudes of seniors, administrative agents or workers, and elected officials towards the participatory research and its objectives. It draws its inspiration from a previous work conducted by Moulaert and Houlioux (2016) on the potential of age-friendly cities in Wallonia and source of inspiration for WADA.

- Senior:
 - Committed, creative: developing effective mobilization for social change;
 - Stakeholder, supporter: reinforcing ideas of a movement to which they subscribe;
 - Customer, passive: waiting for services as an institutionalized figure of beneficiary;

Table 31.1 Older adults' commitment levels related to steering committee degrees of cohesion

<i>Cohesion steering committees</i>	<i>Strong</i>	<i>Weak</i>
Commitment older adults		
<i>Strong, regular</i>	Builders	Activators
<i>Moderate, episodic</i>	Executors	Supporters
<i>Low, distant</i>	Customers	Attendees

- Administrative agent, worker:
 - Developer, active: implementing a project seen as a social innovation;
 - Executor, submitted: sustaining a project according to a mandate not chosen, depending on the will of the hierarchy;
 - Obstructer, passive: serving other interests, slowing down the project;
- Elected official, politician:
 - Initiator, supporter: seizing an opportunity to meet the challenge of ageing;
 - User, instrumentalizer: utilizing a project to serve political interests;
 - Distant, sceptical: being not concerned.

Some change their position along the way: from wait-and-see and sceptics or even obstructers, they become stakeholders or defenders of the project, or they give up. Here is supra a proposal for formalization of older adults' levels of commitment as related to the steering committees' degrees of cohesion, which reveals different profiles of actors (Table 31.1).

The Empowerment of People and Communities (Le Bossé, 2012) suggests a meeting between people being supported and people providing support, allowing for a shared expertise. WADA puts the researcher in a peculiar posture, being a “researcher-accompanier” (Bourassa et al., 2017). “Accompanying” is therefore fundamental as it is more about “guiding, walking with” than “directing or deciding for”. Wouldn't this posture, which aims to accompany a process of change carried out by local actors, be specific to a participatory action research that recognizes the expertise of older adults?

Being at the same time a facilitator, a mediator, a coach, a guide, and a researcher reveals however a complex posture. These roles are shaped by the level of commitment of the researcher, walking with the steering committees, experiencing emotions, and subjectifying the research by his involvement while objectifying his subjectivity in a constant dialectic movement between commitment and distance, in a kind of “pragmatic epistemology” (Le Moigne and Morin, 2007).

Lessons on participatory approaches

Considering the scarcity of international comparisons on AFCC (Buffel, Handler, and Phillipson, 2018; Moulaert and Garon, 2015; Rémillard, Buffel, and Phillipson, 2017; Woolrych et al., 2021), this comparison of four French-speaking contexts offers an interesting insight on participatory approaches in the AFCC context. It is possible to identify three main lessons from these case studies.

Firstly, while WHO strongly considers AFCC projects as intersectional between elected politicians, administration staff, and older adults' representatives, such projects may not

properly function without a fourth partner, which is the researcher (Moulaert and Garon, 2015). However, the challenge for the researcher is inherent to the AFCC: what is the role of the researcher and how far should he go to support the AFCC process? These questions were raised in the Vancouver Protocol, where a clear answer was given: the research brings only methodological knowledge to consult older adults (construction of a sample of older adults, focus groups conduction, data analysis) and support “solutions” (see the above-mentioned “*Checklist of Essential Features of Age-Friendly Cities*”). Through the four exposed cases, it can be clearly seen that the researcher, whatever the process he takes part in (action research, collaborative research, partnership research, community-based participatory research, or intervention research), is more than a “technical” or “consultant” expert. All researchers raise broader considerations when embarking on such experimentation: about their role at the level of society and the positions of the frailer older adults let in the margins of the AFCC processes, as in the Quebec case; about the contradictory positions and the legitimacy of involved “experts” seniors and the less visible or less concerned ones, as in the Mormal case; about the boundaries of the research facing a concrete action emerging from experimentation, as in the Cocagne case; about the empowerment of older adults generated through such a research process, as in the Wallonia case. Furthermore, all researchers in this chapter face common challenges: When do they have to end their intervention? Should they stop when the funding of their participative research programme stops? How clear are they about the final outcomes with the participants of the project they follow or create? What’s their position towards the data collected? How do such researchers deal with public policies on ageing?

