

# 2022 Laneway Park-ing Site Analysis Workbook Instructions

This workbook consists of three exercises that are designed to help The Laneway Project quantify how the community currently uses the laneway and what improvements can be made to the laneway to increase its function as an alternative urban green space for you and your neighbours.

1. Please read the following instructions before completing the exercises.
2. Print pages 4-7 of this document.
3. Complete the exercises.
4. Send a scan or pictures of your completed workbook to Bronwen at [bronwen@thelanewayproject.ca](mailto:bronwen@thelanewayproject.ca) or (519) 729-2465 by April 29, 2022.

## Laneway Activity Scan

### **Purpose and Description of the Laneway Activity Scan**

The purpose of the Laneway Activity Scan is to collect quantitative data on who is using the laneway and how they are using the laneway. This data will be used to inform the type of improvements to be made by helping us understand what activities and groups are currently excluded from the laneway. An important measure of success for this project is the overall increased use of the laneway as a public place, a broader range of activities, and greater diversity of users!

### **Directions for the Laneway Activity Scan**

**Important:** This is an observational study, please do not stop people to ask them for demographic information, just make an informed guess if you are unsure!

1. Perform the Laneway Activity Scan on a day with good weather.
2. Select a comfortable spot to sit or stand with a good view of the full laneway.
3. Imagine a dotted line at each end of the laneway. This is your study area, record anybody who crosses these lines.
4. Observe the laneway for a minimum of 15 minutes. Record the date and your start and end times.
5. Record each person in a new column and fill out each row/section for that individual.
  - Each member of a group is counted individually in a new column. Indicate they were moving in a group under “Size of Group”
  - A person can perform multiple “Types of Activity”.
  - If any individual is doing something unusual or unclear, record it under your “Field Notes”.

## **Laneway Quality of Space Analysis Tool**

### **Purpose and Description of the Laneway Quality of Space Analysis Tool**

This tool evaluates the quality of the laneway through the subjective experience of users. This provides a base understanding of how safe, comfortable, and enjoyable the laneway is and what improvements need to be made to make the laneway a better public place for your community. The emoticon symbology provides a common language for you and your neighbours to express your experience of the laneway which helps us to identify general priorities and your comments help us understand how to specifically address these priorities.

### **Directions for the Laneway Quality of Space Analysis Tool**

**Important:** If you are with a group, please assess and record your experience of the laneway before discussing with other members. We want to understand your experience and how it relates to the responses of other community members.

1. Read the questions carefully and spend some time walking through your laneway thinking about it critically before writing down any responses.
2. When ready, respond to each question with a happy, neutral, or sad face (or write “Yes”, “In-Between”, or “No”).
3. If you want to elaborate, use the extra space in each square. The questions provided are prompts, please feel free to add any comments you feel are relevant. If there is any additional information about your experience of the laneway you would like to provide, that you feel wasn't otherwise covered, please include it in your “Field Notes”.

## **Laneway Sensory Mapping**

### **Purpose and Description of the Laneway Sensory Mapping Exercise**

Mapping our sensory experience of an environment is a powerful tool which helps guide both the types and locations of improvements which will be most impactful to the community's overall enjoyment of the laneway. This is an opportunity to express what you do and do not like about your laneway. Consider: What would you like to notice in the space?

### **Directions for the Laneway Sensory Mapping Exercise:**

1. Beginning at one entrance, walk through the entire laneway and focus on how the space engages your senses.
2. Annotate the map with the symbols provided for each sense, and indicate if this was a positive (+) or negative (-) sensory experience.
3. Note an explanation of your sensory experiences and how they could be improved in the corresponding boxes. If you have multiple sensory experiences, you may find it useful to number them on the map and in your notes.

