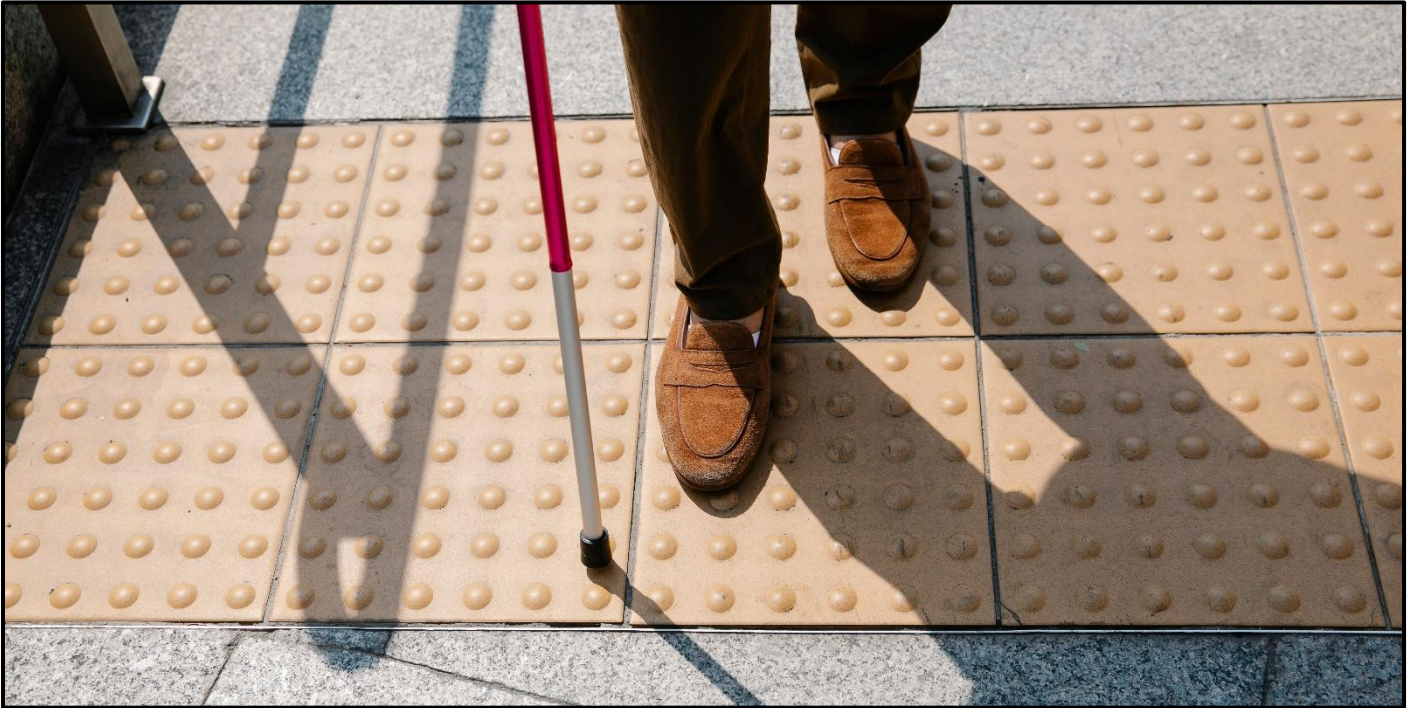




Paving the way to Inclusion: Reflections from Neighbourhood Mapping in South Wales

August 2026

In Partnership with



BLOG: PAVING THE WAY TO INCLUSION: REFLECTIONS FROM NEIGHBOURHOOD MAPPING IN SOUTH WALES

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Introduction

During April 2026, ISPA Research Fellows Dianne Theakstone and Lisa Davison were welcomed by Community Peer Researchers (CPRs) in three locations across South Wales. The visits focused on neighbourhood mapping exercises, using an audit guide informed by the Place Standard tool (Place Standard Tool (PST) - Public Health Scotland). CPRs applied this framework to assess self-selected local routes. These exercises highlighted the multitude of challenges that disabled people encounter when accessing and navigating public pavements.

What is an inclusive pavement?

Discussions with CPRs highlighted several key features of inclusive pavements. Clearly defined boundaries are essential, helping both ambulatory individuals and wheelchair users feel safe from nearby traffic. For example, guide dogs rely on distinguishable kerbs to signal transitions between pavement and road surfaces. Crossing points should also include dropped kerbs, tactile markings, and colour contrast, and ideally provide users with some control over when it is safe to cross. In addition, inclusive pavements are well-maintained, should be free from obstacles and be constructed with appropriate surface materials.

What experiences of pavements did the CPRs have during route audits?