Secondly, another challenge is the participative methodology in AFCC: it seems that it is not only limited to a research agenda. Indeed, it is also driven by a political agenda. Such an assertion is based on previous research on AFCC (Moulaert and Garon, 2015). Referring to Michael Burawoy’s division of sociological work (professional, critical, policy, and public sociology), a “public sociology” position can be suggested for the AFCC’s researchers, that is “a dialogic relation between a social researcher and the public in which the agenda of each is brought to the table, in which each adjusts to the other” (Burawoy, 2005, p. 9). The Mormal case probably illustrates a more balanced situation, with researchers evolving between “public” and “professional” sociologists. By mobilizing well-recognized sociological methodology, this case not only brings a broader view on participative methodologies by recalling some of their historical sources of inspiration, but it also considers that political sociology can learn something from studying the AFCC project. How can such a participative democratic example interact with and adapt to legislative democracy? One of the answers to such a question probably lies in the role played by some mayors or elected officials, often present in the different “local action groups” which exist in the Mormal case. Mayors or elected officials, when they are simultaneously older adults and municipal officials, can play the role of “intermediaries of active ageing”, i.e. people or professionals who cross boundaries (of services, communities, levels of public actions, etc.) to link new visions of ageing such as “active or healthy ageing” and “experiences of ageing”. All four cases of AFCC experimentations are, in themselves, such laboratories of such mediations. By so doing, these intermediaries question the development of older adults’ citizenship, as announced in the initial research questions of this chapter.

Thirdly, the concept of participation is ambiguous and hides the diversity of participatory experiences in different contexts for older adults. AFCC largely relies on volunteer participation, and sometimes civic participation, in its programme model. In all four case

studies, the steering committee and the diagnostic step were the most recognized spaces for participation by the stakeholders. However, participation of older adults should not just be limited to these two categories. Indeed, it is generally widespread to find social participation rooted in the leisure responsibilities of the community. In fact, this other category of participation covers the social life of older adults, but also civic life, in the sense that they benefit from public infrastructure and services. Also, AFCC doesn't seem to cover the participation of older adults in their family life, i.e. family and intergenerational ties. There is another participation category that can be important in the coming years: with the disinformation that abounds in social media, more and more democratic systems are noticing the risk of weakening public institutions in the long term. AFCC projects can constitute an opportunity to "live" democratic participation within the boundary of cities and communities.

Conclusion

The four case studies from different French-speaking settings have demonstrated that participatory approach is at the centre of AFCC. The Quebec and WADA cases have particularly shown how the participation of older adults can be integrated throughout the AFCC project: on the steering committee, with their participation as members, but also with the commitment of seniors' organization representatives; at the diagnosis step, when older adults are consulted by various means to find out their needs and expectations in terms of built and social environments; at the action plan step, where participation generally takes place within specific activities related to AFCC domains and, sometimes, in the way of implementing these activities where their involvement can be central to the success of the AFCC approach.

That being said, this AFCC programme model, as deployed in different French-speaking contexts, is at first theoretical. Like the AFCC cases described in this chapter, several studies have shown the challenges of translating the model into the reality of local communities (Buffel, Handler, and Phillipson, 2018). The position of the researcher is not the least question here, as he is at the same time the producer of a process, a scientific observer of it and of what it can produce, and involved in spite of himself or by choice, in quite a different posture than the academic one. Engaged in a principle of verticality of time in an act occurring here and now, he participates in what he produces by his explicit presence while putting himself at a distance through the synthesis of ideas leading to conceptual structures. Nevertheless, after 15 years of existence, WHO's AFCC has certainly stood the test of time. It has produced a generation of researchers and decision-makers aware of the necessary involvement of older adults in the decisions and actions that affect their daily life.

In all case studies presented, community building plays a central role, as an approach to social change. This kind of participatory approach, which not only promotes individual participation but also community participation, shows once more that AFCC can be a positive means to recognize older adults as equal citizens of the city or community. As Alan Walker said "[...] old age is itself partly a product of public policy" (1999, p. 362). So, it is worth bearing in mind that public policy, such as the AFCC project, can influence not only the ageing process but also representations of old age within society and our relationships with older adults.

Notes

- 1 A first version of this chapter was presented at the Symposium “Inclusive society and ageing” organized by the International Network on Age, Citizenship and Socio-economic Integration (REI-ACTIS, February 2020, www.reiactis.com).
- 2 <https://extranet.who.int/agefriendlyworld/who-network/#:~:text=The%20WHO%20Global%20Network%20for%20Age-friendly%20Cities%20and,community%20a%20great%20place%20to%20grow%20old%20in.>
- 3 This document formalizes the moral commitment of different partners to cooperate on the issues of ageing in this territory and to recognize and value the experience of older people themselves.
- 4 The Belgian territory has 581 municipalities.
- 5 The Council of Seniors is established by the Municipal Council, on the free initiative of the local authorities, as a consultative partner in decisions that concern older adults.

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