**Prompts:** Is there traffic noise? Are there areas that are too hot or cold? Are there distinctive odors?

# Laneway Activity Scan

| Description of Laneway User            |                                                   | Laneway User Number |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----------------------------------------|---------------------------------------------------|---------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|
|                                        |                                                   | 1                   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| Age                                    | 0-4                                               |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | 5-14                                              |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | 15-29                                             |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | 30-60                                             |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | 60+                                               |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Gender                                 | Female                                            |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Male                                              |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Other/Unsure                                      |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Activities                             | Travelling                                        |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Playing                                           |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Exercising                                        |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Talking                                           |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Sitting                                           |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Working                                           |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Other                                             |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Mode of Transportation if "Travelling" | Foot                                              |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Using a mobility support (ex. cane or wheelchair) |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Carried (i.e. child in arms or stroller)          |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Bike                                              |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Motor vehicle                                     |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | Other                                             |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Group Size                             | 1 person                                          |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | 2 people                                          |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | 3+ people                                         |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Direction if "Travelling"              | North                                             |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | South                                             |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | East                                              |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                                        | West                                              |                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |

Date:

Field Notes:

Start Time/Stop Time:

Weather:

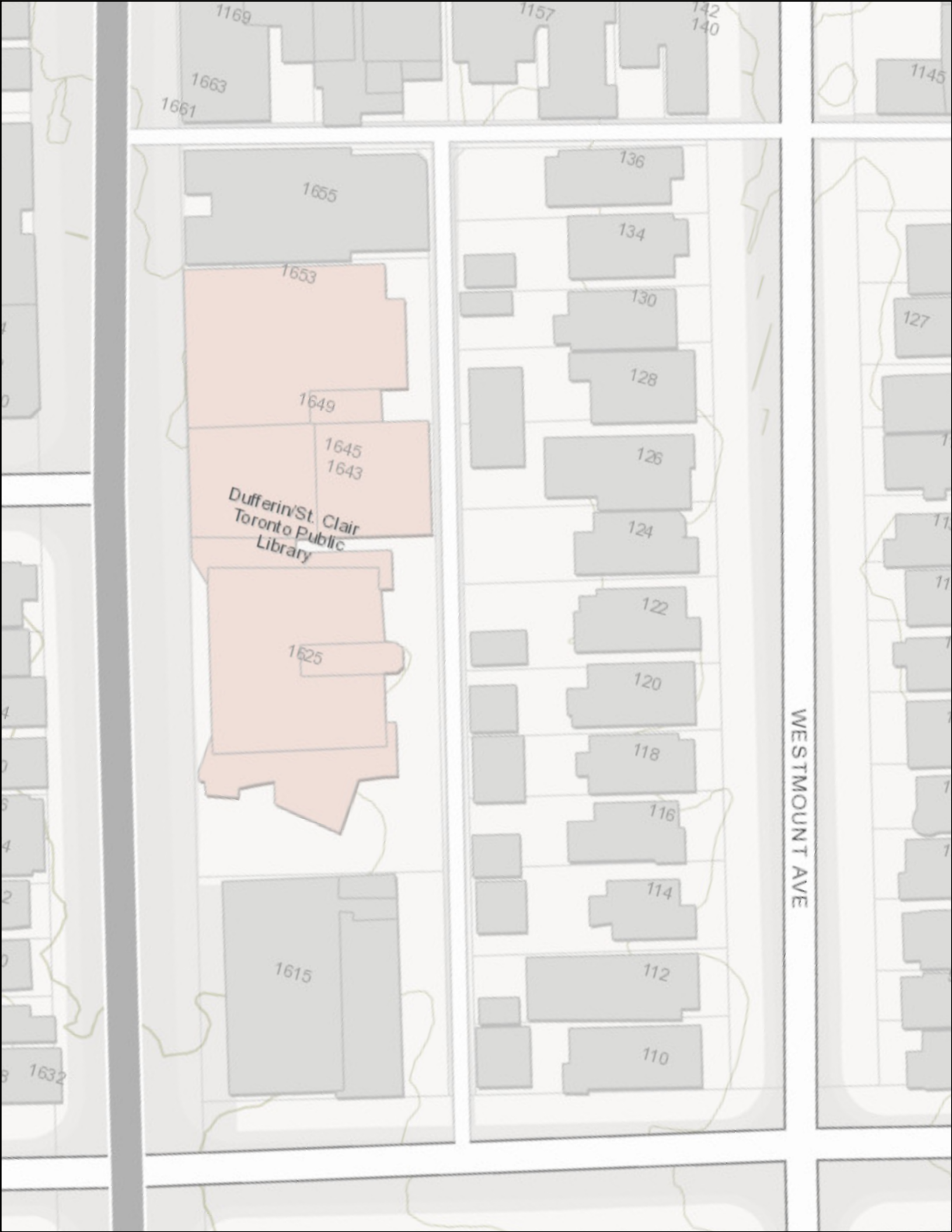
Location: Ln E Dufferin N Rosemount

## Laneway Quality of Space Analysis

|                                            |                                                                                                                       |                                                                                                             |                                                                                                                        |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Date:</b>                               |                                                                                                                       | <b>Start Time/End Time:</b>                                                                                 |                                                                                                                        |