CPRs identified several challenges related to the access and use of pavements. The first image (Figure 1) illustrates a pedestrianised pathway running through a supermarket car park, where there are no distinguishable kerbs or wayfinding features to define boundaries. This makes navigation particularly difficult for blind and partially sighted individuals using a long cane, symbol cane, or guide dog (Figure 2), as they may inadvertently move into areas intended for vehicle traffic and become disoriented. CPRs with visual impairments reported feeling unsafe in such environments and indicated that they would actively avoid these routes. To improve inclusivity, the introduction of tactile paving and clear colour contrast is needed to help users identify safe pedestrian pathways.



Figure 1: Pedestrian pathway in a supermarket car park.



Figure 2: Guide Dog on uneven pavement

The third image (Figure 3) depicts a shared space for pedestrians and cyclists. The boundary line separating the walkway and cycle path is a small curb. Blind and partially sighted CPRs identified this as disorienting as it was unclear if they were stepping into the road.



Figure 3: Shared pathway for pedestrians and cyclists.

Similarly, image four (Figure 4) depicts the faded painted signage indicating which side is intended for cyclists, making it difficult to distinguish the intended routes. In addition, the absence of tactile paving and limited colour contrast reduces accessibility, leaving blind and partially sighted individuals unable to navigate the space with confidence.



Figure 4: Faded cycle path signage.

Image five highlights the narrowness of some pathways (Figure 5), particularly in older towns and villages, where this issue may be further exacerbated by steep gradients. CPRs who use wheelchairs or other mobility aids described the challenges of navigating pavements that are too narrow to accommodate their equipment, often requiring them to move onto the road. Steep inclines present an additional barrier, especially for manual wheelchair users. Poorly maintained surfaces, including cracks and potholes, further contribute to feelings of instability and risk. CPRs raised concerns about trips, falls, and the potential for serious, and in some cases fatal, injuries.



Figure 5: Narrow pathway up a steep incline.

The final group of pictures, demonstrate various forms of obstructions CPRs encountered while navigating pavements. During the audits we came across overgrown hedging (Figure 6), lampposts (Figure 7) and bins (Figure 8). However, CPRs reported that this is only the tip of the iceberg and that advertisement-boards, street furniture and vehicles parked on pavements are among other regular obstacles.



Figure 6: Overgrown hedges along a path



Figure 7: Research fellow Dianne Theakstone encounters a large lamppost obstructing the pavement.



Figure 8: Research Fellow Dianne Theakstone encounters a bin obstructing the pavement.

What impact have non-inclusive pavements had on CPRs' lives?

Discussions with CPRs explored the lack of general awareness surrounding the access needs of sensory and cognitive impairment groups. As demonstrated in Figures 1 and 3, accessibility often centres around wheelchair-users' perspectives. Consequently, people with sensory and/or cognitive impairments can feel excluded from public spaces and may actively avoid certain routes if they feel unsafe. In addition, the width, steepness and overall maintenance of pavements (Figures 4-8) affects everyone.

Anxiety surrounding potential trips, falls, and injuries can lead people to avoid going out into the community or, potentially, to enter an already overwhelmed UK healthcare system. One CPR summed this up by noting that, at local council level, there is a failure to recognise the bigger picture of reducing or stopping budgets spent on pavement maintenance. With an ageing population, everyone should have the right to access their local community.

Intersectional Stigma of Place-Based Ageing (ISPA) Project

The ISPA project is an ambitious 5-year participatory mixed method study that will explore and understand how the stigma attached to where people live can intersect with experiences of disability and ageing. This will provide nuanced insights into the structures and systems that drive exclusion and allow us to tackle the inequalities experienced by older disabled adults. Do visit <https://www.youtube.com/@ispaproject> for an audio and visual overview.

We aim to develop interventions related to home and environmental modifications that encourage interventions for inclusive approaches within housing, health and social care delivery. This in turn supports people to age well within homes and communities across England, Scotland, and Wales. The project is funded by the Economic and Social Research Council (Ref: ES/W012677/1) and runs from September 2022 to September 2027.

The Intersectional Stigma of Place-Based Ageing (ISPA) Project is a collaboration between the University of Stirling and the University of St Andrews, Newcastle University and University of Bristol. We are also partnered with the Housing Learning and Improvement Network (Housing LIN) and Scottish Federation of Housing Associations (SFHA).

Author Biography

Dr Dianne Theakstone is a qualitative Research Fellow at the University of Stirling, working on the Intersectional Stigma of Place-based Ageing (ISPA) project. Her work focuses on co-production and the development of a UK-wide network of Community Peer Researchers, bringing together a diverse range of disabled adults to ensure lived experience is central to the project. Her lived experience as a registered blind person informs her commitment to advancing independent living, accessible housing, and inclusive social care.

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The support of the Inclusive Ageing call grant number: ES/W012677/1 from the Economic and Social Research Council (ESRC) is gratefully acknowledged.