| <b>Location: Ln E Dufferin N Rosemount</b> |                                                                                                                       | <b>Weather:</b>                                                                                             |                                                                                                                        |
| <b>Protection</b>                          | <b>Protection from traffic:</b><br>Can users safely share and move through the space?                                 | <b>Protection from harm by others:</b><br>Is the space perceived as safe?                                   | <b>Protection from unpleasant sensory experiences:</b> Is the space shielded from the elements?                        |
| <b>Comfort &amp; Activity</b>              | <b>Options for mobility/accessibility:</b><br>Is it easy for all users to move through the space?                     | <b>Options for seeing:</b> Are there interesting options to look at?                                        | <b>Options for talking/listening:</b> Is it comfortable to stop and have a conversation here?                          |
|                                            | <b>Options to stand and linger (stop and stay):</b> Does the space invite you to spend time here?                     | <b>Options for sitting:</b> Are there places to rest for a moment (informal or formal seating)?             | <b>Options for play, exercise, and activity:</b> Is there opportunity for safe, spontaneous activity?                  |
| <b>Enjoyment</b>                           | <b>Opportunities for flexible use.</b> Is the space convenient at different times of the day? For different purposes? | <b>Opportunities to enjoy the environment.</b> Is there a variation in design? Attractive natural elements? | <b>Opportunities for positive sensory experiences.</b> Is the space enjoyable to be in? Does it stimulate your senses? |
| <b>Legend</b>                              |                                                                                                                       | <b>Field Notes:</b>                                                                                         |                                                                                                                        |
| ☺ = Yes<br>☹ = In-Between<br>☹ = No        |                                                                                                                       |                                                                                                             |                                                                                                                        |

# Laneway Sensory Mapping

|                                                                                               |                      |             |
|-----------------------------------------------------------------------------------------------|----------------------|-------------|
| Date:                                                                                         | Start Time/End Time: | Laneway Map |
| Location: Ln E Dufferin N Rosemount                                                           | Weather:             |             |
| What do you hear? What would you like to hear? <span style="float: right;">∞ + / ∞ -</span>   |                      |             |
|                                                                                               |                      |             |
| What do you smell? What would you like to smell? <span style="float: right;">△+ / △-</span>   |                      |             |
|                                                                                               |                      |             |
| What do you see? What would you like to see? <span style="float: right;">○ + / ○ -</span>     |                      |             |
|                                                                                               |                      |             |
| What do you touch? What would you like to touch? <span style="float: right;">□ + / □ -</span> |                      |             |
|                                                                                               |                      |             |
| Field Notes:                                                                                  |                      |             |
|                                                                                               |                      |             |



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1663  
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Dufferin/St. Clair  
Toronto Public  
Library

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WESTMOUNT AVE